

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2065.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1891.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 174.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.


 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath


OR

(2) Unsworn Declaration

My name is Tina Mott, and my date of birth is 06/12/1968

My address is 1333 Sea Secret Street, Port Aransas, TX, 78373, USA

Executed in Nueces County, State of TX, on the 10 day of 21, 2021


 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Tina Mott

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1498.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 567.94
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1331.63
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 560.02
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

Reset Form

Reset Page

MONETARY POLITICAL CONTRIBUTIONS

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 3

2 FILER NAME

Tina Mott

3 Filer ID (Ethics Commission Filers)

4 Date

09/16/2021

5 Full name of contributor

Noyse Livingston

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

Port Aransas, TX 78373

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

09/07/2021

Full name of contributor

David Sieloff

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

105 Five Dove Circle Port Aransas, TX 78373

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Materials Engineering Manager

Employer (See Instructions)

Date

09/07/2021

Full name of contributor

Martin J. Phalen

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

168 Five Dove Circle, Port Aransas, TX 78373

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Health Physicist

Employer (See Instructions)

Nuclear Energy Institute

Date

09/16/2021

Full name of contributor

Cathy Fulton

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

Port Aransas, TX 78373

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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: 1 of 1	
2 FILER NAME Tina Mott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 567.94	
5 Date 09/05/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Goglike	8 Amount of Contribution \$	9 In-kind-contribution description
	7 Address; 1333 Sea Secret St. City; Port A State; TX Zip 78373	\$342.96	Yard Signs
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) Fire /EMT		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 10/18/21	Lisa Turcotte <input type="checkbox"/> 305 Avenue J Port Aransas, Tx 78373	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code	\$224.98	South Jetty Advertisement
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) Retired Educator		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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: 1 of 2	2 FILER NAME Tina Mott	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 1331.63
5 Date 09/02/21	6 Payee name Vista Print	
6 Amount (\$) 168.29 & 81.61	8 Payee address; City; State; Zip Code Hadsoweg 8, Vinio, The Netherlands 5928LW	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs/Cards
11 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Candidate / Officeholder name Office sought Office held	
Date 09/17/21	Payee name Signs.com	
Amount (\$) 463.83	Payee address; City; State; Zip Code 1550 South Gladiola Street Salt Lake City, UT 84104	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political X Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Tina Mott

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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: 1 of 2	2 FILER NAME Tina Mott	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2021	5 Payee name Rubber Stamps.net	
6 Amount (\$) 17.85 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 320 E. 2nd Street Davenport, IA 52801	
8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description [REDACTED]
	(c) <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
Date 09/24/21	Payee name Stingrays	
Amount (\$) 40.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 401 Beach Street Port Aransas Texas 78373	
8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <i>food/bev.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Sch. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/03/2021	Payee name Custom Lanyard WB Promotion	
Amount (\$) 93.40 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 12505 Reed Road #110, Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <i>Door Hangers</i>
	(c) <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1. **2 of 3**

2 FILER NAME Tina Mott		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2021	5 Full name of contributor Noyse Livingston	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code Port Aransas, TX 78373		200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2021	Full name of contributor David Sieloff	Amount of contribution (\$)
Contributor address; City; State; Zip Code 105 Five Dove Circle Port Aransas, TX 78373		150.00
Principal occupation / Job title (See Instructions) Materials Engineering Manager		Employer (See Instructions)
Date 10/10/2021	Full name of contributor Martin J. Phalen	Amount of contribution (\$)
Contributor address; City; State; Zip Code 168 Five Dove Circle, Port Aransas, TX 78373		100.00
Principal occupation / Job title (See Instructions) Health Physicist		Employer (See Instructions) Nuclear Energy Institute
Date 10/10/2021	Full name of contributor Tina Mott	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1333 Sea Secret St, Port Aransas, TX 78373		100.00
Principal occupation / Job title (See Instructions) Delivery Person		Employer (See Instructions) USPS

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3 of 3**

2 FILER NAME Tina Mott		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2021	5 Full name of contributor Bill and Dee Sims <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code Port Aransas, TX 78373	100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2021	Full name of contributor Barney Farley <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 410 East White Street, Port Aransas, TX 78373	100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2021	Full name of contributor Leslie Smith <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 607 Sixth Street, Port Aransas, TX 78373	100.00
Principal occupation / Job title (See Instructions) Air Conditioning Worker		Employer (See Instructions) Highland Air Conditioning
Date 10/10/2021	Full name of contributor John McKinney <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 703 Sixth St, Port Aransas, TX 78373	48.00
Principal occupation / Job title (See Instructions) Water Plant Operator		Employer (See Instructions) Nueces County

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



EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F4:

2 of 2

2 FILER NAME **TINA MOTT**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ **\$617.90**

5 Date
10/11/2021

6 Payee name Texas Texas Signs Express

6 Amount (\$)
129.90

8 Payee address; City; State; Zip Code
513 N Allister St, Port Aransas Texas 78373

9 TYPE OF EXPENDITURE

Political Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

Printing Expense

Signs

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date
10/11/2021

Payee name
Signs.com

Amount (\$)
488.00

Payee address; City; State; Zip Code
1550 South Gladiola Street Salt Lake City, UT 84104

TYPE OF EXPENDITURE

Political Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

Printing Expense

Yard Signs

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, 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 NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
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 G: 2 of 2		2 FILER NAME Tina Mott		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2021		5 Payee name Suzanne Petit – Hot Dog Lady			
6 Amount (\$) 225.00 <small>Reimbursement from political contributions intended</small>		7 Payee address; Beach Street		City; Port Aransas Tx, 78373	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Hot Dogs M&G		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/13/21		Payee name Island Wine			
Amount (\$) 33.77 <small>Reimbursement from political contributions intended</small>		Payee address; 1726 State HWY 361		City; Port Aransas	State; Zip Code Texas 78373
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Candidate Meet and Greet		
	<small>Check if travel outside of Texas. Complete Sche</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/13/2021		Payee name Billy Snipes Music			
Amount (\$) 150.00 <small>Reimbursement from political contributions intended</small>		Payee address; Flour Bluff, TX 77418		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Music at Beach Meet & Greet		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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