CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Chad		мі Е	OFFICE	USE ONLY
NAME	NICKNAME	LAST Moore		SUFFIX	Date Received	v Ellio
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 76110 Garcia 4/28/23 9:00 AM					•
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 564-3306	EXTENSI	ON	Date Hand-delivered Receipt #	or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Sharon		MI	,	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	THE	Simpson		00.1.11	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		no po box please); apt / y's Creek Dr. Ben			STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	ON		
	(240) 620	J- 4 095				
9 REPORT TYPE	January 15	30th day before	e election Rur	noff	15th day aft treasurer a (Officeholde	
	July 15	X 8th day before	election	eeded Modified orting Limitx	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	04	/ 07 / 2023	THROUGH	04/	/ 28 / ₂₀₂	23
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primar	y Runoff	Other Description		
	05 / 06		al Special			
12 OFFICE	OFFICE HELD (if any)	ne		SOUGHT (if known) D Board of Directors		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIO CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TI	REASURER NAME			
		COMMITTEE CAMPAIGN 1	FREASURER ADDRESS			
	<u>I</u>	GO TO	D PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Chad Moore	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ₀
	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0
re	quired to be reported by me under Title 15, Election Code. ———————————————————————————————————	Noors andidate or Officeholder
(1) Affidavit	Please complete either option below	v:
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
20, to certif	y which, witness my hand and seal of office.	
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is Chad	Eric Moore, and my date of birth is	
My address is2200	Washington Ave Fort Worth Texas 76110 USA_,,	,,
Executed inTarrant		state) (zip code) (country) pril , 2023 . h) (year)
	Signature of Candi	Moose idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

FILER NAME	nmissio	n Filers)			
Chad Moore					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4. SCHEDULE E: LOANS					
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0		
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	0			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0			
yp SQ H F P U L F G: POLITICAL EXPENDITURES MADE FROM PERSONAL		\$	0		
	\$	0			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0		
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	0		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	Chad Moore SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	Chad Moore SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED		

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	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	Letions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	l tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	Letions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	 ptions)
		'		
			DE THIS SCHEDUL E AS A	

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.**

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAME	=		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (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 Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	l de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	· ·		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (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 1	THIS SCHEDI	JI F AS NEEDED	l		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

7	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedu	ıle B:
2 FILER NAM	1E		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL (OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State;	Zip Code	·	
			Check if travel outside	de of Texas. Complete Schedule T
10 Principal o	ccupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount I of Pledge \$	In-kind contribution description
	Pledgor address; City; State;		·	
			Check if travel outside	de of Texas. Complete Schedule T
Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outside	de of Texas. Complete Schedule T
Principal od	ccupation / Job title (See Instructions)	Employer (See	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code		
			Check if travel outside	de of Texas. Complete Schedule T
Principal oc	cupation / Job title (See Instructions)	Employer (See	e Instructions)	

Forms provided by Texas Ethics Commission

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS \$ Name of lender Date of loan out-of-state PAC (ID#:_ Loan Amount (\$) 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor **16** GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:___ Name of lender Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor **INFORMATION** City; Guarantor address; State; Zip Code not applicable 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

F1 **SCHEDULE**

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 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)

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	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 Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

UNPAID INCURRED OBLIGATIONS

F2 SCHEDULE

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (out or a cottogen pet listed chave)
Carididate/Officeriolder/Foliticar	•	ns how to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	/IIZED UNPAID INCURRED OBLI	GATIONS	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
PURPOSE OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description	
	Check if travel outside of Texas. Complet	e Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment is purchased	
6 Address of person from whom investment is purchased;	City; State; Zip Code
7 Description of investment	
8 Amount of investment (\$)	
Date Name of person from whom investment is purchased	
Address of person from whom investment is purchased; C	City; State; Zip Code
Description of investment	
Amount of investment (\$)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDUI	LE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide expl	ains how to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTALOF UNITEM	IZED EXPENDITURES CHARGE	DTO A CREDIT CARD	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule) (b) Description			
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	ustin, 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		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description			
	Check if travel outside of Texas. Compi		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 NE	EEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

G SCHEDULE

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 Travel Out Of District

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

Candidate/Officeholder/Pol Credit Card Payment	itical Committ	_	rvices struction Guide expla			ntract Labor	Other (enter a cate	egory not listed above)
1 Total pages Schedule	2 FILER	NAME					3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee	name					I	
Reimbursement from political contributions	7 Payee	address;				City;	State	e; Zip Code
8 PURPOSE OF EXPENDITURE			pries listed at the top of this		(b) De	scription	TV «#sababla bis	
9	(c)		l outside of Texas. Complete eholder name	Schedule 1.	Office so		n, TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Offic	endider flame		Office 30	ought		none
Date	Payee ı	name						
Amount (\$)	Payee	address;				City;	State	e; Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Catego	ory (See Categ	ories listed at the top of th	is schedule)	De	scription		
		Check if trave	el outside of Texas. Complete	e Schedule T.		Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/0		didate / Offi	ceholder name		Office s	ought		Office held
Date	Payee i	name						
Amount (\$)	Payee	address;				City;	State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Catego	ry (See Catego	ories listed at the top of thi	is schedule)	Des	scription		
		Check if trave	el outside of Texas. Complete	Schedule T.		Check if Austi	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Offi	ceholder name		Office s	ought		Office held
	AT	TACH ADI	DITIONAL COPIES	OF THIS S	CHEDU	LE AS NEED	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Git/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Business name		l	
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(Office held
Date	Business name			
Amount (\$)	Business 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 ex	pense
Complete ONLY if direct expenditure to benefit C/C		Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding type of i	nformation	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
2 FILER NAM	≡	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$)	
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$))
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$	Б)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

eted information is not applicable. DO NOT include this nage in the report

If the requested in	If the requested information is not applicable, DO NOT include this page in the report.						
The Instr	e Instruction Guide explains how to complete this form.		1 Total pages Schedule T:	1 Total pages Schedule T:			
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	/ Corporation o	or Labor Orga	anization / Pledgor	/ Payee			
5 Contribution / Expend	diture reported	d on:					
Schedule A2		edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2		edule F4	Schedule G	Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-		
6 Dates of travel	7 Name of	f person(s) tra	aveling				
	8 Departure city or name of departure location						
	9 Destination city or name of destination location						
10 Means of transportation	10 Means of transportation						
Name of Contributor	/ Corporation	or Labor Orga	anization / Pledgor	/ Payee			
Contribution / Expend	diture reporte	d on:					
Schedule A2	Sch	edule B [Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sch	edule F4 [Schedule G	Schedule H	Schedule COH-UC Schedule B-		
Dates of travel	Dates of travel Name of person(s) traveling						
Departure city or name of departure location							
	Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
Contribution / Expend	diture reported	d on:					
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	;	
Dates of travel	Dates of travel Name of person(s) traveling						
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportati	ion	Purpose	e of travel (including	g name of conference,	seminar, or other event)		
	A	TTACH ADD	DITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	n.			
		•• Complete only if "Report Type" on page 1 is marked "Fina	Report" ••			
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)			
		ChadMoore				
3	SIGNA	ATURE				
	designa	et expect any further political contributions or political expenditures in connection with my containing a report as a final report terminates my campaign treasurer appointment. I also und ign contributions or make any campaign expenditures without a campaign treasurer appointment.	erstand that I may not accept any			
4		RWHOIS NOTAN OFFICEHOLDER Inplete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	ck only one:				
	Х	I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political cont filing this final report. Further, I understand that I must dispose of unexpended political contributions or income earned on political contributions in accordance with the requirements	ne earned on political contributions to ontributions and that I may not retain ributions longer than six years after cal contributions and unexpended			
	B.	ASSETS				
	Check only one:					
	х	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other in personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other in personal use.	ncome from political contributions to contributions in accordance with the			
			had Moore Signature of Candidate			
			<u> </u>			
5		CEHOLDER upplete this section only if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as			
			gnature of Officeholder			