CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCEREPORT

FORM C/OH COVER SHEET PG 1

1778000							
The C/OH Instruction (Suide explains how	to complete this form	n. 1 Filer	ID (Ethics Comm	ission Filers)	2 Total pages fi 12	led
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	2.0.00.17 3333		МІ	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Mott			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 1333 Sea Secre Port Aransas, T	et Street	; CITY;	STATE	ZIP CODE	OCT City 9	EIVED 2 1 2021 A
5 CANDIDATE/ OFFICEHOLDER PHONE	(918)	9HONE NUMBER 373-2247		EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR .MT	FIRST MARTIN			MI J SUFFIX	Date Processed	Transacti V
	Bud	Phalen				Date Imaged	7
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	168 Five Dove C Port Aransas, TX		PT / SUITE #,	CITY;		STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (815)	PHONE NUMBER 690-1938		EXTENSION			
9 REPORT TYPE	January 15	30th day befor		Runoff	ed Modified	treasurer a (Officehol	ifter campaign appointment der Only) ort (Attach C/OH -FR)
	July 15.	X 8th day befor	e election	14 =5-14-0-0-18-0	ng Limit		
10 PERIOD COVERED	Month 07	Day Year 15 21	Tŀ	IROUGH	Month 10	Day Yes	
11 ELECTION	Month Day		rimary	Runoff X Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	•	, and the second	13 OFFICE SOL		Lity Counc	oil Seat #2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBU CEHOLDER. THESE EXPEND AND OFFICEHOLDERS ARE COMMITTEE NAME	ITURES MAY HAVE	OR POLITICAL EXP	PENDITURES MA	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN	TREASURER NAM	(F	<u> </u>		
13.000	SPECIFIC	COMMITTEE CAMPAIGN				p	
	9,2,000,450,980	GO	IO PAGE	2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 File	ler ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	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 LA OF REPORTING PERIOD	ST DAY	\$	174.29
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and corre	ect and includes	all information
	Luia &	W	loto	
	Signature of C	Candidat	te or Officehold	ler
	Please complete either option bel	ow:		
(1) Affidavit				
NOTARY STAMP / SEA	AL.			
Sworn to and subscribed	before me bythis the	 _	day of	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ring oath Printed name of officer administering oath		Title of office	r administering oath
	OR			
(2) Unsworn Declarati	on			
My name is Tina Mott	, and my date of birth i	_{is} <u>.06/1</u> 2		
My address is 1333 Sea Se	cret Street ,_Port Aransas , 1	TX ,	78373	USA
Executed in Nueces	County, State of TX , on the 10 day of 24	(state)	(zip code)	(country)
	- Tuia	2	(year)_	t
	Signature of Cand	lidate/Of	fficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	···	20 Filer ID (Ethics Co	mmissio	n Filers)
Tina	a Mott	I.	_	
				SUBTOTAL AMOUNT
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1498.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	567.94
	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. SCHEDULE E: LOANS			\$	0.00
	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00
	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$	0.00
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1331.63
	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$	560.02
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00
	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	.CONTRIBUTIONS	\$	0.00
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$	0.00
ŀ	Tina HEDUL MME OI	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FOR SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	Tina Mott HEDULE SUBTOTALS ME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	TINA MOTE HEDULE SUBTOTALS ME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ir the reques	ted information is not applicable,	DO NOT IN	clude this page in the	героп.
The	Instruction Guide explains how to com	1 Total pages Schedule A1: 1 Of 3		
2 FILER NAME Tina Mott				3 Filer ID (Ethics Commission Filers)
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#) Noyse Livingston			7 Amount of contribution (\$)
09/16/2021	6 Contributor address; Port Aransas, TX 78373	City;	State; Zip Code	200.00
8 Principal occup Retired	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date 09/07/2021	Full name of contributor David Sieloff Contributor address; 105 Five Dove Circle Port	out-of-state PA	State; Zip Code	Amount of contribution (\$)
, ,	ation / Job title (See Instructions) ngineering Manager	Aransas,	Employer (See Instructi	ons)
Date 09/07/2021	Martin J. Phalen	City;	State; Zip Code	Amount of contribution (\$)
Principal occup Health Phys	ation / .lob.title (See Instructions)		Nuclear Energy Ins	·
Date 09/16/2021	Cathy Fulton	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer (See Instrucți	ons)
	ATTACH ADDITIONA If contributor is out-of-state PAC, ple		OF THIS SCHEDULE AS Nuction guide for additional re	eporting requirements.
orms provided by To	exas Ethics Commission	www.ethic	ate.tx.us	The Instruction Guide explains how

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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SCHEDULE A2

Revised 8/17/2020

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

Th	e Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Total		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Tina Mott					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	i	\$ 567.94	
101/12		301.0.10	100% (A =		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	In-kind-contribution	
09/05/21	Chris Goglke		Contribution \$	description	
			\$342.96 IY	fard Signs	
	7 Address; 1333 Sea Secret St. City; Port A State; TX Zi	p 78373			
			1		
		1 .		of Texas. Complete Schedule T.	
10 Principal o	ccupation / Job title (FOR NON-JUDICIAL) Fire /EMT	11 Employe	er (FOR NON-JUDICIAL)(See instructions)	
42 Contributors	principal occupation (FOR JUDICIAL)	42 Contribu	stode job title (FOR JUD)	ICIAL) (See Instructions)	
12 Contributors	pinicipal occupation (I ON TODIONE)	13 000000		ione, (occ mandonons)	
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)				
	Lisa Turcotte 305 Avenue J Port Aransas,	Tx 78373	Amount of		
Date 10/18/21			Contribution \$	In-kind contribution description	
		***************************************	\$224.98.	South Jetty Advertisement	
	Contributor address; City; State;	Zip Code		of Toward Consolidate Colored de T	
-	Control of the Contro			of Texas. Complete Schedule T.	
Principal occi	upation / Job title (FOR NON-JUDICIAL) Retired Educator	Employe	r (FOR NON-JUDICIAL)(: 	See instructions)	
Contributors	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JUDI	ICIAL) (See Instructions)	
	- Control of the cont				
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)				
				6 00000 en -	
	(gal 2007)) (gal 28			772	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDI	JLE AS NEEDED		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

Advadiska Evansa			GORIES FOR BOX 10(a		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Food/B y Gift/Aw	Expense everage Expense ards/Memorials Expense ervices	Loan Repayment/Reimburseme Office Overhead/Rental Expen- Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expent Travel In District Travel Out Of District	
X400.00 CARRON STAN	The	e Instruction Guide expla	ins how to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME	Tina Mott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDIT	URES CHARGED	TO A CREDIT CARD	s 1331.63	
5 Date 09/02/21	6 Payeename Vista Print				
6 Amount (\$) 168.29 & 81.61	8 Payee address Hadsoweg 8		city; therlands 5928LW	State; Zip Code	
9 TYPE OF	П			,	
EXPENDITURE	Political		Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Cate	gories listed at the top of this	schedule) (b) Description	rs/cards	
	(c) Check if t	ravel outside of Texas. Complete	Schedule T. Charle	f Austin, TX, officeholder living expense	
11 Complete ONLY if direct	-	Officeholder name	Office sought	Office held	
Date 09/17/21	Payee name S	Signs.com			
Amount (\$) 463.83	Payee address; 1550 South	City; State; Gladiola Street	Zip Code Salt Lake City, UT 84	104	
TYPE OF EXPENDITURE	X Political	Γ	Non-Political		
PURPOSE OF	Category (See o	Categories listed at the top of th	Descriptio	s .	
EXPENDITURE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name	Office sought	Auslin, TX, officeholder living expense Office held	
				200	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide evaluing how to complete this f	OPP				
	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1 C/	OH N		2 Filer ID (Ethics Commission Filers)				
Tina			Z THO ID (Ellies commission nots)				
		TURE					
0 01							
de	signat	expect any further political contributions or political expenditures in connection with my cing a report as a final report terminates my campaign treasurer appointment. I also unde n contributions or make any campaign expenditures without a campaign treasurer appoi	rstand that I may not accept any				
		WHO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••					
A.		CAMPAIGNFUNDS					
	Check	only one:					
K	1	I do not have unexpended contributions or unexpended interest or income earned from	political contributions.				
	ĵ)	I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or income expersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions filing this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirements	arned on political contributions to itions and that I may not retain itions longer than six years after contributions and unexpended				
B.		ASSETS					
	Check	only one:					
1	0	I do not retain assets purchased with political contributions or interest or other income fr	om political contributions.				
ŗ		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political confidence of requirements of Election Code, § 254.204.	ncome from political contributions to				
		HOLDER ete this section <i>only</i> if you are an officeholder •-					
	П	I am aware that I remain subject to filing requirements applicable to an officehold treasurer on file. I am also aware that I will be required to file reports of unexpende required report as an officeholder, I retain political contributions, interest or other in assets purchased with political contributions or interest or other income from political contributions.	d contributions if, after filing the last come from political contributions, or				
		Sig	nature of Officeholder				
orms p	rovide	d by Texas Ethics Come Reset Form cs.s Reset Page	Revised 8/17/2020				

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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/Donation

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politic Credit Card Payment	•	Legal Services Salar The Instruction Guide explains how	ies/Wages/Contract Labor	Other (enter a category	y not listed above)
1 Total pages Schedule G:	2 FILER NAM			3 Filer ID (Ethics Con	nmission Filers)
4 Date	5 Payee nam				
08/22/2021	Rubbe	r Stamps.net			
6 Amount (\$) 17.85 Reimbursement from political contributions intended	7 Payee add 320 E. 2nd		City; Davenport, IA 52801	State;	Zip Code
8 PURPOSE OF		See Categories listed at the top of this schedule)	(b) Description		5 (4 5 5 1 5 5 5 6 6 5 5 6 6 6 5 5 6 6 6 6 5 5 6
EXPENDITURE	(c) (Check if travel outside of Texas. Complete Schedule T.	Check if Austin. 1	TX, officeholder living expens	se
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		ffice held
Date 09/24/21	Payee nar				
Amount (\$)	Payee add	lress;	City;	State;	Zip Code
40.00 Reimbursement from political contributions intended		ach Street	Port Arans	•	78373
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description 4	d/bev.	
		Check if travel outside of Texas. Complete Sche	Check if Austin,	TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	0	ffice held
Date	Payee nan	00			
09/03/2021	, ·	n Lanyard WB Promotion		20 G. 1830.636 ag 65	
Amount (\$) 93.40 Reimbursement from political contributions intended	Payee add	ress: Reed Road #110, Sugar L	city; and, TX 77478	State;	Zip Code
PURPOSE OF EXPENDITURE		see Categories listed at the top of this schedule) ng Expense	Description Hu	ngers	<u> </u>
	C	heck if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X officeholder living expens	se
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	Office sought	0	ffice held
	ATTAC	H ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	6 0 1	
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			SCHEDULE A1
The	instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 2 of 3
2 FILER NAME	Γina Mott		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2021	5 Full name of contributor out-of-state PAC Noyse Livingston	(ID#)	7 Amount of contribution (\$
	6 Contributor address; City; Port Aransas, TX 78373	State; Zip Code	200.00
8 Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
10/10/2021	David Sieloff		150.00
	Contributor address; City; 105 Five Dove Circle Port Arans	State: Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
ivialeriais Er	ngineering Manager		
Date 10/10/2021	Full name of contributor out-of-state PAC (Martin J. Phalen Contributor address; City;	ID#) State; Zip Code	Amount of contribution (\$)
ľ	168 Five Dove Circle, Port Arans	sas, TX 78373	
Principal occup Health Phy	ation / Job title (See Instructions) sicist	Employer (See Instruction Line Employer See Instruction Line Employer Employ	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
10/10/2021	Contributor address; City;	State; Zip Code	100.00
	1333 Sea Secret St, Port Aransas, TX	C 78373	
Principal occup Delivery	ation / Job title (See Instructions) Person	Employer (See Instructi	ions) USPS
	ATTACH ADDITIONAL COPIES OF		
	Tat of duto . 710, pioced dec illastiti	I Saran iai - anaighairm i.	

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			SCHEDULE A1
The	instruction Guide explains how to complete this form		1 Total pages Schedule A1: 3 of 3
2 FILER NAME	Γina Mott		3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2021	5 Full name of contributor out-of-state PAC Bill and Dee Sims	C (ID#)	7 Amount of contribution (\$
8 Principal occu	6 Contributor address; City; Port Aransas, TX 78373 pation / Job title (See Instructions)	State; Zip Code 9 Employer (See Instruct	100.00
Retired	Janon, Joseph Marchaelle,		
Date	Full name of contributor out-of-state PAC	(ID#	Amount of contribution (\$)
10/10/2021	Barney Farley		100.00
10, 10,202	Contributor address; City; 410 East White Street, Port Ara	State; Zip Code	:
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
10/10/2021	Contributor address; City: 607 Sixth Street, Port Aransas,	State; Zip Code	100.00
	nation / Job title (See Instructions) oning Worker	Employer (See Instructi Highland Air Conditio	
Date	Full name of contributor out-of-state PAC John McKinney	: (ID#)	Amount of contribution (\$)
10/10/2021	Contributor address; City;	State; Zip Code	48.00
	703 Sixth St, Port Aransas, TX 7837	1	
Principal occup Water Plant C	ation / Job title (See Instructions) perator	Employer (See Instructi Nueces County	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instru		

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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 Renovment/Reimhursement

Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Over Polling Exp		Tra Tra	avel In District	ment & Related Expen
Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services		Expense ages/Contract Labor		avel Out Of Distric her (enter a categ	ct ory not listed above)
	The Instruction Guide explain	ns how to co	mplete this form.			
1 Total pages Schedule F4: 2 of 2	2 FILER NAME TINA MOTT			3 Fil	ler ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDITCARD	\$	\$617.9	90
5 Date 10/11/2021	6 Payeename Texas Texas Signs	Express	8			
6 Amount (\$)	8 Payee address;		City;		State;	Zip Code
129.90	513 N Allister St, Port Aransas	s Texas	78373			
9 TYPE OF						
EXPENDITURE	Political	Non-Po	litical			
10 PURPOSE OF EXPENDITURE	Printing Expense	chedule)	Signs			
	(c) Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX,	officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidale / Officeholder name		fice sought		Office he	
Date	Рауее пате					
10/11/2021	Signs.com					101112
Amount (\$)	Payee address		City;		State;	Zip Code
488.00	 1550 South Gladiola Street S	alt Lake	City, UT 84104	ļ		
TYPE OF EXPENDITURE	X Political	Non-Po	litical			
	Category (See Categories listed at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense		Yard Signs			
	Check if travel outside of Texas. Complete S	ichedule T	Check if Aus	tin, TX,	officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	ffice sought		Office he	eld
	ATTACH ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEI	DED		
orms provided by Texas Ethics	Commiss Reset Form	ate,	Reset Page			Revised 8/17/2020

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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 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)

P. 1977	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
2 of 2	Tina Mott				
4 Date	5 Payee name	-			
10/10/2021	Suzanne Petit – Hot Dog Lady				
6 Amount (\$) 225.00 Reimbursement from political contributions	7 Payee address; Beach Street Port	City; Aransas Tx, 78373	State; Zip Code		
intended	(a) Category (See Categories listed at the top of this schedule)	(b) Description	5000 : 8		
8 PURPOSE OF	Event Expense	Hot Dogs M&G			
EXPENDITURE					
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				
10/13/21	Payee address;	City;	State; Zip Code		
Amount (\$)	Amount (\$) 1726 State HWY 361 Port Aransas Texas				
33.77					
Reimbursement from political contributions					
intended	Category (See Categories listed at the top of this schedule)	Description Can	didate Meet and Greet		
PURPOSE	Event Expense				
OF EXPENDITURE	Check if travel outside of Texas. Complete Sche	Check if Austin	TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct		•			
expenditure to benefit C/OF					
Date	Payee name Billy Snipes Music				
10/13/2021	Payee address;	City;	State; Zip Code		
Amount (\$)	Flour Bluff, TX 77418	• 58	2/2		
150.00 Reimbursement from	Hour Blan, 17, 77410				
political contributions intended	Category (See Categories listed at the top of this schedule)	Description			
	Event Expense	Music at Beacl	n Meet & Greet		
PURPOSE OF					
EXPENDITURE	9 8				
	Check if travel outside of Texas. Complete Schedule T.		FX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
	Debt in Killian and the same feet of the property and the same feet of the				