# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, T&O

FT. WORTH, TOOVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms / mrs / mr First Pastor Michael	MI	OFFICE USE ONLY
NAME	nickname last Moore	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1412 Lindsey Street F	city; state; zip code Fort Worth TX 76105	CSO REC'D APR 3 '25 PM1:50
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 817 ) 584-6661	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST  MS Nakeesha	MI	
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Richmond	551.11.	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AP	PT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1412 Lindsey Street	Fort Worth	TX 76105
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
THONE	( 817 ) 504-1919		
9 REPORT TYPE	January 15 X 30th day be	fore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day befo	pre election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1 / 1 / 2025	THROUGH 3	
11 ELECTION	ELECTION DATE	ELECTION TYPE	
2	Month Day Year Prin	mary Runoff Other Description	
	5 / 3 / 2025 X Gel	neral Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE F	ITURES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN	N TREASURER NAME	
	COMMITTEE CAMPAIG	N TREASURER ADDRESS	
	GO .	TO PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	oore, Michael	16 Filer	ID (Ethics Cor	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TEMPLE OF LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN	\$ 225.0	00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD	NS)	\$ 54,8	378.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 729	95.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 7,5	04.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE	\$	
The second secon	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and co	rrect and inclu	udes all information
	Mich. At	Now	_	
	Signature of	f Candidate	or Officeholde	er
	Please complete either option be	low:		
(1) Affidavit	ELISA WINTERROWD Notary Public, State of Texas Comm. Expires 01-11-2027			
NOTARY STAMP/SEA	Notary ID 13413861-8			*
Sworn to and subscribed		the <u>3</u>	_ day of	pril.
to certify to certify signature of officer administr	which, witness my hand and seal of office.  Elisa Winterrowd  Printed name of officer administering oath		Not a	r administering oath
San Carlinia	OR			
(0)				
(2) Unsworn Declarat	ion			
	, and my date of bir	th is		·
My address is	(atract) (aitr)		(zin 22-1-)	(country)
Executed in	(street) (city) County, State of , on the day of		(zip code) , 20 (year)	(country)
	Signature of C	andidate/Offic	ceholder (Decl	larant)

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME Moore, Michael 20 Filer ID (Ethics	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,575
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 40,078.31
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	$\overline{\mathrm{X}}$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7295.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### SCHEDULE A1

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 A1: 1 Of 7 (4 Of 18)						
2 FILER NAME Moore, Mich	ıael			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Hardin, Wanda	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)		
01/07/2025	6 Contributor address;	City;	State; Zip Code	\$50.00		
	4808 Avenue G	Fort Worth	TX; 76105			
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Carpenter, Kelton			\$25.00		
01/07/2025	Contributor address;	City;	State; Zip Code	. 3		
	6005 Yosemite Dr	Fort Worth	TX; 76112			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	stions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
01/07/2025	BUILDINGS AND RESIDENCE AND			<b>h</b>		
	Contributor address;	City;	State; Zip Code	\$25.00		
	1605 N Fork Rd	Fort Worth	TX; 76179			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
01/07/2025	Jones, Shameaka			\$50.00		
- , - , , = 0=0	Contributor address;	City;	State; Zip Code			
	3814 Levee Circle West Apt 232	Benbrook	TX; 76109-3836			
Principal occup	pation / Job title (See Instructions)	,	Employer (See Instruc	ctions)		

### SCHEDULE A1

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 A1: 2 of 7 (5 of 18)
2 FILER NAME Moore, Micl	nael			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Fields, Charles J	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
01/08/2025	6 Contributor address; 614 Lakeshore Blvd	City; Lucas	State; Zip Code TX; 75002	\$500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date	Full name of contributor  Jackson Jr., O.C.	_	C (ID#:)	Amount of contribution (\$)
01/10/2025	Contributor address; 1518 mossy glen ct	City; Garland	State; Zip Code TX; 75040	<b>გ</b> ეს.სს
Principal occupation / Job title (See Instructions)  Employer (See Instru		Employer (See Instruc	xtions)	
Date	Full name of contributor Gray, Kelly Allen	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
01/11/2025	Contributor address; 2820 Galvez Ave	City; Fort Worth	State; Zip Code TX; 76111	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 01/13/2025	Full name of contributor Moore, Rubin	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$100.00
02/10/2020	Contributor address; 3329 Railfence Rd	City; Fort Worth	State; Zip Code TX; 76119	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
,				

### SCHEDULE A1

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 A1: 3 OI 7 (6 OI 18)
2 FILER NAME Moore, Mich	nael			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Williams, Jason	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
01/15/2025	6 Contributor address; 1905 RIDGE OAK	City; Fort Worth	State; Zip Code TX; 76112	\$25.00
8 Principal occup	pation / Job title (See Instructions)	1011 1101111	9 Employer (See Instruc	tions)
Date	Full name of contributor Bell, Steven	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/21/2025			State: Zin Code	\$25.00
	Contributor address; 4304 Lorin Ave	City; Fort Worth	State; Zip Code TX; 76105	
	TUOT 2011111110	2 022 11 02 02	, /	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/29/2025	Kelly, Charlene			
1-71-0-0	Contributor address;	City;	State; Zip Code	\$100.00
	7204 Timber Trl	Fort Worth	TX; 76134	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	stions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
01/31/2025	Haase, Daniel			\$500.00
	Contributor address;	City;	State; Zip Code	
	1670 Watson Rd W	Fort Worth	TX; 76103	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Revised 1/1/2025

### SCHEDULE A1

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 A1: 4 of 7 (7 of 18)
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Moore, Mich	nael			
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
02/17/2025	Kelly, Tamra  6 Contributor address; 16060 Dallas Pkwy Apt 225	City; Dallas	State; Zip Code TX; 75248	\$50.00
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Northern, Will	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/20/2025	Contributor address;	City; Fort Worth	State; Zip Code TX; 76102	\$5,000.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Kelly, Charlene	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/28/2025	Contributor address; 7204 Timber Trl	City; Fort Worth	State; Zip Code TX; 76134	\$100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 03/05/2025	Full name of contributor Moncrief, Rosie and Mike	out-of-state PA	C (ID#:)	Amount of contribution (\$) \$250.00
- 0, - 0, 0	Contributor address; 777 Taylor St Ste 1030	City; Fort Worth	State; Zip Code TX; 76102	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS I	NEEDED

#### SCHEDULE A1

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 A1: 5 of 7 (8 of 18)
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Moore, Micl	hael			
4 Date	5 Full name of contributor Hernandez, Alex and Maryellen	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/06/2025	6 Contributor address;	City;	State; Zip Code	\$500.00
	245 Willow Ridge Rd	Fort Worth	TX; 76103	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Graham, Erika			\$100.00
03/08/2025	Contributor address;		State; Zip Code	φ100.00
	512 Oakmont Ln N	Fort Worth	TX; 76112	
	<b>0</b>		, /	
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/11/2025	Fields, David			,,,
03/11/2025	Contributor address;	City;	State; Zip Code	\$100.00
	1152 Fairweather Dr	Fort Worth	TX; 76120	
			1	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA0	C (ID#:	Amount of contribution (\$)
		_ out of otatio TA	//	
03/11/2025	Graham, Erika			\$175.00
	Contributor address;	City;	State; Zip Code	
	512 Oakmont Ln N	Fort Worth	TX; 76112	
Principal occup	l pation / Job title (See Instructions)		Employer (See Instruc	otions)
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### SCHEDULE A1

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

The	Instruction Guide explains how to o	complete this	s form.	1 Total pages Schedule A1: 6 of 7 (9 of 18)
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Moore, Micl	nael			
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Wallace, Joy D		,	
03/12/2025				\$100.00
- 0,, - <b></b> 0	6 Contributor address;	City;	State; Zip Code	1
	3605 Wharton Dr F	ort Worth	TX; 76133	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Hall, Wallace			• •
03/14/2025			01-1 7' 0-1-	\$5,000
	Contributor address;	City;	State; Zip Code	
	5956 Sherry Ln Ste 1810	Dallas	TX; 75225	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Micallef, Alfred			•
03/19/2025				\$500.00
	Contributor address;	City;	State; Zip Code	ფენნ.ნნ 
	Drive	Veatherford	TX; 76086	,
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
00/10/202=		and the state of t		\$100.00
03/19/2025	Bell, Steven  Contributor address;	City;	State; Zip Code	\$100.00
		Fort Worth	TX; 76105	
	4304 Loriii Ave F	OIL WOILII	17, 70105	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
			В	

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 7 of 7 (10 of 18)
2 FILER NAME Moore, Mic	nael		3 Filer ID (Ethics Commission Filers)
4 Date	Jones, Kimberly	C (ID#:)	7 Amount of contribution (\$)
03/20/2025	6 Contributor address; City;	State; Zip Code	\$50.00
	2502 S. Center Arlington	TX; 76014	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		.C (ID#:)	Amount of contribution (\$)
03/20/2025	Moore, Nakeesha		\$1,000.00
03/20/2025	Contributor address; City;	State; Zip Code	
	1412 Lindsey St Fort Wort	h TX; 76105	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		

Revised 1/1/2025

### SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this forn	1.	1 Total pages Schedule A2: 1 Of 5 (11 of 18)
2 FILER NAME	Moore, Michael		3 Filer ID (Ethics Commission Filers)
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:  Coalition For the Fort	)	8 Amount of 9 In-kind contribution Contribution \$   description
1.30.2025	7 Contributor address; City; State; PO Box 101652 Fort Worth TX	Zip Code 76185	253.74 Campaign Push Cards
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 1.30.2025	Full name of contributor out-of-state PAC (ID#:  Coalition For the Fort  Contributor address; City; State;  PO Box 101652 Fort Worth TX	Zip Code 76185	Amount of Contribution \$   In-kind contribution description   Campaign   Website   Consulting   Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	, ,	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.				ile A2: 5 (12 of 18)
2 FILER NAME	Moore, Michael		3 Filer ID (Ethics Cor	mmission Filers)
4 TOTAL OI	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 1.30.2025	6 Full name of contributor  out-of-state PAC (ID#:  Coalition For the Fort	)	8 Amount of Contribution \$	9 In-kind contribution description  Campaign
	7 Contributor address; City; State; PO Box 101652 Fort Worth TX	Zip Code 76185		${f Signs}$ de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)  15 Law 1			of contributor's spous	se (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#:	)	Amount of Contribution \$	In-kind contribution description
1.31.2025	Contributor address; City; State;		113.56	Campaign Push Cards
	PO Box 101652 Fort Worth TX	76185	Check if travel outside	l de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		

Revised 1/1/2025

#### SCHEDULE A2

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 A2: 3 of 5 (13 of 17)		
<sup>2</sup> FILER NAME Moore, Michael			3 Filer ID (Ethics Cor	nmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$		
5 Date	Coalition For the Fort			9 In-kind contribution description  Campaign	
2.27.2025	-	Zip Code 76185	2,316.55	Yard Signs le of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	, ,	er (FOR NON-JUDICIA		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	e (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	e			
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description	
3.15.2025	Contributor address; City; State;	Zip Code	7,585.89	Campaign Mail Advertisements	
	PO Box 101652 Fort Worth TX	76185	Check if travel outside	le of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	butor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
		Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
		Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
		Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
		Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	
		Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)	

### SCHEDULE A2

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 A2: 4 of 5 (14 of 18)	
<sup>2</sup> FILER NAME Moore, Michael		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	Date  6 Full name of contributor  out-of-state PAC (ID#:)  Coalition For the Fort			9 In-kind contribution description
3.24.2025	-	Zip Code 76185	3,000	Campaign Digital Advertisements
	FO Box 101052 Fort Worth TX	/0105	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 2.26.2025	Full name of contributor	Zip Code	Amount of Contribution \$ 17,475.87	In-kind contribution description Campaign Grassroots
	PO Box 101652 Fort Worth TX	76185	Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	30000 3000 00 0000000000
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)				se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

#### SCHEDULE A2

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 Schedu 5 of 5	ule A2: 5 (15 of 18)
<sup>2</sup> FILER NAME Moore, Michael			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)  DJay and David Fields			9 In-kind contribution description
3.20.2025	7 Contributor address; City; State; 6700 Brentwood Fort Worth TV	Zip Code 76112	1,200	Catering de of Texas. Complete Schedule T.
10 Principal occ	Stair Rd FOR WORTH TA	,	er (FOR NON-JUDICIA	N 10 N 1000 20 20 20 20 20 20 20 20 20 20 20 20
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (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#:	)	Amount of Contribution \$	In-kind contribution description Campaign
2.10.2025	Contributor address; City; State; PO Box 101652 Fort Worth TX	Zip Code 76185	3,500	Grassroots Advertising
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDU	JLE AS NEEDED	

Revised 1/1/2025

## 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District 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: 1 Of 3 (16 of 18)	<sup>2</sup> FILER NAME Moore, Michael		3 Filer ID (Ethics	Commission Filers)		
4 Date 01/09/2025	5 Payee name Catalyst Advisors					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$270.63	1108 Lavaca Street 110-506	Austin	TX	78701		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Studio Headshot Series				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held		
Date	Payee name					
01/29/2025	Catalyst Advisors					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$253.74	1108 Lavaca Street 110-506	Austin	TX	78701		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing Expense	Push Cards				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held		
Date	Payee name					
03/05/2025	Catalyst Advisors					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$6,030.00	1108 Lavaca Street 110-506	Austin	TX	78701		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE				Campaign Manager, Road Sign Install		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Campaign I		ad Sign		
	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name		Install			

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Otner (enter a catego	
1 Total pages Schedule F1: 2 Of 2 (17 Of 18)	<sup>2</sup> FILER NAME Moore, Michael		3 Filer ID (Ethics	Commission Filers)
4 Date 01/08/2025	5 Payee name Catalyst Advisors			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$129.91	1108 Lavaca Street 110-506	Austin	TX	78701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expenses	Name Badge, Business Cards		ss Cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
01/31/2025	Catalyst Advisors			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$140.18	1108 Lavaca Street 110-506	Austin	TX	78701
	Category (See Categories listed at the ten of this sehedule)	Description		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense		Push Cards	
OF			Push Cards	expense
OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name		tin, TX, officeholder living	expense Office held
OF EXPENDITURE  Complete ONLY if direct	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Aus	tin, TX, officeholder living	
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date  03/19/2025	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Catalyst Advisors	Check if Aus Office sought	tin, TX, officeholder living	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 03/19/2025  Amount (\$)	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Catalyst Advisors  Payee address;	Check if Aus Office sought City;	tin, TX, officeholder living	Office held  Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Oh  Date 03/19/2025  Amount (\$)	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Catalyst Advisors  Payee address;  1108 Lavaca Street 110-506	Check if Aus Office sought  City;  Austin  Description	tin, TX, officeholder living	Office held  Zip Code  78701
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 03/19/2025  Amount (\$) \$250.00  PURPOSE OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Catalyst Advisors  Payee address;  1108 Lavaca Street 110-506  Category (See Categories listed at the top of this schedule)	City; Austin Description Event Pos	tin, TX, officeholder living State;	Zip Code 78701  ame Day)
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OF  Date 03/19/2025  Amount (\$) \$250.00  PURPOSE OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Catalyst Advisors  Payee address;  1108 Lavaca Street 110-506  Category (See Categories listed at the top of this schedule)  Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	City; Austin Description Event Pos	state; TX ter Board (Sa	Zip Code 78701  ame Day)

## 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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 3 of 3 (18 of 18)	<sup>2</sup> FILER NAME Moore, Michael		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2025	5 Payee name Catalyst Advisors			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$221.04	1108 Lavaca Street 110-506	Austin	TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Email Accounts - 2 Email Addres Annual		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NE	EDED	