

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>Helen</i> MI: NICKNAME: <i>Moise</i> LAST: SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED - CSO 18 APR 27 AM 10:22 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; width: 100%; height: 40px;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 274-7660</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Joe</i> MI: NICKNAME: <i>Bruner</i> LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2311 Autumn Oaks Court Arlington, Tx. 76006</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 637-1144</i>		
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 Month Day Year <i>3 / 27 / 2018</i> THROUGH <i>4 / 25 / 2018</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 05 / 18</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <i>Municipal</i>	
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Arlington City Council District 1</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/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

\$ - 0 -

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

\$ 9,429.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 14,067.35

CONTRIBUTION
BALANCE

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

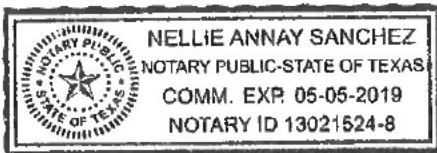
\$ 13,043.23

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 25,000.00

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.

Helen Moise

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Helen Moise, this the 27th day of April, 2018, to certify which, witness my hand and seal of office.

Nell Sanchez

Signature of officer administering oath

Nellie Annay Sanchez

Printed name of officer administering oath

Admin Aide II

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,650.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 779.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$13,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$14,067.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <i>Helen Moise</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/03/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joe & Doreen Bruner</i> 6 Contributor address; City; State; Zip Code <i>76006</i> <i>2311 Autumn Oaks Tr, Arlington TX</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>3/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Sargent</i> Contributor address; City; State; Zip Code <i>75057</i> <i>2714 Sherman St., Grand Prairie TX</i>	Amount of contribution (\$) <i>1,000.00</i>
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>3/30/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred Weekley</i> Contributor address; City; State; Zip Code <i>76012</i> <i>1821 Mossy Oak, Arlington, TX</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/03/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly Carnutt</i> Contributor address; City; State; Zip Code <i>101 East Park Row, Arlington TX 76010</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 5
2 FILER NAME Helen Moise		3 Filer ID (Ethics Commission Filers)
4 Date 4/03/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Val & Linda Gibson	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2414 Wimbledon Dr. Arlington, TX 76017		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/03/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Goggin, Bair & Sampson	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code PO Box 17428 Austin TX 78760		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/03/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Snider	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2111 N. Collins, Suite 323 Arlington, TX 76011		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/03/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Cavendar	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2111 N. Collins, Ste. 323, Arlington, TX 76011		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>3 of 5</i>
2 FILER NAME <i>Helen Moise</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/03/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paal Johnson</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>2430 Park Run Dr, Arlington, TX 76016</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>4/03/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Majy Haddad</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code <i>2500 NE Green Oaks Blvd., Suite 300 Arlington, TX 76006</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/03/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zachary Henson</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>817 W. Daggott Ave, Ft. Worth, TX 76014</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4/05/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clifford Mykaskie</i>	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; City; State; Zip Code <i>1409 Woodbine Ct., Arlington, TX 76012</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Helen Moise

3 Filer ID (Ethics Commission Filers)

4 Date

4/04/18

5 Full name of contributor

Ignacio Nunez

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

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

1800 Rayburn, Arlington, TX 76013

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/6/18

Full name of contributor

Tom A. Taylor

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

Amount of contribution (\$)

\$100.00

Contributor address;

2718 Lincoln Dr., Arlington, TX 76006

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/10

Full name of contributor

G.C. Martin

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

Amount of contribution (\$)

\$300.00

Contributor address;

PO Box 91588, Arlington, TX 76015

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

David Moritz

Full name of contributor

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

Amount of contribution (\$)

\$1,000.00

Contributor address;

*2111 N. Collins, Suite 323
Arlington TX 76011*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: *4 of 5*

2 FILER NAME

Helen Moise

3 Filer ID (Ethics Commission Filers)

4 Date

4/17/18

5 Full name of contributor

John D. Moritz

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

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

P.O. Box 490, Arlington, TX 76004

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/18/18

Full name of contributor

Anthony & Xerita Nagy

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

Amount of contribution (\$)

\$100.00

Contributor address;

1000 Curtis Ct. Arlington, TX 76012

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/19/18

Full name of contributor

Gary & Leanne Trammell

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

Amount of contribution (\$)

\$100.00

Contributor address;

905 Briarcliff Ct., Arlington, TX 76012

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
5 of 5

2 FILER NAME
Helen Moise

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
4/20/18

7 Name of lender out-of-state PAC (ID#: _____)
Richard Moise

9 Loan Amount (\$)
\$13,000.00

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
[REDACTED]

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)
N/A

13 Employer (See Instructions)
N/A

14 Description of Collateral
 none

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

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution? Lender address; City; State; Zip Code
Y N

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

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

GUARANTOR INFORMATION
 not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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: <i>10/3</i>	2 FILER NAME <i>Helen Moise</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/02/18</i>	5 Payee name <i>Murphy Nascia</i>	
6 Amount (\$) <i>\$1,000.00</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos Street, Ste. 304 Austin, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</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	Office held
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Date <i>4/03/18</i>	Payee name <i>Murphy Nascia</i>
Amount (\$) <i>\$600.00</i>	Payee address; City; State; Zip Code <i>815-A Brazos Street, Ste. 304 Austin, TX 78701</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising 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
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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 <i>4/05/18</i>	Payee name <i>Murphy Nascia</i>
Amount (\$) <i>\$850.00</i>	Payee address; City; State; Zip Code <i>815-A Brazos Street, Ste 304 Austin, TX 78701</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising 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
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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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>27/28</i>		2 FILER NAME <i>Helen Moise</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/05/18</i>		5 Payee name <i>Murphy Navica</i>			
6 Amount (\$) <i>\$3,969.91</i>		7 Payee address; City; State; Zip Code <i>815-A Brazos St., Ste 304 Austin, TX 78701</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense (Mailer)</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>4/05/18</i>		Payee name <i>Murphy Navica</i>			
Amount (\$) <i>\$ 844.32</i>		Payee address; City; State; Zip Code <i>815-A Brazos St., Ste 304 Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Other - Sign Installations</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>4/12/2018</i>		Payee name <i>Murphy Navica</i>			
Amount (\$) <i>\$5,169.92</i>		Payee address; City; State; Zip Code <i>815-A Brazos St., Ste. 304 Austin, TX 78701</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense (Mailer)</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	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: <i>no #</i>	2 FILER NAME <i>Helen Moise</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/18</i>	5 Payee name <i>Murphy Nasica</i>	
6 Amount (\$) <i>1,000.00</i>	7 Payee address; City; State; Zip Code <i>815-A Brazos Street, Ste 304 Austin, TX 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting Expense</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	Office held
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Date <i>4/20/18</i>	Payee name <i>Murphy Nasica</i>	
Amount (\$) <i>\$333.20</i>	Payee address; City; State; Zip Code <i>815-A Brazos Street, Ste 304 Austin, TX. 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling Expense +-shirts</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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Date <i>4/09/18</i>	Payee name <i>usPost Office</i>	
Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code <i>1009 Oakwood Ln. Arlington, TX 76012</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other/postage</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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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 Schedule F1: <i>4 of 4</i>	2 FILER NAME <i>Helen Moise</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/18</i>	5 Payee name <i>James Sims</i>	
6 Amount (\$) <i>\$200.00</i>	7 Payee address; City; State; Zip Code <i>5615 Hearthwood Dr Arlington, TX 76016</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other - Install 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 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Helen Moise

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/03

6 Full name of contributor out-of-state PAC (ID#):
Pepe, Hardenzke, Christie, Schell
Keller & Tablett, LLP
7 Contributor address; City; State; Zip Code
1000 Ballpark Way, Suite 300, Arlington, TX 76011

8 Amount of Contribution \$
\$529

9 In-kind contribution description
Food for 4/03 Event

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
3/29

Full name of contributor out-of-state PAC (ID#):
Bruce E. Maxwell
Contributor address; City; State; Zip Code
2000 Fair Meadows Dr. Apt. TX 76012

Amount of Contribution \$
\$250/photography

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.