

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 21

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Ms.** FIRST: **Audrey** M / I / F: **F**

NICKNAME: LAST: **Moorehead** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **P.O. Box 763984** APT / SUITE #: CITY: **Dallas, TX** STATE: **75376** ZIP CODE:

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(214 )** PHONE NUMBER: **929-0662** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mr.** FIRST: **Trinidad** M / I: **I**

NICKNAME: LAST: **Garza** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): **2235 West Colorado** APT / SUITE #: CITY: **Dallas, Texas** STATE: **75211** ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(214 )** PHONE NUMBER: **597-3620** EXTENSION:

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)

July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 02 Day 25 Year 18 THROUGH Month 06 Day 30 Year 18

11 ELECTION

ELECTION DATE: Month 11 Day 6 Year 18

Primary     Runoff     ELECTION TYPE: Other Description

General     Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known)

Judge, County Criminal Court #3

OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked: **2018 JUL 8 PM 2:23**

Receipt Amount:

Date Processed:

Date Imaged:

BY: **JANE W. WARREN**  
COUNTY CLERK  
DALLAS COUNTY  
DEPUTY

**FILED**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,913.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 9,807.47

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 AFFIDAVIT



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 or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Audrey Moorehead, this the 16<sup>th</sup> day of July, 2018, to certify which, witness my hand and seal of office.

*M. Villafranca*  
Signature of officer administering oath

Mayra Villafranca  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - JC/OH

<b>19</b> FILER NAME <i>Audrey Moorehead</i>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 6,718. <sup>00</sup>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,195. <sup>00</sup>
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7776. <sup>85</sup>
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,030. <sup>02</sup>
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **8**

2 FILER NAME

**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/1**

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Xavier Walker**

7 Amount of contribution (\$)

**\$250-**

6 Contributor address; City; State; Zip Code

**3116 N. 32nd Phoenix AZ 85018**

8 Contributor's principal occupation

**Non Profit Mgmt**

9 Contributor's job title

**Regional Director**

10 Contributor's employer/law firm

**NPH USA**

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

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

Date

**3/1**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**La Tamara Gibson**

Amount of contribution (\$)

**\$100-**

Contributor address; City; State; Zip Code

**1344 Sunset Ridge Cedar Hill TX 75104**

Contributor's principal occupation

**Stay at Home Mom**

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)

Date

**3/2**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Michael Hurst**

Amount of contribution (\$)

**\$100-**

Contributor address; City; State; Zip Code

**6146 Park Lane Dallas TX 75225**

Contributor's principal occupation

**Attorney**

Contributor's job title

**Partner**

Contributor's employer/law firm

**Lynn LLP**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 29 8

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

3/20

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Rhonda Davis

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

4701 Preston Park #411 Plano TX 75093

8 Contributor's principal occupation

Marketing + Advertising

9 Contributor's job title

Marketing Executive

10 Contributor's employer/law firm

ILLitch Holdings

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

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

Date

3/26

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Stephanie Alvarado

Amount of contribution (\$)

\$250

Contributor address; City; State; Zip Code

5750 E University #223 Dallas TX 75206

Contributor's principal occupation

Law Offices of Stephanie Alvarado

Contributor's job title

Attorney

Contributor's employer/law firm

Attorney

Law firm of contributor's spouse (if any)

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

Date

3/29

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Amy Witherite

Amount of contribution (\$)

\$2,000

Contributor address; City; State; Zip Code

10440 N. Central Expressway Dallas TX 75231

Contributor's principal occupation

Attorney

Contributor's job title

Owner

Contributor's employer/law firm

Eberstein & Witherite

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 3 of 8

2 FILER NAME Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date  
4/10

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Raymond Ferrell

7 Amount of contribution (\$)

\$100

6 Contributor address; City; State; Zip Code

8 Contributor's principal occupation  
Attorney

9 Contributor's job title  
Attorney

10 Contributor's employer/law firm  
Dex YP

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

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

Date  
2/28

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Bill Knox  
Contributor address; City; State; Zip Code  
9000 Jackson Street Suite 150 Dallas TX 75239

Amount of contribution (\$)

\$500

Contributor's principal occupation  
Attorney

Contributor's job title  
Owner

Contributor's employer/law firm  
Bill Knox

Law firm of contributor's spouse (if any)

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

Date  
2/27

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_  
Stephanie Alvarado  
Contributor address; City; State; Zip Code  
5750 E University #23 D Texas 75206

Amount of contribution (\$)

\$100

Contributor's principal occupation  
Attorney

Contributor's job title  
Attorney

Contributor's employer/law firm  
Law Office Stephanie Alvarado

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: 4 of 8

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

2/27

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Susan Bradley

7 Amount of contribution (\$)

\$ 100-

6 Contributor address; City; State; Zip Code

2504 Summit Drive Irving TX 75062

8 Contributor's principal occupation

Accountant

9 Contributor's job title

Accounting Clerk

10 Contributor's employer/law firm

Dallas Morning News

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

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

Date

2/27

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Ania Gauthier

Amount of contribution (\$)

\$ 50-

Contributor address; City; State; Zip Code

1755 N. Collins #370 Richardson TX 75080

Contributor's principal occupation

Attorney

Contributor's job title

Attorney / Owner

Contributor's employer/law firm

Gauthier Law Firm

Law firm of contributor's spouse (if any)

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

Date

2/27

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Eric Valentine

Amount of contribution (\$)

\$ 118-

Contributor address; City; State; Zip Code

Contributor's principal occupation

Compliance - Non Attorney

Contributor's job title

Compliance Monitor

Contributor's employer/law firm

TDSC

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

598

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

2/27

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Chris Mulder

7 Amount of contribution (\$)

\$1,500

6 Contributor address; City; State; Zip Code

6938 Ellsworth Dallas TX 75214

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Owner

10 Contributor's employer/law firm

Law Offices of Chris Mulder

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

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

Date

2/27

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Daryl Parks

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

240 N. Magnolia Drive Tallahassee, FL 32301

Contributor's principal occupation

Attorney

Contributor's job title

Owner

Contributor's employer/law firm

The Parks Firm

Law firm of contributor's spouse (if any)

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

Date

2/27

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Ebony Turner

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney/owner

Contributor's employer/law firm

Law Office of Ebony Turner

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **698**

2 FILER NAME

**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/3**

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Terry Smith**

7 Amount of contribution (\$)

**100.<sup>00</sup>**

6 Contributor address; City; State; Zip Code

**1246 Essex Desoto TX 75115**

8 Contributor's principal occupation

**Realtor**

9 Contributor's job title

**Realtor**

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

**5/3**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Paula Miller**

Amount of contribution (\$)

**100<sup>-</sup>**

Contributor address; City; State; Zip Code

**10036 Parkford Drive Dallas Tx 75236**

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law Offices, Paula J Miller**

Law firm of contributor's spouse (if any)

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

Date

**5/3**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Lisa McKnight**

Amount of contribution (\$)

**500<sup>-</sup>**

Contributor address; City; State; Zip Code

**4807 Gesford Dallas TX 75248**

Contributor's principal occupation

**Attorney**

Contributor's job title

**Attorney**

Contributor's employer/law firm

**Law Offices, Lisa McKnight**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: **798**

2 FILER NAME **Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 Date

**5/3**

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Delia Gonzalez**

6 Contributor address; City; State; Zip Code

**3818 Wooded Creek Dallas Texas 75244**

7 Amount of contribution (\$)

**\$150**

8 Contributor's principal occupation

**Attorney**

9 Contributor's job title

**Attorney/Mediator**

10 Contributor's employer/law firm

**Law Offices of Delia Gonzalez**

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

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

Date

**5/3**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Steve Bolden**

Contributor address; City; State; Zip Code

**325 N. St. Paul #2750 Dallas, TX 75201**

Amount of contribution (\$)

**250**

Contributor's principal occupation

**Attorney**

Contributor's job title

**Partner**

Contributor's employer/law firm

**Mahomes Bolden P.C**

Law firm of contributor's spouse (if any)

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

Date

**5/3**

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

**Doug Skemp**

Contributor address; City; State; Zip Code

**P.O. Box 824724 Dallas TX 75235**

Amount of contribution (\$)

**100**

Contributor's principal occupation

**Judge**

Contributor's job title

**Judge**

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**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: *8/8*

2 FILER NAME

*Audrey Moorehead*

3 Filer ID (Ethics Commission Filers)

4 Date  
*4/2*

5 Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

*Jeffrey Rosenfield*

6 Contributor address; City; State; Zip Code

*7812 Glenneagle Dallas, TX 75248*

7 Amount of contribution (\$)

*\$100*

8 Contributor's principal occupation

*Judge*

9 Contributor's job title

*Judge*

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

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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)

Date

Full name of contributor  out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME  
**Audrey Moorehead**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$1,195**

5 Date  
**03/01/**

6 Full name of contributor  out-of-state PAC (ID#:  
**Demetris Sampson**

7 Contributor address; City; State; Zip Code  
**2207 Elder Oaks Dallas Texas 75232**

8 Amount of Contribution \$ **\$1,195.00** 9 In-kind contribution description  
**Consulting**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)  
**Attorney**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)  
**Principal**

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date

Full name of contributor  out-of-state PAC (ID#:  
\_\_\_\_\_ )

Contributor address; City; State; Zip Code

Amount of Contribution \$ In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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: <i>1956</i>		2 FILER NAME <i>Audrey Moorehead</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/16</i>		5 Payee name <i>The Order Desk</i>			
6 Amount (\$) <i>1,195.86</i>		7 Payee address; City; State; Zip Code <i>2910 Canton St. Dallas TX 75226</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising/ Printing</i>		(b) Description <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	
Date <i>2/16</i>		Payee name <i>The Order Desk</i>			
Amount (\$) <i>450.00</i>		Payee address; City; State; Zip Code <i>Advertiser 2910 Canton St Dallas TX 75226</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising/ Printing</i>		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	
Date <i>3/19</i>		Payee name <i>Nathan Lewis</i>			
Amount (\$) <i>600-</i>		Payee address; City; State; Zip Code <i>848 Timber Dell Lane Dallas TX 75232</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 of Schedule F1: 29		2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)	
4 Date 3/12		5 Payee name Phenixx			
6 Amount (\$) 1925.00		7 Payee address; City; State; Zip Code 13923 Epps Field Dallas TX 75234			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 4/17		Payee name TX Black Academy Arts & Letters			
Amount (\$) 135-		Payee address; City; State; Zip Code 650 S. Griffin Street Dallas TX 75202			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Sponsorship w/ Ad		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH					
Date 4/19		Payee name Dallas County Democratic Party Burger Bush			
Amount (\$) 125-		Payee address; City; State; Zip Code 4209 Parry Ave Dallas TX 75223			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Sponsorship		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name		Office sought		Office held
Complete ONLY 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

### 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: 39		2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)	
4 Date 5/2		5 Payee name St Luke Community UMC			
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 5710 R L Thornton Dallas, TX 75229			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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	
Date 5/3		Payee name Four Seasons Decorations			
Amount (\$) 2,165.00		Payee address; City; State; Zip Code 139 Turtle Creek Dallas TX 75207			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		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	
Date 5/7		Payee name Phenixx			
Amount (\$) 710		Payee address; City; State; Zip Code 12923 Epps Field Dallas, TX 75234			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing		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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## 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>4 of 6</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/1/18</b>	5 Payee name <b>Stripe</b>
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6 Amount (\$) <b>116.22</b>	7 Payee address; City; State; Zip Code <b>185 Berry St Suite 550 San Francisco CA 94107</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting Banking</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/12/18</b>	Payee name <b>Stripe</b>
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Amount (\$) <b>22.70</b>	Payee address; City; State; Zip Code <b>185 Berry St Suite 550 San Francisco CA 94107</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting Banking</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/28</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>183.26</b>	Payee address; City; State; Zip Code <b>1 Hacker Way Menlo Park CA 94025</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 596		2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)	
4 Date: 3/31		5 Payee name Facebook			
6 Amount (\$) 53.81		7 Payee address; City; State; Zip Code 1 Hackerway Menlo Park CA 94025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <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	
Date: 4/30		Payee name Facebook			
Amount (\$) 20-		Payee address; City; State; Zip Code 1 Hackerway Menlo Park CA 94025			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: <i>6956</i>	2 FILER NAME <i>Audrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>5/31</i>	5 Payee name <i>Constant Contact</i>
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6 Amount (\$) <i>31.17</i>	7 Payee address; City; State; Zip Code <i>2211 N. First Street San Jose CA 95131</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>5/20</i>	Payee name <i>Stripe</i>
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Amount (\$) <i>80.35</i>	Payee address; City; State; Zip Code <i>185 Berry St. Suite 550 San Francisco CA 94107</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/19/18</i>	Payee name <i>Far North Dallas Democrats</i>
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Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 795 247 Dallas TX 75379</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: <i>133</i>	<b>2</b> FILER NAME <i>Andrey Moorehead</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3/2/18</i>	<b>5</b> Payee name <i>Budget</i>	
<b>6</b> Amount (\$) <i>518.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>7030 Cedar Springs Dallas, TX 75235</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Travel In District</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>3/4/18</i>	Payee name <i>Wix.Com</i>	
Amount (\$) <i>14.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>40 Namal Tel Aviv 6701101</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	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

Date <i>3/1/18</i>	Payee name <i>Mendrian Business Services</i>	
Amount (\$) <i>367.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>555 Republic Drive Suite 200 Plano TX 75074</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Rent</i>	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 PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
2 of 3	Audrey Moorehead	
<b>4</b> Date:	<b>5</b> Payee name	
4/1/18	Mendran Business Services	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
367.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	555 Republic Drive Suite 200 Plano, TX 75074	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Rent	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date	Payee name	
4/16/18	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
14.00 <input type="checkbox"/> Reimbursement from political contributions intended	40 Namal Tel Aviv 6701101	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising	<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	
5/16/18	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	40 Namal Tel Aviv 6701101	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising	<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 PERSONAL FUNDS

# SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: 3 of 3	<b>2</b> FILER NAME Audrey Moorhead	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/1/18	<b>5</b> Payee name Meridian Business Services	
<b>6</b> Amount (\$) 367.50 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 555 Republic Drive, Suite 200 Datto Plano, TX 75074	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Rent	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 6-1-18	Payee name Meridian Business	
Amount (\$) 367.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 555 Republic Drive, Suite 200 Plano, TX 75074	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rent	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 <span style="float:right">Office held</span>

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 <span style="float:right">Office held</span>

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