

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: 5 <i>AM</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 2022 JAN 27 PM 2:34 LAURA A. HUGHES COUNTY CLERK DEPUTY FILED FOR RECORD KAUFMAN CO. TEXAS
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Marked
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION				
9 REPORT TYPE				
<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED Month Day Year THROUGH Month Day Year				
11 ELECTION ELECTION DATE ELECTION TYPE				
Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
OFFICE HELD: OFFICE SOUGHT: County Commissioner Port 4				
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.				
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

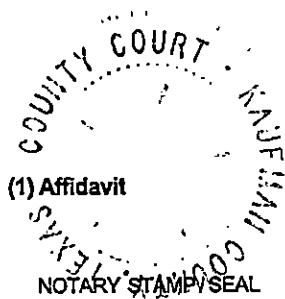
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Tommy Moore</i>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 950 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 722. ⁸⁹
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 865. ³⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Tommy Moore
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Tommy Moore this the 27th day of January 2022, to certify which, witness my hand and seal of office.
Anastacia McCleary ANASTACIA HICKARY Deputy Clerk
 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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Tommy Moore</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 777. ⁸⁹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Tommy Moore</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-7-21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bobby STARK</u> 6 Contributor address; City; State; Zip Code <u>107 N Jackson ST KAUFMAN TX</u>	7 Amount of contribution (\$) <u>500.⁰⁰</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>1-14-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE SHARP</u> Contributor address; City; State; Zip Code <u>8160 SHADY LN SCURRY TX 75158</u>	Amount of contribution (\$) <u>100.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1-16-21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DENNIS PERKINS</u> Contributor address; City; State; Zip Code <u>13259 HULLYR R MMBAUH TX 75147</u>	Amount of contribution (\$) <u>\$ 300.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>1-4-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DON & MARY BURT</u> Contributor address; City; State; Zip Code <u>PO Box 1 ROSSER TX 75157</u>	Amount of contribution (\$) <u>\$ 50.⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Tommy Moore</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1-5-2022</u>	5 Payee name <u>Designer Graphics</u>	
6 Amount (\$) <u>466.⁶⁷</u>	7 Payee address; City; State; Zip Code <u>12404 Hwy 155 South Tyler TX 75703</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Signs</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>1-7-22</u>	Payee name <u>Designer Graphics</u>	
Amount (\$) <u>356.³²</u>	Payee address; City; State; Zip Code <u>12404 Hwy 155 South Tyler TX 75703</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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