

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: 8								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: TINA MI: S NICKNAME: _____ LAST: MOTT SUFFIX: _____	OFFICE USE ONLY Date Received: RECEIVED APR 28 2022 City Secretary Port Aransas, TX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1333 SEA SECRET ST. APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: 78373 Port ARANSAS TX	Date Hand-delivered or Date Postmarked									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (918) PHONE NUMBER: 373-2247 EXTENSION: _____	Receipt # _____ Amount \$ _____									
6 CAMPAIGN TREASURER NAME	MS / MRS (MR): _____ FIRST: MARTIN MI: S NICKNAME: _____ LAST: PHALEN SUFFIX: _____	Date Processed: 4-28-2022 Date Imaged: _____									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 168 FIVE DOVE CIRCLE APT / SUITE #: _____ CITY: Port Aransas STATE: TX ZIP CODE: 78373										
8 CAMPAIGN TREASURER PHONE	AREA CODE: (815) PHONE NUMBER: 690-1938 EXTENSION: _____										
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - PR)										
10 PERIOD COVERED	Month Day Year Month Day Year APRIL / 04 / 2022 THROUGH APRIL / 28 / 2022										
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL PLACE 2	13 OFFICE SOUGHT (if known) CITY COUNCIL PLACE 2									
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p><small>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.</small></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> GENERAL	COMMITTEE NAME										
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers) <i>(202.50 In-kind)</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1817.50</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1406.70</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>148.30</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 6-12-68
 My address is 1333 Sea Secret St. Port Aransas, TX 78373 USA
(street) (city) (state) (zip code) (country)

Executed in Nueces County, State of Texas, on the 28th day of April, 2022
(month) (year)
Tina S Mott
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Tina Mott</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>1555-</i>
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>262.50</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ <i>0</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1406.70</i>
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME TINA MOTT		3 Filer ID (Ethics Commission Filers)
4 Date 4-3-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Hopper	7 Amount of contribution (\$) \$ 95 (Auction Items)
6 Contributor address; City; State; Zip Code 15405 Gun Kay Ct. CC, TX 78418		
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions)

Date 4-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathu Fulton	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code Sea Secret St Port Aransas, TX 78373		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fidel Acosta	Amount of contribution (\$) \$100 (Auction Items)
Contributor address; City; State; Zip Code San Antonio, TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobi Edwards	Amount of contribution (\$) \$10
Contributor address; City; State; Zip Code 1325 Sea Secret St Port Aransas TX 78373		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) W/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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 2
2 FILER NAME tina mott		3 Filer ID (Ethics Commission Filers)
4 Date 2/17/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken MARSH	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 356 Blue Horizon Port A tx 78373		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) Retired
Date 3/3/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LISA TURCOTTE	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 305 AVE J Port A tx 78373		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Amanos
Date 3/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ken MARSH	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 356 Blue Horizon Port A tx 78373		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Date 4-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William + Lucia Dailey	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 619 East Ave B 78313 Port Aransas, Tx		CHECK
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired

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	
2 FILER NAME Tina Mott		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 262.50	
5 Date 4-3-22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tina Mott	8 Amount of Contribution \$ \$220-	9 In-kind contribution description wall decor 4 Pieces
7 Contributor address, City, State, Zip Code 1333 Sea Secret Port Aransas, TX 78373		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Mail Carrier		11 Employer (FOR NON-JUDICIAL) (See Instructions) USPS	
12 Contributor's principal occupation (FOR JUDICIAL) mail carrier		13 Contributor's job title (FOR JUDICIAL) (See Instructions) RCA	
14 Contributor's employer/law firm (FOR JUDICIAL) USPS		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 4-3-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bobi Edwards	Amount of Contribution \$ \$42.50	In-kind contribution description 2 glasses 1 wall decor
Contributor address, City, State, Zip Code 1325 Sea Secret St. Port Aransas, TX 78373		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL) N/A		Contributor's job title (FOR JUDICIAL) (See Instructions) N/A	
Contributor's employer/law firm (FOR JUDICIAL) N/A		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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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: 2	2 FILER NAME TINA MOTT	3 Filer ID (Ethics Commission Filers)
4 Date 3/15/2022	5 Payee name ISLAND CAFE	
6 Amount (\$) 48.00	7 Payee address; City; State; Zip Code ALISTER ST. PORT ARANSAS TX 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event EXP	(b) Description meet d'greet.
	(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 4/17/22	Payee name South Jetty	
Amount (\$) 954.26	Payee address; City; State; Zip Code P.O. Box 1117 Port Aransas, TX 78373	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	<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

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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 | 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 2	2 FILER NAME TINA MUTT	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/2022	5 Payee name Custom Lanyard.net
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6 Amount (\$) 267.09	7 Payee address; 12505 Reed Rd. Sugarland TX 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Exp	(b) Description CAN COOLER
	(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
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Date 3/2/2022	Payee name VISTA PRINT
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Amount (\$) 77.82	Payee address; 170 DATA DRIVE WALTHAM MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Exp	Description BUSN CARDS; post cards
	<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 2/26/2022	Payee name AMAZON.COM
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Amount (\$) 59.53	Payee address; AMAZON.COM
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv Exp	Description 50 YARD STAKES
	<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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