CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE/	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	MR	MICHAE		L	Date Received	
TVAIVIL	NICKNAME	LAST		SUFFIX		STATES
	MIKE	MOORE			TEGL	
4 CANDIDATE/	ADDRESS / PO BOX.	APT / SUITE #,	CITY: ST	TATE: ZIP CODE	INE	
OFFICEHOLDER MAILING					11111	2 2 2022
ADDRESS	PO 130X	AC IC	CKSBORA	X76458	IIDII - EFR	66 200
Change of Address	100 m	3(1 07)				The state of the s
6 CANDIDATE/	AREA CODE	PHONE NUMBER	EX	XTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(469)	763-0002				and the desired and the second and t
	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
6 CAMPAIGN TREASURER	MRS	KIMBE	RLY		Date Processed	
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	1/1.1	_	14		Date Imaged	
	MM STREET ADDRESS (NO PO BOX PLEASE): APT	/ SUITE #:	CITY;	STATE:	ZIP CODE
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PEZNOCJ.	, 00112 //.			
ADDRESS	0 0 1 1	M 12	200		T V -	71.720
(Residence or Business)	865m.	Plut KD	BOMIE		17	16230
8 CAMPAIGN	AREA CODE	PHONE NUMBER	E	XTENSION		
TREASURER PHONE	(214) 5	32 - 9415		•		
	(417)	100 - 9ul	7			
9 REPORT TYPE	January 15	30th day befo	re election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before	e election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ır
COVERED	1	21/202	THROUGH	<i></i>		22
11 ELECTION	ELECTION DA			ELECTION TYP	E	
	Month Day	Year Prim	ary Runof	f Other Description		
	03/01/	22 Gene	eral Speci	al		
	OFFICE UE D. //f		13	OFFICE SOUGHT (if know	vn)	
12 OFFICE	OFFICE HELD (if any)				MUCE	
		CE OF POLITICAL CONTRIBUTION	ONE ACCEPTED OF D			MMITTERS TO SUPPORT
POLITICAL COMMITTEE(S)	THE CANDIDATE ! OFFI	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITION S AND OFFICEHOLDERS ARE RE	HRES MAY HAVE BEEN	N MADE WITHOUT THE CA	NDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME			
				2500		
100		COMMITTEE CAMPAIGN	HREASURER ADD	KESS		
		GOT	O PAGE 2	,		
		00 1	J . , . , . ,			

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 COH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE 3. TOTALS TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **OUTSTANDING** 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15. Election Code. Signature of Candidate or Officeholder Please complete either option below: SYDNEE DANIELLE GARCIA (1) Affidavit Notary Public, State of Texas Comm. Expires 11-20-2024 Notary ID 130895568 NOTARY STAMP/SEAL one this the 21st day of February Sworn to and subscribed before me by YTTICTOAL to certify which, witness my hand and seal of office Sydnee Title of officer administering oath Printed name of officer administering oath of officer administering oath (2) Unsworn Declaration ____, and my date of birth is ___ My name is _ My address is _____ (country) (state) (zip code) (city) (street) _ day of _ Executed in _____ County, State of _____ _____ , on the __ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)	
	MICHAEL L. MOORE		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s 1825°°
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 1495°
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ \$
4.	SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$15924.00
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	IDS	5 181.89
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A I	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	IONS RETURNED	\$



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:
MICHTEL L. MODEE	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	2ip Code 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 out-of-state PAC (ID#:	Amount of 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)	
	EBFEB 2 2 2022

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	L L. MOORE			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		(ID#)	7 Amount of contribution (\$)
111/22	GEORGE COYU	_		50.00
	20311 SH 59	Bowle	TX 16230	
١.	pation / Job title (See Instructions)		9 Employer (See Instruct ADJAUCED	_
Date			C (ID#:)	Amount of contribution (\$)
1/11/22	Contributor address;	2		100.00
	120 130x 8911 (NOUSB	824 of 17 togo	
Principal occup	Retives		Employer (See Instruction Retrieved)	tions)
Date	_		C (ID#:)	Amount of contribution (\$)
1/18/22	Contributor address;	City;	State; Zip Code	25.00
	251 SYNTERRA LN	JANK !	RXCO TX 76458	
Principal occup	pation / Job title (See Instructions)	J. D-0	Employer (See Instruc	tions)
	Self employed		self emp	byed
Date		out-of-state PAG	C (ID#:)	Amount of contribution (\$)
1/18/22	GRETTA OWENS Contributor address; 25 1 SYNTFODA LN	city;	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
				DEGET VE

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 I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
MICHAEL	L MOORE	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1 10-	NTHA PAC	00
1121122	MTHA MC 6 Contributor address; City; State; Zip Code	1000.00
٠,	2249 Bugscuffie Rd Bowie TX 76230	
	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
	Full name of contributor	
Date		Amount of contribution (\$)
1128/2	Daviel Stubble Hield Contributor address; City; State; Zip Code	lnn (90
1/00/20		100 00
	623 15.5th JACKSBORD TX 16458	
	ation / Job title (See Instructions) Employer (See Instructions)	ctions)
Ket	ivel Retiral	_
Date	Full name of contributor out-of-state PAC (ID#:874284076)	Amount of contribution (\$)
	NITHA DAT	
2/4/22	NTHA AC Contributor address; City; State; Zip Code	10,000.00
		(0)0
Dringing Lagger	2249 Byscuffle Kd Bowie Tx 76230 pation / Job title (See Instructions) Employer (See Instru	ctions)
Principal occup	Salion / Job title (age instituctions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
lala	Contributer address; City; State; Zip Code	∞
21912		30 .
	1912 Cypress Ct. Gainesville TX 76240	
Principal occup	pation / Job(t le (See Instructions) Employer (See Instru	uctions)
		SPREIM/BIN
		NEGELVE
		550 0 0 2022
		FEB 2 2 2022
		have been a second and the second an

 ${\tt ATTACH\,ADDITIONAL\,COPIES\,OF\,THIS\,SCHEDULE\,AS\,NEEDED} \ ,$ 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)
MICA	HELL. MOOR	£		
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Lunne Parish			
almla	6 Contributor address;	City;	State; Zip Code	500
adi Ilaa	Combutor address;	hRA JAC	usboro TX 7648	
	pation / Job title (See Instructions)	41.00	9 Employer (See Instructi	ons)
R	etired		Retirect	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	FAR BAR & BACK	NIC		00
2/19/22	Contributor address;	City;	State; Zip Code	100.00
	688 SPARKANAN RG			
Principal occup	pation / Job title (See Instructions))	Employer (See Instruct	ions)
	Student		Student	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Alice trubto	λ		(4)
1/1/22	Alivia Feethe Contributor address;	City,	State; Zip Code	JCD 00
71161	TIVI Meadow Re			20.
8	1	X 15 100 6	Employer (See Instruct	
Principal occu	pation / Job title (See Instructions)		Retired	10113)
K	DI WECK		RUITER	
Date	Full name of contributor	out-of-state PAC	: (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	٠.	Employer (See Instruc	tions)
				MEGELVE
				FEB 2 2 2022
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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.

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/No. The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	MICHAEL L. MOORE	3 Filer ID (Ethics Commission Filers)
4 Date 22 2012	Flayee name ALLSUPS	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
56.73	311 N. MAIN ST	JACUSBORO TX 76458
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	the second	Futer
EXPENDITURE	TRANSPORTATION	1008
	(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 H	Office sought
Date	Payee name	FEB 2 2 2022
1/25/22	KWIK STOP	FEB 2 2 ESS
Amount (\$)	Payee address;	City; State; Zip Code
73.94	404 S. MMN	JACUS BORD TY 76458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		P ~
EXPENDITURE	TRANSPORTATION	146C
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/24/22	Nash True Value	
Amount (\$)	Payee address;	City; State; Zip Code
30.82	128 N. CHURCH J	ACUSBORO TX 76458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	A)),),),	0 1
EXPENDITURE	Howarising Thouse	Strups Hies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held

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 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 Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) Moore MICHAET 4 Date 7 Payee address; State: Zip Code WICHITA FAUS TX 3201 LAWRETICERD (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF autcords EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date State Zip Code **PURPOSE** OF **EXPENDITURE** Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

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

Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries M The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME MICHAEL L. MOORE	3 Filer ID (Ethics Commission Filers)
4 Date 1 24 22	Fayee name KWIK STOP	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
69.04	404 S. NAIN	JACKS BORD TY 76458
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	τ	$C \rightarrow$
EXPENDITURE	rangortation	ruer
	(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/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	N. C.
2/1/22	JR3 Chaphaise	
Amount (\$)	Payee address;	City; State; Zip Code
25.25	119 N. Main	JACKS BORD TX 74458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	+	5 1
EXPENDITURE	tood	Food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OI		MECEIVEN
Date	Payee name	
2/7/22	KWIK STOP	FEB 2 2 2022
Amount (\$)	Payee address;	City; State; Zip Code
76.32	404 S. Main	JACUS BORD TX 76458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Transportation	Fuel
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
1	ATTACH ADDITIONAL COPIES OF THIS	COLLEGIA E A CALEEDED

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/M	Jages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.
10	MILLIAEL. L MOORE	3 Filer ID (Ethics Commission Filers)
4 Date 2/1/22	Flayee name KWIK STOP	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
32.30	404 S. MAN	JACUS BORO TX 76458
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fron	FOOD
LAI ENDITORE	(c) 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	
2/9/22	JRS Chap House	
Amount (\$)	Payee address;	City; State; Zip Code
39.53	119 N. Main	JACUS BORD TX 76458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Local	food
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		DECEIVED
Date	Payee name	
2/10/22	JR's Chop House	FEB 2 2 2022
Amount (\$)	Payee address;	City; State; Zip Code
51.42	119 N. Main	JACKS BORD M 76458
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food	food
	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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME MORE 4 Date City; 6 Amount (\$) State: Zip Code 139.10 (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** exas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Cupcakes Ft. Worth Amount (\$) State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Office sought

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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) MOORE 4 Date 6 Amount (\$) 7 Payee address; Zip Code JACKS BORO TY (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Amount (\$) Zip Code EUVUE Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date City; State; Zip Code **PURPOSE** OF **EXPENDITURE** el outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense Trang Expense Trang Expense Trang Expense Trang Expense Otherset Labor Otherset Tranger Trange	citation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Out Of District er (enter a category not listed above)
1 Total ≬ a <u>d</u> es Schedule F1:			Filer ID (Ethics Commission Filers)
Ø	MICHAEL L. MOORE		
1 Date 1 22	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
20.87	112 CHISOLM TR.	JACULS BOTEO	76458
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
PURPOSE OF EXPENDITURE	FOOD	FOOD	
	(c) Check if travel outside of Texas. Complete Schedule 1	T. Check if Austin, TX,	officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		FEB 2 2 2022
1/28/22	AUSUPS	The second secon	U LU L C LULL U
Amount (\$)	Payee address;	City;	State; Zip Code
39.59	311 N. Main	JACUS BORD	TX 76458
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	TRANSPORTATION	Ruel	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
2/1/22	Edgerton Strategres	UC	
Amount (\$)	Payee address;	City;	State; Zip Code
MSO. 00	1540 Keller PKWY #18	08-400 KELLER	TX 76248
	Category (See Categories listed at the top of this schedule		
PURPOSE	Λ . \ι.	N \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Office held

Revised 8/17/2020

Office sought

Check if Austin, TX, officeholder living expense

EXPENDITURE

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

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 Credit Card Payment	Committee Legal Services	Office Overh Polling Expe Expense Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Orean Cara r dyrnerit	The Instruction Gui	ide explains how to co	mplete this form.	
1 Total pages Schedule F1:	MICHAEL L.	Moople		3 Filer ID (Ethics Commission Filers)
4 Date 4 22	5 Payee name JACKS BORO 1	HORALD	0::-	
6 Amount (\$)	7 Payee address;	O	City;	State; Zip Code
563.33	114 E. ELM	ACI	DECILEY RI	Date M 76424
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertisina		A	
	(c) Check if travel outside of Jex	s. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nar	me	Office sought	DEC Office held
Date	Payee name			N FED 0 8 0000
2/7/22	JACUS BORD HE	SRALD		FEB 2 2 2022
Amount (\$)	Payee address;		City;	State; Zip Code
563.33	14 E. ELM	\mathcal{B}	RECLENR	106c TX 746424
	Category (See Categories listed at the	he top of this schedule)	Description	·
PURPOSE OF EXPENDITURE	Advertisi	M	Ad	1
	Check if travel outside of Tex-	as. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	me	Office sought	Office held
Date	Payee name			
217/22	JACKSBORO 1	HORALD		
Amount (\$)	Payee address;		City;	State; Zip Code
563.33	114 E. ELM	BRU	CKENRID	a E TX 76424
PURPOSE	Category (See Categories listed at t	the top of this schedule)	Description	
OF EXPENDITURE	Havertisin	q	Ad	
	Check if travel outside of Tex	Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	ame	Office sought	Office held
	ATTACH ADDITIONA	L CODIES OF THIS	SCHEDIII E VS NE	EDED

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

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

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

Candidate/Officeholder/Political Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME MICHAEL L MOORE	3 Filer ID (Ethics Commission Filers)
4 Date 1 22	5 Payee name County Tremain	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
₹50.00	120 K. Nain	JACULBORO TY 76458
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Jees	PIA
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	550 0000
2/11/22	Edgerton Strategies	LC FEB 2 2 2022
Amount (\$)	Payee address;	City; State; Zip Code
3816.74		402 Keller TX 76248
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Consulting	Advertising Movier
	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	
2/19/21	Edgerton Strategies	uc.
Amount (\$)	Payee andress;	City; State; Zip Code
3816.74	1540 Keller Pknytta 402	Keller TX 76248
DUBBOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Consulting	Advantising mailer
	Check if travel outside of Tayles. Complete Schedule T.	Check if Austin, TX, officewolder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED

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

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

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

Contributions/Donations Made By Candidate/Officeholder/Politica		xpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	
Total pages Schedule F1:	MICHAEL L. MOORE	3 Filer ID (Ethics Commission Filers)
2/19/2	VFW POST # 89H	
Amount (\$)	7 Payee address;	City; State; Zip Code
500.°°	220 OMENOOD AIRE	JACKSBORD TX 74458
	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Contribution	Donation for event space
	(c) 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 H	Office sought Office held
Date	Payee name	TO THE STATE OF TH
2/14/22	JACKSBORO HEVALD	FEB 2 2 2022
Amount (\$)	Payee address;	City; State; Zip Code
113.25	114 E. ELM BY	leckanplage TX 76424
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	AL
	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 H	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/O	Candidate / Officeholder name	Office sought Office held

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 B Candidate/Officeholder/Politic	Fees Of Food/Beverage Expense Po Gift/Awards/Memorials Expense Pr	nan Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains he	ow to complete this form.		
1 Total pages Schedule G:	2 FILER NAME MICHARY L. MOORE		3 Filer ID (Ethics Commission Filers)	
4 Date 1/29/22	Payee name JIFY ONITS	•		
6 Amount (\$) 84 45 Reimbursement from	7 Payee address;	City;	State; Zip Code	
political contributions intended	4552 Simonton Rd	parias	11/ 13000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	+ Shar	TX, officeholder living expense	
S Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	E C Office held	
Date 22	Payee name SHC TRANSFORS		FEB 2 2 2022	
Amount (\$) 51.50 Reimbursement from political contributions intended	Payee address; 705 Owens Cir	Canton	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Screen	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date 22	Payee name Cusa Grande			
Amount (\$) 45.94 Reimbursement from political contributions	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche			
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	n, 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 NEED	DED	