

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Audrey	M I F	FILED 2018 FEB 28 AM 10:35 JOHN F. WARREN COUNTY CLERK DALLAS COUNTY	
	NICKNAME	LAST Moorehead	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 763984	APT / SUITE #:	CITY: Dallas, TX		Date Received
	STATE: 75376	ZIP CODE			Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 929-0662	EXTENSION	Receipt #	
				Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Trinidad	M I	Date Processed	
	NICKNAME	LAST Garza	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	2235 West Colorado Dallas, Texas 75211				
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 597-3620	EXTENSION		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	THROUGH	
	01	26	18	02 - 24 - 18	
11 ELECTION	ELECTION DATE	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
	Month Day Year 03 06 18	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> ELECTION TYPE Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Judge, County Criminal Court #3		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

14 JC/OH NAME Audrey Moorehead

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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$

5276.44

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

8,572.98

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

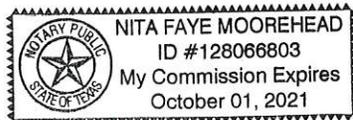
\$

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 26 day of February, 2018, to certify which, witness my hand and seal of office.

Nita Faye Moorehead NITA FAYE MOOREHEAD Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 4,000. ⁰⁰
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,276.44
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ -
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 4,500
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,649.48
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	\$ 923. ⁰⁰
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: 6
2 FILER NAME: Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 01/28 2018	5 Full name of contributor Kenneth Chism Contributor address; City; State; Zip Code 430 Blue Ridge Drive Duncanville, TX 75137	7 Amount of contribution (\$) 300.00
8 Contributor's principal occupation Bank Executive		9 Contributor's job title SVP
10 Contributor's employer/law firm Bank of America		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/31 2018	Full name of contributor Jennifer Graves Contributor address; City; State; Zip Code 5103 Nichols Houston, TX 77020	Amount of contribution (\$) 100.00
Contributor's principal occupation Non-Profit Administrator		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 01/31 2018	Full name of contributor Dennis Coleman Contributor address; City; State; Zip Code 4201 Lomo Alto Dallas, TX 75219	Amount of contribution (\$) 100.00
Contributor's principal occupation Development Director		Contributor's job title Development Director
Contributor's employer/law firm Paul Quinn College		Law firm of contributor's spouse (if any)

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
Date 01/17/ 2018	Full name of contributor out-of-state PACID#: _____ Jana Paul Contributor address; City; State; Zip Code 3429 Cornell Avenue Dallas TX 75205	Amount of contribution (\$) 200.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Self - Hance Wickham		Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
4 Date 01/31 2018	5 Full name of contributor out-of-state PACID#: _____ Danyale Holland Contributor address; City; State; Zip Code 329 Centre St Dallas, TX 75208	7 Amount of contribution (\$) 250.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Holland Martin, PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 2/2/18	Full name of contributor out-of-state PACID#: _____ Rhonda Hunter Contributor address; City; State; Zip Code P.O. Box 4444 Dallas TX 75208	Amount of contribution (\$) 1,100.00
Contributor's principal occupation Attorney		Contributor's job title Chief Juvenile
Contributor's employer/law firm Dallas County		Law firm of contributor's spouse (if any)

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

01/27
2018

5 Full name of contributor

Samuel Ackels

out-of-state PACID#: _____

Contributor address; City; State; Zip Code

3030 LBJ Freeway, Ste 1550 Dallas, TX 75234

7 Amount of contribution (\$)

100.00

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Ackels and Ackels

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

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

Date

02/02
2018

Full name of contributor

Jeweline Truitt

out-of-state PACID#: _____

Contributor address; City; State; Zip Code

3220 Centennial Road Fort Worth TX 76119

Amount of contribution (\$)

100.00

Contributor's principal occupation

Retired Educator

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

02/02
2018

Full name of contributor

Mattie McClure

out-of-state PACID#: _____

Contributor address; City; State; Zip Code

7513 Boulder Circle Fort Worth, TX 76123

Amount of contribution (\$)

100.00

Contributor's principal occupation

Retired Educator

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 01/19 2018	5 Full name of contributor Margaret Carrigan Contributor address; City; State; Zip Code 106 South Church Street McKinney, TX 75069 out-of-state PACID#: _____	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Carrigan and Smith PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/08 2018	Full name of contributor Nelson Patterson Contributor address; City; State; Zip Code 2527 Wilmer Street Dallas, TX 75241 out-of-state PACID#: _____	Amount of contribution (\$) 200.00
Contributor's principal occupation Retired Educator		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 02/08 2018	Full name of contributor Chad Elias Contributor address; City; State; Zip Code 2505 Farrington Dallas, TX 75207 out-of-state PACID#: _____	Amount of contribution (\$) \$500.00
8 Contributor's principal occupation CEO		9 Contributor's job title CEO
10 Contributor's employer/law firm Child Care Investment		11 Law firm of contributor's spouse (if any)

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 Date

02/12
2018

6 Full name of contributor

out-of-state PACID#: _____

Shirley Newsome

Contributor address; City; State; Zip Code
P.O.Box 600517 Dallas, TX 75360

7 Amount of contribution (\$)

100.00

8 Contributor's principal occupation

Retired Educator

9 Contributor's job title

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

02/13
2018

Full name of contributor

Alexandra Geczi

out-of-state PACID#: _____

Contributor address; City; State; Zip Code
6908 Brentfield Dallas, TX 75248

Amount of contribution (\$)

\$150.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Alexandra Geczi PLLC

Law firm of contributor's spouse (if any)

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

Date

02/13
2018

Full name of contributor

Michelle O'Neil

out-of-state PACID#: _____

Contributor address; City; State; Zip Code
4215 Country Brook Drive Dallas, TX 75287

Amount of contribution (\$)

\$250.00

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

O'Neil Wysocki, P.C.

Law firm of contributor's spouse (if any)

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Audrey Moorehead		3 Filer ID (Ethics Commission Filers)
4 Date 02/16 2018	5 Full name of contributor Julia Malveaux Contributor address; City; State; Zip Code 8117 Preston Road #300 Dallas, TX 75225 out-of-state PACID#: _____	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation Julia Malveaux Attorney at Law		9 Contributor's job title Attorney
10 Contributor's employer/law firm Attorney		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/20 2018	Full name of contributor Robert Lenz Contributor address; City; State; Zip Code 6060 North Central Expressway Dallas, TX 75206 out-of-state PACID#: _____	Amount of contribution (\$) 100.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Lenz Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/25 2018	Full name of contributor Frank Stevenson Contributor address; City; State; Zip Code 2200 Ross Avenue Dallas, TX 75201 out-of-state PACID#: _____	Amount of contribution (\$) 150.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Locke Lord LLP		Law firm of contributor's spouse (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **2**

2 FILER NAME
Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ **1,276.44**

5 Date

2/12/18

6 Full name of contributor out-of-state PAC (ID#)

Turn Out Texas PAC

7 Contributor address; City; State; Zip Code

2504 Summit Drive Irving TX 75062

8 Amount of Contribution \$

507.05

9 In-kind contribution description

mailers Door Hangers

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)

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

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

2/21/18

6 Full name of contributor out-of-state PAC (ID#)

Turn Out Texas PAC

Contributor address; City; State; Zip Code

2504 Summit Drive Irving, TX 75062

8 Amount of Contribution \$

\$119.39

9 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2:

2 FILER NAME **Audrey Moorehead** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron Hunter	8 Amount of Contribution \$ 650.00	9 In-kind contribution description commercial ad spot
	7 Contributor address; City; State; Zip Code 522 W. Tenth Dallas TX 75208	<input type="checkbox"/> 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)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
--	--

14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
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16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____))	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	<input type="checkbox"/> 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.

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 4,500

5 Date of loan

2/9

7 Name of lender

Audrey Moorehead

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1,500.00

6 Is lender a financial institution?

Y N

8 Lender address;

City;

State;

Zip Code

P.O. Box 763984 Dallas TX 75376

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Attorney / Self

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

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

17 Description of Collateral

none

18 Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address;

City;

State;

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

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

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

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

Audrey Moorehead

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

1/29/18

7 Name of lender

Audrey Moorehead

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

3,000.00

6 Is lender a financial institution?

Y N

8 Lender address:

P.O. Box 763984 Dallas, TX 75376

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Candidate

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

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

17 Description of Collateral

none

18 Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address;

City;

State;

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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	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: 5	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 2/22/18	5 Payee name The Order Desk
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6 Amount (\$) 1,195.86	7 Payee address; City; State; Zip Code 9840 Monroe Ste #104 Dallas, TX 75200
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage/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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/18	Payee name Mark Knight
------------------------	----------------------------------

Amount (\$) 1,000.00	Payee address; City; State; Zip Code 8782 Park Lane Dallas, TX 75231
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/14/18	Payee name Beyond the Slogan Consulting
------------------------	---

Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 140101 Dallas TX 75214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising - lit distribution	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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:	2 FILER NAME <i>Andrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/5/18</i>	5 Payee name <i>Dallas Examiner</i>
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6 Amount (\$) <i>\$375⁰⁰</i>	7 Payee address; City; State; Zip Code <i>4510 Malcolm X Dallas TX 75215</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
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>1/28</i>	Payee name <i>Concord Baptist Church</i>
------------------	--

Amount (\$) <i>50⁰⁰</i>	Payee address; City; State; Zip Code <i>6808 Pastor Bailey Drive</i>
------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event/Contribution</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <i>2/25/18</i>	Payee name <i>Stripe</i>
---------------------	--------------------------

Amount (\$) <i>\$79.37</i>	Payee address; City; State; Zip Code <i>185 Berry Street ⁵⁵⁰ San Francisco, CA 94107</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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:	2 FILER NAME <i>Audrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/4/18</i>	5 Payee name <i>Kirkwood Temple</i>
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6 Amount (\$) <i>\$56.00</i>	7 Payee address; City; State; Zip Code <i>1440 Sunny Glen Dallas TX 75232</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event/Contribution</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>2/2</i>	Payee name <i>Delta Sigma Theta</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>2525 MCK Dallas, Texas 75215</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</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>2/9/18</i>	Payee name <i>US PS</i>
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Amount (\$) <i>\$70.00</i>	Payee address; City; State; Zip Code <i>5521 Hampton Dallas TX 75232</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>P.O. Box Fees</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 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:		2 FILER NAME <i>Audrey Moorehead</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/18/18</i>		5 Payee name <i>Mount Rose Baptist Church</i>			
6 Amount (\$) <i>\$50-</i>		7 Payee address; City; State; Zip Code <i>7151 Field View Dallas TX 75249</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event/Contribution</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <i>2/23/18</i>		Payee name <i>Koquice Spencer</i>			
Amount (\$) <i>1,940-</i>		Payee address; City; State; Zip Code <i>5921 Shadycrest Trl Dallas, TX 75247</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting/Work Program 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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____				
Date <i>2/23/18</i>		Payee name <i>Reilly Echols</i>			
Amount (\$) <i>606-20</i>		Payee address; City; State; Zip Code <i>P.O. Box 152358 Dallas, TX 75315</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>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 <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:	2 FILER NAME <i>Audrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/18</i>	5 Payee name <i>Phenix Marketing</i>	
6 Amount (\$) <i>1,775.00</i>	7 Payee address; City; State; Zip Code <i>12929 Eppsfield Dallas, TX 75234</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Signs</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 <u>ONLY</u> if direct expenditure to benefit C/OH	
Date <i>2/9/18</i>	Candidate / Officeholder name <i>Minuteman Press</i>	
Amount (\$) <i>1,082.25</i>	Office sought <i>Dallas TX</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>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
	Office held <i>75243</i>	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
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
	Office held	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
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
	Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 G: 2	2 FILER NAME Audrey Moorehead	3 Filer ID (Ethics Commission Filers)
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4 Date 2/1/18	5 Payee name Meridian
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6 Amount (\$) \$398.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 555 Republic Drive Suite 200 Plano TX 75074
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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 2/05/18	Payee name Wix
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Amount (\$) 14.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 40 Nemoi Tel Aviv St, Tel Aviv 6701101
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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
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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 3-20-18	Payee name Plasso
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Amount (\$) 11.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 185 Berry Suite 550 San Francisco CA 94107
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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
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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	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 G:	2 FILER NAME <i>Audrey Moorehead</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>500</i>	5 Payee name <i>Obama Fest</i>
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6 Amount (\$) <i>500</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2504 Pine #B Dallas, TX 75215</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising/Marketing</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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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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	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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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
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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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