


# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: 25
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Audrey		<b>OFFICE USE ONLY</b>  Date Received  BY:  2026 JAN 14 PM 3:04 JOHN F. MARRIOTT COUNTY CLERK DALLAS COUNTY DEPUTY FILED  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged
	NICKNAME LAST SUFFIX Moorehead		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 763984 Dallas Texas 75376		
	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 929-0662		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI Mr. Toby		
	NICKNAME LAST SUFFIX Shook		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2001 Bryan Street Suite 1905		
	AREA CODE PHONE NUMBER EXTENSION ( 214 ) 850-9229		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	<b>10</b> PERIOD COVERED Month Day Year    THROUGH    Month Day Year 07 / 01 / 25    THROUGH    12 / 31 / 25		
<b>11</b> ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 03 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special		
	<b>12</b> OFFICE    OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known) Judge, Dallas County Criminal Court 3		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

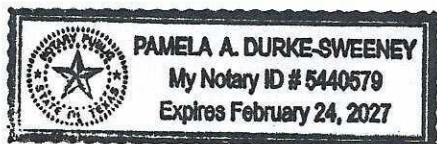
15 JC/OH NAME <u>Audrey Moorehead</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>9,950-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>17,622<sup>04</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Audrey Moorehead  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Audrey Moorehead this the 14th day of January, 20 26, to certify which, witness my hand and seal of office.  
Pamela A. Durke-Sweeney Pamela A. Durke-Sweeney Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>Audrey Moorehead</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,950</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>17,622.04</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# **MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)**

## **SCHEDULE A(J)1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>9</b>
2 FILER NAME <b>Audrey Moorehead</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/25/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Jeff Rosenfield</b>	7 Amount of contribution (\$) <b>100-</b>
6 Contributor address; City; State; Zip Code <b>7812 Glenneagle Dallas TX 75248</b>		
8 Contributor's principal occupation <b>Retired/Visiting Judge</b>		9 Contributor's job title <b>Visiting Judge</b>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Emile Bolden</b>	Amount of contribution (\$) <b>250-</b>
Contributor address; City; State; Zip Code <b>2200 Ross Dallas TX 75201</b>		
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title <b>Lawyer</b>
Contributor's employer/law firm <b>Troutman</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/11/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Myra McIntosh</b>	Amount of contribution (\$) <b>250-</b>
Contributor address; City; State; Zip Code <b>2914 Canada Dr Dallas TX 75229</b>		
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title <b>Lawyer</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/25	5 Full name of contributor Chelsea Hilliard <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 250-
6 Contributor address: 2601 Olive Dallas TX 75201 City: State: Zip Code		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm McGuire Woods		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/25	Full name of contributor Sarah Keathley <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 500-
Contributor address: 412 W. 3rd Corsicana TX 75110 City: State: Zip Code		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Keathley Law Office P.C.		Law firm of contributor's spouse (if any) Same
If contributor is a child, law firm of parent(s) (if any)		
Date 11/15/25	Full name of contributor Sherral Jones <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 50-
Contributor address: 1516 Hollow Oak Desoto TX 75115 City: State: Zip Code		
Contributor's principal occupation Human Resources		Contributor's job title HR Executive
Contributor's employer/law firm Department of Health & Human Services N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 11/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Barbara Lynn	7 Amount of contribution (\$) 250-
6 Contributor address; City; State; Zip Code 1918 Olive St. Dallas TX 75201		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Lynn Pinker		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Krisi Kastl	Amount of contribution (\$) 2,500-
Contributor address; City; State; Zip Code 4144 Central Ex #100 Dallas TX 75204		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Kastl Law P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 11/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert Gregg	Amount of contribution (\$) 250-
Contributor address; City; State; Zip Code 2824 Commerce Dallas TX 75201		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Robert Gregg Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 9
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Stephanie Hawthorne	7 Amount of contribution (\$) 1,000-
6 Contributor address; City; State; Zip Code 6106 Sea Island Arlington Texas		
8 Contributor's principal occupation Executive Mgmt		9 Contributor's job title Managing Director
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 11/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David Kent	Amount of contribution (\$) 100-
Contributor address; City; State; Zip Code 6 Twin Bridge Ct Dallas TX 75248		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Faegre Drinker		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 11/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Johnny Lanzillo	Amount of contribution (\$) 50-
Contributor address; City; State; Zip Code 529 Salem Richardson TX 75080		
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Crowder Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **9**

2 FILER NAME

**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/19/25**

5 Full name of contributor

**Deandra Grant**

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

**250**

6 Contributor address;

City;

State;

Zip Code

**3300 Oak Lawn Dallas TX 75219**

8 Contributor's principal occupation

**Lawyer**

9 Contributor's job title

**Lawyer**

10 Contributor's employer/law firm

**Deandra Grant Law**

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

**11/19/25**

Full name of contributor

**Thomas Wynne**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**500**

Contributor address;

City;

State;

Zip Code

**1845 Woodall Rogers #1500 Dallas TX 75201**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**Milner Wynne**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

**11/19/25**

Full name of contributor

**Andrew Tee**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**250**

Contributor address;

City;

State;

Zip Code

**8150 N Central Exp Dallas TX 75206**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**The Tee Firm**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **9**

2 FILER NAME

**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/19/25**

5 Full name of contributor

☐ out-of-state PAC ID#:

**Appresha Huff**

7 Amount of contribution (\$)

**50-**

6 Contributor address;

City;

State; Zip Code

**924 S. Clinton Dallas TX 75208**

8 Contributor's principal occupation

**Law Student**

9 Contributor's job title

**3L**

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

**11/19/25**

Full name of contributor

☐ out-of-state PAC ID#:

**Patrick McClain**

Amount of contribution (\$)

**100-**

Contributor address;

City;

State; Zip Code

**970 Mobley Rd Cedar Hill TX 75104**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**Law Office of Patrick McClain**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

**11/19/25**

Full name of contributor

☐ out-of-state PAC ID#:

**Adam Seidel**

Amount of contribution (\$)

**250-**

Contributor address;

City;

State; Zip Code

**6943 Velasco Dallas TX 75214**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**Adam L. Seidel, P.C.**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 9  
3 Filer ID (Ethics Commission Filers)

2 FILER NAME Audrey Moorehead

4 Date 11/19  
5 Full name of contributor ☐ out-of-state PAC ID#: Brady Wyatt

7 Amount of contribution (\$)

500-

6 Contributor address; City; State; Zip Code  
3300 Oak Lawn Suite 600 Dallas TX 75229

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Lawyer

10 Contributor's employer/law firm  
Law Office of Brady Wyatt

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date 11/19  
Full name of contributor ☐ out-of-state PAC ID#: Taylor Johnson  
Contributor address; City; State; Zip Code  
900 Jackson St #650 Dallas TX 75202

Amount of contribution (\$)

500-

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Taylor R Johnson Attorney at Law

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date 11/19/65  
Full name of contributor ☐ out-of-state PAC ID#: Cregg Gallian  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

500-

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Gallian Firm

Law firm of contributor's spouse (if any)

same

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **9**

2 FILER NAME

**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/9/25**

5 Full name of contributor

**Thomas R Cox**

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

**1,000**

6 Contributor address;

City;

State;

Zip Code

**P.O. Box 192198 Dallas TX 75219**

8 Contributor's principal occupation

**Lawyer**

9 Contributor's job title

**Lawyer**

10 Contributor's employer/law firm

**Self**

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

**11/9/25**

Full name of contributor

**George R Milner, III**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**250**

Contributor address;

City;

State;

Zip Code

**1845 Woodall Rodgers Dallas TX 75201**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**Milner Wynne**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

**11/9/25**

Full name of contributor

**Jim Burnham**

☐ out-of-state PAC ID#:

Amount of contribution (\$)

**250**

Contributor address;

City;

State;

Zip Code

**3300 Oak Lawn Suite 600 Dallas TX 75219**

Contributor's principal occupation

**Lawyer**

Contributor's job title

**Lawyer**

Contributor's employer/law firm

**Jim Burnham Attorney at Law**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

**SCHEDULE A(J)1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **9**  
3 Filer ID (Ethics Commission Filers)

2 FILER NAME **Audrey Moorehead**

4 Date **11/19/05**  
5 Full name of contributor ☐ out-of-state PAC ID#: **Martin Lenoir**  
6 Contributor address; City: State: Zip Code  
**3300 Oak Lawn Suite 600 Dallas TX 75219**

7 Amount of contribution (\$) **250-**

8 Contributor's principal occupation  
**Lawyer**

9 Contributor's job title  
**Lawyer**

10 Contributor's employer/law firm  
**Law Office of Martin Lenoir**

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date **11/19/05**  
Full name of contributor ☐ out-of-state PAC ID#: **La Shondria Jefferson**  
Contributor address; City: State: Zip Code  
**1801 N Greenville #3350 Richardson TX 75081**

Amount of contribution (\$) **250**

Contributor's principal occupation  
**Lawyer**

Contributor's job title  
**Lawyer**

Contributor's employer/law firm  
**Self**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date  
Full name of contributor ☐ out-of-state PAC ID#:   
Contributor address; City: State: Zip Code

Amount of contribution (\$)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Audrey Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/2/25</b>		5 Payee name <b>Access Self Storage</b>			
6 Amount (\$) <b>195-</b>		7 Payee address; City; State; Zip Code <b>3427 MARVIN D. LOVE DALLAS TX 75224</b> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Office Overhead/Rental</b>		(b) Description <b>Rental - Storage</b>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/7/25</b>		Payee name <b>Texas Criminal Defense Lawyers Education Institute</b>			
Amount (\$) <b>750</b>		Payee address; City; State; Zip Code <b>6808 Hill Meadow Austin TX 78736</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>		Description <b>Sponsorship</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>7/21/25</b>		Payee name <b>North Texas State Criminal Law Inn</b>			
Amount (\$) <b>440-</b>		Payee address; City; State; Zip Code <b>P.O. Box 763984 Dallas TX 75376</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Dues</b>		Description <b>Dues</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>7/30/25</b>	5 Payee name <b>Democracy Toolbox</b>	
6 Amount (\$) <b>2,800-</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 6250 McKinney TX 75071</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Consulting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>8/4/25</b>	Payee name <b>Dallas Bar Association</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>2101 Ross Ave Dallas TX 75201</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>8/8/25</b>	Payee name <b>Texas Center for The Judiciary</b>	
Amount (\$) <b>85-</b>	Payee address; City; State; Zip Code <b>1210 San Antonio Austin TX 78701</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/12/25</b>	5 Payee name <b>Democracy Toolbox</b>	
6 Amount (\$) <b>365.66</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 6250 McKinney, TX 75071</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting/Printing</b>	(b) Description <b>Printing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>8/18/25</b>	Payee name <b>National Association of Criminal Defense Lawyers</b>	
Amount (\$) <b>224-</b>	Payee address; City; State; Zip Code <b>1660 L. St. NW #12 Washington DC 20036</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>dues</b>	Description <b>dues/Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>8/19/25</b>	Payee name <b>Top Ladies of Distinction</b>	
Amount (\$) <b>414-</b>	Payee address; City; State; Zip Code <b>P.O. Box 200237 Dallas TX 75230</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Dues</b>	Description <b>Dues/Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/5/25</b>	5 Payee name <b>Dallas Democratic Party Act Blue</b>	
6 Amount (\$) <b>250</b>	7 Payee address; City; State; Zip Code <b>1414 N Washington Dallas, TX 75204</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Contribution / Even</b>	(b) Description <b>Event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>9/2/25</b>	Payee name <b>Texas Center for the Judiciary</b>	
Amount (\$) <b>35-</b>	Payee address; City; State; Zip Code <b>1210 San Antonio Austin TX 78736</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office holder</b>	Description <b>Officeholder</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>9/4</b>	Payee name <b>Texas Center for the Judiciary</b>	
Amount (\$) <b>30-</b>	Payee address; City; State; Zip Code <b>1210 San Antonio Austin TX 78736</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office Holder</b>	Description <b>Office Holder</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Mournehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/5/25</b>	5 Payee name <b>Reilly Echols</b>	
6 Amount (\$) <b>750</b>	7 Payee address; City; State; Zip Code <b>1710 S. Harwood Dallas TX 75215</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Printing</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>9/5/25</b>	Payee name <b>Community Corrections Improvement Foundation</b>	
Amount (\$) <b>250</b>	Payee address; City; State; Zip Code <b>133 N. Riverfront LB14 Dallas TX 75207</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Advertising/Sponsorship</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>9/10/25</b>	Payee name <b>Legal Aid of Northwest Texas</b>	
Amount (\$) <b>261</b>	Payee address; City; State; Zip Code <b>901 N. McDonald St, Suite 702 McKinney TX 75069</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>	Description <b>Advertising</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/17/25</b>		5 Payee name <b>American Bar Association</b>			
6 Amount (\$) <b>335-</b>		7 Payee address; City; State; Zip Code <b>321 N Clark Chicago, IL 60654</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	8 (a) Category (See Categories listed at the top of this schedule) <b>Dues</b>		(b) Description <b>Memberships</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10/1/25</b>		Payee name <b>Texas A&amp;M Foundation</b>			
Amount (\$) <b>\$500-</b>		Payee address; City; State; Zip Code <b>1515 Commerce Fortworth TX 76102</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Sponsorship</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10/15/25</b>		Payee name <b>Alpha Xi Omega</b>			
Amount (\$) <b>1000</b>		Payee address; City; State; Zip Code <b>P.O. Box 022 333 Dallas, TX 75222-2333</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>		Description <b>Advertising</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/30/25</b>		5 Payee name <b>Irving Democrats</b>			
6 Amount (\$) <b>30-</b>		7 Payee address; City; State; Zip Code <b>2700 Finley Irving, TX 75062</b> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Dues</b>		(b) Description <b>Membership</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10/31/25</b>		Payee name <b>Dallas Bar Association Community Service Fund</b>			
Amount (\$) <b>255</b>		Payee address; City; State; Zip Code <b>2101 Ross Avenue Dallas TX 75201</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Sponsorship</b>		Description <b>Sponsorship</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>11/17/25</b>		Payee name <b>Preston Hollow Democrats</b>			
Amount (\$) <b>100-</b>		Payee address; City; State; Zip Code <b>P.O. Box 670631 Dallas TX 75367</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DUES</b>		Description <b>Dues</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/17/25</b>	5 Payee name <b>Stonewall Democrats</b>	
6 Amount (\$) <b>35-</b>	7 Payee address: <b>P.O. Box 192305 Dallas TX 75219</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>DUES</b>	(b) Description <b>DUES</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>1/18/25</b>	Payee name <b>Alpha Kappa Alpha Sorority, Inc.</b>	
Amount (\$) <b>420-</b>	Payee address: <b>P.O. Box 222333 Dallas, TX 75222</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>DUES</b>	Description <b>Membership</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>1/20/25</b>	Payee name <b>American Bar Association</b>	
Amount (\$) <b>30-</b>	Payee address: <b>321 Clark Ave Chicago, IL 60654</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Office holder exp</b>	Description <b>Officeholder exp</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/21/25</b>		5 Payee name <b>Stoneteigh P</b>			
6 Amount (\$) <b>590.77</b>		7 Payee address: <b>4218 Lemmon Ave Dallas TX 75219</b> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description <b>Event Expense</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>11/24/25</b>		Payee name <b>Arts District Mansion</b>			
Amount (\$) <b>118.04</b>		Payee address: <b>2101 Ross Avenue Dallas TX 75201</b> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food + Bev</b>		Description <b>Event/F&amp;B</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>12/1/25</b>		Payee name <b>Vista print</b>			
Amount (\$) <b>234.97</b>		Payee address: <b>275 Wyman Street Waltham Mass 02451</b> City: State: Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing</b>		Description <b>Printing</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/1/25</b>		5 Payee name <b>Texas Aggie Bear Association</b>			
6 Amount (\$) <b>250-</b>		7 Payee address; City; State; Zip Code <b>6387 Camp Bounce Blvd, Suite B Fortworth TX 76116</b> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		(b) Description <b>Event</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>12/3/25</b>		Payee name <b>Dallas County Democratic Party</b>			
Amount (\$) <b>2,500</b>		Payee address; City; State; Zip Code <b>1414 N. Washington Dallas TX 75204</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Filing Expense</b>		Description <b>Filing Expense</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>12/8/25</b>		Payee name <b>Texas Criminal Defense Lawyer Association</b>			
Amount (\$) <b>499.00</b>		Payee address; City; State; Zip Code <b>6808 Hill Meadow Austin TX 78736</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Registration Fees</b>		Description <b>Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>		2 FILER NAME <b>Moorehead</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/10/25</b>		5 Payee name <b>Culinary Dropout</b>			
6 Amount (\$) <b>12/10/25 600</b>		7 Payee address; City; State; Zip Code <b>150 Turtle Creek Dallas, TX 75207</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Event Exp</b>		(b) Description <b>Food &amp; Beverage</b>	
		(c) <input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>12/15/25</b>		Payee name <b>United States Postal Service</b>			
Amount (\$) <b>62.40</b>		Payee address; City; State; Zip Code <b>5521 Hampton Dallas TX 75232</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Other</b>		Description <b>Postage</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>12/22/25</b>		Payee name <b>Democracy Toolbox</b>			
Amount (\$) <b>1,820</b>		Payee address; City; State; Zip Code <b>P.O. Box 6250 McKinney TX 75071</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Consulting Exp</b>		Description <b>Consulting</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/4/25</b>	5 Payee name <b>Mexican American Bar Association</b>
6 Amount (\$) <b>50 -</b>	7 Payee address; <b>2101 Ross Ave Dallas TX 75201</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Dues</b>	(b) Description <b>Fees</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/9/25</b>	Payee name <b>Dallas Bar Association</b>
Amount (\$) <b>530 -</b>	Payee address; <b>2101 Ross Avenue Dallas TX 75201</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Dues</b>	Description <b>Fees</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/16/25</b>	Payee name <b>Kimberlee Walter/MIKMI LLC</b>
Amount (\$) <b>191.25</b>	Payee address; <b>P.O. Box 831 332 Richardson TX 75083</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>13</b>	2 FILER NAME <b>Moorehead</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/19/25</b>	5 Payee name <b>STRIPE Payments</b>	
6 Amount (\$) <b>370.75</b>	7 Payee address: <b>354 Oyster Point South San Francisco CA 94080</b> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Fees</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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