

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: 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
664 Shoreline Circle		Wendy	W
664 Shoreline Circle		Moore	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY. STATE. ZIP CODE
664 Shoreline Circle			Port Aransas, Tx 78373
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361)		442 - 8700	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
664 Shoreline Circle		Wendy	W
664 Shoreline Circle		Moore	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #		CITY. STATE ZIP CODE
(Residence or Business)	664 Shoreline Circle		Port Aransas, Tx 78373
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(361)		442 - 8700	
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 - FP)		
10 PERIOD COVERED	Month	Day	Year
3 / 29 / 22		THROUGH	4 / 28 / 22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	5 / 7 / 22	<input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Mayor of Port Aransas
14 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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

RECEIVED

APR 29 2022

City Secretary
Port Aransas, TX

4:22 PM

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed 4/29/2022

Date Imaged 4/29/2022

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Wendy Moore

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)

\$ 21,515.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9,368.04

CONTRIBUTION
BALANCE

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

\$ 10,184.01

OUTSTANDING
LOAN TOTALS

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

\$ 6,500.00

18 SIGNATURE

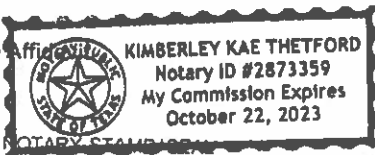
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1)



Sworn to and subscribed before me by Wendy Walker Moore this the 29 day of April

20 22 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 _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

GOVERNMENT OF INDIA
MINISTRY OF DEFENSE
NEW DELHI

TO THE MEMBERS OF THE HOUSE OF COMMONS
IN CONNECTION WITH THE DEFENSE BUDGET FOR 1954-55

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Wendy Moore****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,920.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,595.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,368.04
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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

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: **15**

2 FILER NAME

Wendy Moore

3 Filer ID (Ethics Commission Filers)

4 Date

03/29/2022

5 Full name of contributor

Alex May

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

7 Amount of contribution (\$)

500.00

6 Contributor address;

541 La Costa Cay Port Aransas, Tx 78373

City: State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/30/2022

Full name of contributor

Vanessa Brundrett

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

Amount of contribution (\$)

250.00

Contributor address;

Box 779 Port Aransas, Tx 78373

City: State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2022

Full name of contributor

Chad Shimaitis and Kristin Shimaitis

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

Amount of contribution (\$)

500.00

Contributor address;

830 Oceanside Port Aransas, Tx 78373

City: State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/30/2022

Full name of contributor

Bernie Kampshmidt and Janie Kampshmidt

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

Amount of contribution (\$)

100.00

Contributor address;

122 La Joya 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.

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: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Andy Mora and Julia Mora 6 Contributor address; City: State; Zip Code Box 290970 Port Aransas, Tx 78373	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Darrell Wolle and Julie Wolle Contributor address; City: State; Zip Code 441 Marina Port Aransas, Tx 78373	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Margaret Price Contributor address; City: State; Zip Code box 728 Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Thomas Herrlich Contributor address; City: State; Zip Code 475 Bayside Port Aransas, Tx 78373	Amount of contribution (\$) 250.00
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

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 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Stacy Clardy and Vince Clardy 6 Contributor address; City: State; Zip Code 153 La Joya Port Aransas, Tx 78373	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Kevin Hall and Audrey Hall Contributor address; City: State; Zip Code 642 Sand Key Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Rob Maxham Contributor address; City: State; Zip Code 540 Lydia Ann Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Pete Edquist and Kathy Edquist Contributor address; City: State; Zip Code box 3258 Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **15**

2 FILER NAME
Wendy Moore

3 Filer ID (Ethics Commission Filers)

4 Date
03/30/2022

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
Port Aransas 78373

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/30/2022

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

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
407 Bahia Mar Port Aransas 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2022

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

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
322 Sandhill Circle Port Aransas 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2022

Full name of contributor out-of-state PAC (ID#: _____)
Melvin Littleton and DeLana Littleton

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code
224 W. Cotter Ave, Unit 207 Port Aransas 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: **15**

2 FILER NAME
Wendy Moore **3 Filer ID (Ethics Commission Filers)**

4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Charlie Cole	7 Amount of contribution (\$) 250.00
	6 Contributor address; City; State; Zip Code 435 Marina Drive Port Aransas, Tx 78373	

8 Principal occupation / Job title (See Instructions) **9 Employer (See Instructions)**

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Greg Carr	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 258 Snapdragon Port Aransas, Tx 78373	

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Daniel Johnson and Erin Johnson	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 402 Bayside Port Aransas, Tx 78373	

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Cathy Young and Peter Young	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 502 Lighthouse Channel Port Aransas, Tx 78373	

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **15**

2 FILER NAME
Wendy Moore

3 Filer ID (Ethics Commission Filers)

4 Date
03/30/2022

5 Full name of contributor out-of-state PAC (ID# _____)
James Derkits and Laura Derkits

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
433 Trojan Street Port Aransas, Tx 78373

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/30/2022

Full name of contributor out-of-state PAC (ID# _____)
Blaine Snyder and Kelly Snyder

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
673 Shoreline Circle Port Aransas, Tx 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2022

Full name of contributor out-of-state PAC (ID# _____)
Forrest Kelman and Michelle Kelman

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code
904 Whispering Sands Port Aransas, Tx 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/30/2022

Full name of contributor out-of-state PAC (ID# _____)
Bill Strieber and Amelia Strieber

Amount of contribution (\$)

300.00

Contributor address; City; State; Zip Code
203 S. 12th Street Port Aransas, Tx 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Belcher 6 Contributor address; City; State; Zip Code Box 12 Port Aransas, Tx 78373	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Fox Yacht Sales Contributor address; City; State; Zip Code 203 W. Cotter Port Aransas, Tx 78373	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Victoria Spencer-Smith Contributor address; City; State; Zip Code 1901 S. Station #4 Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/30/2022	Full name of contributor out-of-state PAC (ID#: _____) William Womack and Jess Womack Contributor address; City; State; Zip Code 206 La Joya Port Aransas, Tx 78373	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Smith 6 Contributor address; City: State; Zip Code 1901 S. Station #4 Port Aransas, Tx 78373	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2022	Full name of contributor out-of-state PAC (ID#: _____) Rick Smith and Judy Smith Contributor address; City: State; Zip Code 333 Anchor Drive, CC 78418 Port Aransas, Tx 78373	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Barbie Gregory Contributor address; City: State; Zip Code 360 Turkey Cove, New Braunfels, TX 78132	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2022	Full name of contributor out-of-state PAC (ID#: _____) Dick Mooney and Kay Mooney Contributor address; City: State; Zip Code Box 1586, Frisco, TX 75034 Port Aransas, Tx 78373	Amount of contribution (\$) 250.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Jim Urban 6 Contributor address; City: State; Zip Code 2725 Swantner St Port Aransas, Tx 78373	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2022	Full name of contributor out-of-state PAC (ID#: _____) Mark Hubbard and Stephanie Hubbard Contributor address; City: State; Zip Code 1018 S. Station Street Port Aransas, Tx 78373	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/07/2022	Full name of contributor out-of-state PAC (ID#: _____) CCMS Contributor address; City: State; Zip Code 200 S. Alister Ste. C Port Aransas, Tx 78373	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Burt Moorhouse Contributor address; City: State; Zip Code 684 Shoreline Circle Port Aransas, Tx 78373	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Adriana Carter 6 Contributor address; City: State; Zip Code 14902 Aquarius Corpus Christi, Tx 78418	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Drew Hagens and Kylee Hagens Contributor address; City: State; Zip Code 7822 Krypton Dr Corpus Christi, Tx78414	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Romie Kerr Contributor address; City: State; Zip Code 2133 Meadowgrove Corpus Christi, Tx 78414	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Stephen Roberts and Tracy Roberts Contributor address; City: State; Zip Code 26207 Kingsgate Ln Katy, Tx 77494	Amount of contribution (\$) 2,500.00
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

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The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 15

2 FILER NAME **Wendy Moore** 3 Filer ID (Ethics Commission Filers)

4 Date 04/11/2022	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Catherine Battle & Lee Battle	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 56 Ranch Brk Boerne, TX 78015	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 04/11/2022	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Harry Adams and Charisse Adams	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2319 Fountain Way San Anotonio, TX 78248	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/11/2022	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Riverside Pavers	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 4734 Gemini St Corpus Christi, Tx 78405	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 04/11/2022	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Richard Park and Sarah Park	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 15721 Dyna Corpus Christi, Tx 78418	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Laffoon Enterprises	7 Amount of contribution (\$) 100.00
	6 Contributor address; City: State; Zip Code 27225 Ranchland VW Boerne, Tx 78006	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Tiffany Zuniga	Amount of contribution (\$) 500.00
	Contributor address; City: State; Zip Code 629 Broadway Blvd Portland, TX 78374	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/11/2022	Full name of contributor out-of-state PAC (ID#: _____) Chris Winkler	Amount of contribution (\$) 50.00
	Contributor address; City: State; Zip Code 306 Sorrento St. Port Aransas, Tx 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Carol Richter and Bobby Richter	Amount of contribution (\$) 250.00
	Contributor address; City: State; Zip Code 417 Bahia Mar Port Aransas, Tx 78373	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Rob Clark and Robin Clark 6 Contributor address; City; State; Zip Code P.O. Box 1699 Port Aransas, Tx 78373	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Chuck Castor Contributor address; City; State; Zip Code P.O. Box 1638 Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Al Honigblum Contributor address; City; State; Zip Code 624 Alta Ave San Antonio, TX 78209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2022	Full name of contributor out-of-state PAC (ID#: _____) Zachry Lee Contributor address; City; State; Zip Code 120 Austin Hwy, Ste. 105 San Antonio, Tx 78209	Amount of contribution (\$) 500.00
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

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: **15**

2 FILER NAME
Wendy Moore

3 Filer ID (Ethics Commission Filers)

4 Date
04/13/2022

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

7 Amount of contribution (\$)

500.00

6 Contributor address; City: State; Zip Code
120 Austin Hwy, Ste. 105 San Antonio, Tx 78209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/21/2022

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

Amount of contribution (\$)

500.00

Contributor address; City: State; Zip Code
136 Cut Off Road Port Aransas, Tx 78373

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2022

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

Amount of contribution (\$)

500.00

Contributor address; City: State; Zip Code
P.O. Box 1589 George West, TX 78022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2022

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

Amount of contribution (\$)

20.00

Contributor address; City: State; Zip Code
407 East White Port Aransas, Tx 78373

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

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: 15
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Bruce Clark 6 Contributor address; City; State; Zip Code 501 Margo Lane Port Aransas, Tx 78373	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/21/2022	Full name of contributor out-of-state PAC (ID#: _____) Wendy Clark Contributor address; City; State; Zip Code 501 Margo Lane Port Aransas, Tx 78373	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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)

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)

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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: 4	
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/30/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Mayo Interiors	8 Amount of Contribution \$ 741.00	9 In-kind contribution description Event Expense
7 Contributor address: City: State: Zip Code 320 W Avenue G, Port Aransas, TX 78373		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 03/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Mayo Interiors	Amount of Contribution \$ 425.00	In-kind contribution description Food
Contributor address: City: State: Zip Code 320 W Avenue G, Port Aransas, TX 78373		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.

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: **4**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

03/30/2022

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

Lisa Mayo Interiors

7 Contributor address; City: State: Zip Code

320 W Avenue G Port Aransas, TX 78373

8 Amount of Contribution \$

515.00

9 In-kind contribution description

Drinks

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

04/18/2022

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

Lelo's Bar and Grill

Contributor address; City: State: Zip Code

212 Beach St Port Aransas, TX 78373

Amount of Contribution \$

205.00

In-kind contribution description

Drinks

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.

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: 4	
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/18/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lelo's Bar Grill	8 Amount of Contribution \$ 110.00	9 In-kind contribution description Food
7 Contributor address; City; State; Zip Code 212 Beach St, Port Aransas, TX 78373		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 04/24/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristi Littleton and Chad Littleton	Amount of Contribution \$ 465.00	In-kind contribution description Food and drinks
Contributor address; City; State; Zip Code 426 E Cotter Ave Port Aransas, Tx 78373		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)			
<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>			

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: 4	
2 FILER NAME Wendy Moore		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/24/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moby Dicks Bar and Grill	8 Amount of Contribution \$ 165.00	9 In-kind contribution description Food
7 Contributor address; City; State; Zip Code 517 S Alister St, Port Aransas, TX 78373		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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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.

LOANS

SCHEDULE E

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 E:
1

2 FILER NAME
Wendy W Moore

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan
03/08/2022

7 Name of lender out-of-state PAC (ID#: _____)
Wendy W Moore

9 Loan Amount (\$)
\$5,000.00

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
664 Shoreline Circle Port Aransas, Tx 78373

10 Interest rate
0%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
 none

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

16 GUARANTOR INFORMATION
 not applicable

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

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
02/24/2022

Name of lender out-of-state PAC (ID#: _____)
Wendy W Moore

Loan Amount (\$)
\$1,500.00

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code
664 Shoreline Circle Port Aransas, Tx 78373

Interest rate
0%

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

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

GUARANTOR INFORMATION
 not applicable

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

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2	2 FILER NAME Wendy Moore	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2022	5 Payee name South Jetty Newspaper	
6 Amount (\$) 1,696.48	7 Payee address: 1726 TX-361 Suite A1, City: Port Aransas, TX State: TX Zip Code: 78373	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper ad
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/12/2022	Payee name Dreamers and Walkers	
Amount (\$) 7,600.00	Payee address: PO Box 18218 Corpus Christi, Tx 78418 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting expense	Description Advertising
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/13/2022	Payee name Family Center IGA	
Amount (\$) 64.81	Payee address: 418 S Alister St, Port Aransas, TX 78373 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:
2

2 FILER NAME
Wendy Moore

3 Filer ID (Ethics Commission Filers)

4 Date
04/15/2022

5 Payee name
American Bank

6 Amount (\$)
6.75

7 Payee address; City; State; Zip Code
216 S Alister St, Port Aransas, TX 78373

8 PURPOSE OF EXPENDITURE

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

(b) Description

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

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

Description

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

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

Description

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