

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

OFFICE USE ONLY

Date Received

RECEIVED - OSO
18 APR 27 AM 10:22

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Helen
Moise

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

2106 Hillridge Ct.
Arlington, TX 76012

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 274-7660

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Joe
Bruner

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2311 Autumn Oaks Court
Arlington, Tx. 76006

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 637-1144

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

3 / 27 / 2018

THROUGH

Month

Day

Year

4 / 25 / 2018

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 05 / 18

Primary

Runoff

Other Description

General

Special

Municipal

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Arlington City Council
District 1

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

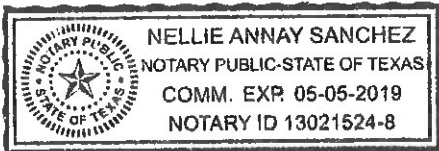
\$ 13,043.23

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, 20 19, to certify which, witness my hand and seal of office.

Nell Sanchez Nellie Annay Sanchez Admin Aide II
Signature of officer administering oath Printed name of officer administering oath 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: 5
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/Arlinton 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>75051</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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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, Blair & 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: 3 of 5

2 FILER NAME

Helen Moise

3 Filer ID (Ethics Commission Filers)

4 Date

4/03/18

5 Full name of contributor

Paul Johnson

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

2430 Park Run Dr, Arlington, TX

City; State; Zip Code *76016*

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/03/18

Full name of contributor

Mejy Haddad

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

Amount of contribution (\$)

\$2,000.00

Contributor address;

*2500 NE Green Oaks Blvd., Suite 500
Arlington, TX 76006*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/03/18

Full name of contributor

Zachary Henson

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

Amount of contribution (\$)

\$200.00

Contributor address;

*817 W. Daggott Ave, Ft. Worth, TX
76014*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/05/18

Full name of contributor

Clifford Mykaskie

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

Amount of contribution (\$)

\$250.00

Contributor address;

*1409 Woodbine Ct., Arlington, TX
76012*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Helen Moise</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/04/18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ignacio Nunez</i>	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code <i>1800 Raydon, Arlington, TX 76013</i>		
8 Principal occupation / Job title (See Instructions) <i>N/A</i>		9 Employer (See Instructions) <i>N/A</i>
Date <i>4/16/18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom A. Taylor</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2718 Lincoln Dr., Arlington, TX 76006</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>4/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>G.C. Martin</i>	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code <i>PO Box 91588, Arlington, TX 76015</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Moritz</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>2111 N. Collins, Suite 323 Arlington TX 76011</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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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 out-of-state PAC (ID#: _____)

John D. Moritz

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

P.O. Box 490, Arlington, TX 76004

8 Principal occupation / Job title (See Instructions)

N/A

9 Employer (See Instructions)

N/A

Date

4/18/18

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

Anthony & Xerita Nagy

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1000 Curtis Ct. Arlington, TX 76012

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/19/18

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

Gary & Leanne Trammell

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

905 Briarcliff Ct., Arlington, TX 76012

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 8

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

Richard Moise

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

9 Loan Amount (\$)

\$13,000.00

6 Is lender a financial institution?

Y N

8 Lender address;

2106 Hillridge Ct.
Arlington, TX 76012

City; State; Zip Code

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

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

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?

Y N

Lender address;

City; State; Zip Code

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

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 <u>ONLY</u> 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 <u>ONLY</u> 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 <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 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: <i>25/24</i>	2 FILER NAME <i>Helen Moise</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/05/18</i>	5 Payee name <i>Murphy Natica</i>
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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>
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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
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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>4/05/18</i>	Payee name <i>Murphy Natica</i>
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Amount (\$) <i>\$ 844.32</i>	Payee address; City; State; Zip Code <i>815-A Brazos St., Ste 304 Austin, TX 78701</i>
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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
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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>4/12/2018</i>	Payee name <i>Murphy Natica</i>
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Amount (\$) <i>\$5,169.92</i>	Payee address; City; State; Zip Code <i>815-A Brazos St., Ste. 304 Austin, TX 78701</i>
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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
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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: <i>70</i>	2 FILER NAME <i>Helen Noise</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/18</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>4/20/18</i>	Payee name <i>Murphy Nascia</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	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: <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
	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
	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
	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#: _____)
Pope, Hardewiecke, Christie, Schell

7 Contributor address; City; State; Zip Code
Keller & Tablett, LLP

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.