		OFFICEHOLDER INANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide (xplains how to complete this form.	Filer ID Ethics Commission Filerst 3-448,2566	2 Iolal pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS	10 James	A	OFFICE USE ONLY
TAZAIGIE,	NICK	NAME MADE	SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	9	RESS / PO BOX; APT / SUITE 4: CITY	state zipcooe reland, TX	S S S S S S S S S S S S S S S S S S S
Change of Address	13	loody Kd	77328	
5 CANDIDATE/ OFFICEHOLDER PHONE	ARE (2	81) 761-9020	CATENSION	Date Handal Volveted O Onte Positivation
6 CAMPAIGN TREASURER NAME	1	orsima first Prs Edna	M	Receipt # Amount \$ 1
	NICH	Moody	SUFFIX .) Date imaged
7 CAMPAIGN TREASURER ADDRESS	94	et address (no po sox please), and suite for Moody Rd.	Cleveland	STATE, ZIP CODE 7X 77328
(Residence or flusiness) 8 CAMPAIGN	AREA	CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	8	32, 401-4928		
9 REPORT TYPE	U	January 5 30th day before election		15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD		July 15 Bth day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
COVERED		11 10 2023	THROUGH 12	31 2023
11 ELECTION	Marin	Day Year Primary [ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE	HELD (if any)	Commission	ver Pc+ \$ 5JC
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CAN	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEP DIDATE : OFFICEHOLDER. THESE EXPENDITURES MAY I CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO	HAVE BEEN MADE WITHOUT THE CANDI	DATE'S OR DEFICEHOLDER'S KNOWLEDGE OF
00,11,11,12(0)	COMN	TEE TYPE COMMITTEE NAME		
Additional Pages	□G	ENERAL COMMITTEE ADDRESS		
	s	PECIFIC COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS	
		GO TO PAC	GE 2	

	E/OFFICEHOLDER FINANCE REPORT	cov	FORN ER SHEE	C/OH FPG 2
15 C/OH NAME		16 Filer ID	(Ethics Commis	on Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	500	2
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	ls)	500	Œ
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	1 3	275	5.58
	4. TOTAL POLITICAL EXPENDITURES		2755	58
CONTRIBUTION BALANCE	5 TOTAL FOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	ASTICAY	744	42
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	3000	æ
I) Affidavít	Please complete either option belo	w:		
NOTARY STAMP/SEAL				
wom to and subscribed be	one me by this the	•	ay of	•
gnature of officer administering	oath Printed name of officer administering oath	Tdi	e of officer admiral	storing oath
y name is 990 y address is 990 January accuted in 220 January 100	county, State of Texas, on the 2nd day of Tame	Tx. 7 (state) (zip (h)	7328 3a code) (cour (year)	
	Signature of Canin	dato/Olficebol	der (Declarant)	

	SUB	TOTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER NA	me meg	9. "Butch" Moody	20 Filer ID (Ethics Co 93 - 44	82566
21		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	V	SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$ 50000
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$ 7
4.	P	SCHEDULE E	LOANS		\$ 3,000 -
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 2755.58
6,		SCHEDULE F2	UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	S
10.		CHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S
11.		CHEDULE I: N	DN-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	S
12.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

MONET	TARY POLITICAL CONTRIB	UTIONS		SCHEDU	LE A1
If the reque	ested information is not applicable, DO NOT i	nclude this page in the	report.		
The	e Instruction Guide explains how to complete thi	is form.	1 Total pa	es Schedule At	
2 FILER NAME	res A. "Butch" Mood	ly	3 Filer ID	(Ethics Commiss	sion =ilers)
12-6-23	5 Full name of contributor Out-of-state PA Deloss Willems 6 Contributor address: City;	State; Zip Code	7 Amount 50	of contribution	(S)
Principal occu	440 John Warnen Rd Cold 5	Prink TX 17331			
	etired	9 Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)	Amount	of contribution	(S)
	Contributor address; Clty;	State; Zip Code			
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	C (10¢)	Amoun	of contribution	(\$)
	Contributor address; City;	State; Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lons)		
Date	Full name of contributor 📗 out-of-state PAC	; (ID#)	Amount	of contribution	(5)
	Contributor address; City;	State; Zip Code			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru			rements.	

LOANS	information is not emplicable. DO NV	OT include this ways is the	SCHEDULE E
ii iiie requesteu	information is not applicable, DO NO	of include this page in the rep	oort
The Ir	nstruction Guide explains how to comp	plete this form.	1 Total pages Schedule E
2 FILER NAME	Butch "AMO	ody	3 Filer ID (Ethics Commission Filers) 93.4482566
4 TOTAL OF UNI	TEMIZED LOANS	(\$ 3,00000
11-20 23	James A. Marky (Fel	gonal Funds	9 Loan Amount (\$) 2,500 00
6 Is lender a financial Institution?	8 Lender address. City, 990 Money Rd Clevel	and Th 7/328	10 Interest rate
Y (D)			NIA
(1)	/ Job lille (See instructions)	13 Employer (See Instructions)	
14 Description of Collate	aral (15 Check if personal fund account (See Instruction	s were deposited into political ons)
INFORMATION 1 1 Inot applicable	7 Name of gustanting AMC 2001/1/19 Per 901/1/16/18 8 Guarantor address. 990 Moody Rd Clevet	State, Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation	(See Instructions)	21 Employer (See Instructions)	
Date of Ican 12-08-23	Name of lender Quit-of-state James A. Butch"M Lender address City	loody Personal Funds	Loan Amount (\$) 500 —
a financial Institution?	terror and the second	and, Th. 7/328	Maturity date
R	Job (the (Soc Instructions)	Employer (See Instructions)	
Description of Collater	al	Check if personal funds account (See Instruction	were deposited into political ns)
GUARANTOR INFORMATION	Guarantor address; City,	sody Funds State: Zip Code	Amount Guaranteed (\$)
nol applicable	990 Mary Clevel	and, TX 77328	
Frincipal Occupation		Employer (See Instructions)	
If lende	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEED	

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 8(a) Acvertising Expense Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Other (enter a category not I sted above) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Dunations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee 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) 201 Hwy 150, Suite J-L Coldspring, 7. 750 Filing tec PURPOSE OF EXPENDITURE 9 Complete ONLY if direct Office Feld expenditure to benefit C/QH 12-08-23 Amount (\$) Cleveland, 1501.96 **PURPOSE** OF EXPENDITURE Check if Austin, "X, officeholder living expense Complete ONLY if direct Office held Date Coldspring, 77331 PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office reld expenditure to benefit COH Tames "Butch Moody PCT. 3, Commissioner 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)** Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Advertising Expense
Accounting Expense
Consulting Expense
Consulting Expense
Contributions/Donatons Made By Loan Repayment/Reimbursement Event Expense Office Overhead/Rental Expense Polling Expense Printing Expense Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense Travel In District Travel Out Of District Other (enter a category not listed above) Condidate/Officith 3 der/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payme The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 3-4482566 A. Butch 4 Date 12-12-Zin Code State 6 Amount (\$) Printing Expense PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check & travel outside of Texas Complete Schedule T. 9 Complete ON Y if direct expenditure to benefit C/OH Candidate / Officeholder name Zip Code Amount (S) touston Cleveland,
Description 4X4 Signs PURPOSE EXPENDITURE Check of Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date 12-26 Zip Code State; PURPOSE EXPENDITURE Chack it Austin, TX, officeholder living expenso Check it travel outside of Texas. Complete Schodule T. Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 3 Commissioner ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

l .		ICEHOLDER CE REPORT			FORM C/OH
The C/OH Instruction	ı Guide explains ho	w to complete this form.	1 Filer ID (Fthics Commis	sarrari vi sa	2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MC NICKNAME	James.	Ä	66	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE' OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER	AREA CODE (281)	Moody Rd PHONE NUMBER 761-9020 FIRST	Clevelan	CODE d, TX.	Date Handsbullvar or Diff Postbarked Receipt 4
NAME 7 CAMPAIGN		Edna Mocofy (NO PO BOX PLEASE). APT S		FIX	Date Imaged STATE: ZIP CODE
TREASURER ADDRESS (Residence or Business)	990	Moody Rd	Clevela	nd	TL 71328
8 CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 401-4928	POISVATE		
9 REPORT TYPE	January 15 July 15	30th day before ele			15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Menth O1	Day Year 01 24	TPROUGH	Month	Uay Year 25 / 24
11 ELECTION	Month Day	Year	Runoif Oth	ION TYPE ler scrphon	
12 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT	(il hoewn)5	an Jac. Crity sior Pc+#3
4 NOTICE FRCM POLITICAL COMMITTEE(S) Additional Pages			SURER NAME		PY POLITICAL COMMITTEES TO SUPPORT E'S OR OFFICEHOLOER'S KNOWLEGGE OR RECRIVE NOTICE OF SUCH EXPENDITURES.
		GO TO P	PAGE 2		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 93-4482566 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TO AL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** 4: CONTRIBUTION TOTAL FOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by ____ this the ____ _, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering cath-Printed name of officer administering oath OR (2) Unsworn Declaration and my date of birth is 01-28-1946 (zip code) (country)

ames a.

Signature of Candidate/Officendder Opclara it-

Tames A. Butch Moody 93-4482566 SCHEDULE SLBTOTALS 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 G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3
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	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$
	TOFILER	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME State; Zip Code Cleveland TX, 17328 Full name of contributor out-of-state PAC (II) Date Amount of contribution (\$) Contributor address; City State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#) Amount of contribution (S) State; Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor uul-of-state PAC (ID#___ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

if the requested in	formation is not applicable, DO NOT inc	lude this page in the re	port.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Controllons/Denaturis Made t Candidate/Orticette Idan/Politic Condidate/Parcont	Fees Foot/Beverage Expertor Oft/Awards (Vernortals Expense	use Surayment State out amount Mark Create and Rental Expense often planning out and a punish out and surayment about out and surayment of the surayment of the out of the of out of ou	Solicitation/Fundracing Expanse Transportation Egg prient's Related Expanse Transi District Transi Out of District Other (enter a Category not listed above)
	The Instruction Guide explains b	low to complete this form	
1 Total pages Schodule F1	James A. Bu	tch" Mosel	3 Filer ID (Ethics Commission Filers)
1-9-24	SJC Republic	an Party	
6 Amount (S)	7 Payee acdress	City.	State Zip Code
5000	,,,,,	ite J-L colds	pring, TX 7733/
8	(a) Category (See Caragonias liated at the rop at this set :	edula (b) Description	7
PURFOSE OF EXPENDITURE	Event Exp.	Meet .	the candidate
	(c)	Shift to the state of	** ** ***
9 Complete <u>QNQ</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office note
Date 72 . A . C o.	, Payee name		
Date Red 1-5-20	1 72		
12-29-23 Amount (S)	Pave address	JC	Chalan
74 NOON (0)	rayee autress,	1.10	State; Zip Code
11.50	P.O. DOx 100	Coldspri,	x Tx 77331
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	Consideration to of the second less SU ede	de Transit Sala	Fig. at any panel or poyerson
Complete 01 if orient expenditure to penditure to penditure (0.00).	Candidate / Officeholder name	Office sought	Office held
Date	Рауее патре		
i satt.	To you have		
Amount (\$)	Payee address,	City	State: Zip Code
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OF			
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	New or the many first program of	F Trends - Base	Y Stranger to
Complete <u>ONE</u> if direct expenditure to panefit Grah	Candidate / Officeholder name	Office sought	Office neld
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED

	INTMENT OF A CAMPAIGN TREASURER CANDIDATE	FORM CTA PG 1
	See CTA Instruction Guide for detailed instructions.	1 Total pages filed;
2 CANDI	DATE MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Mr. James A.	Filer ID #
	NICKNAME LAST SLIFFIX Butch Moody	Date Records A NO
3 CANDIE MAILIN		三
ADDRE		Ome Hand address of Postmatices
4 CANDID	ATE AREA CODE PHONE NUMBER EXTENSION	Receipt a Amount's
PHONE		
	(281) 761-9020	Date Processed
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGH (if known)		
7 CAMPAIO TREASUI NAME	HER I	Dody
8 CAMPAI		STATE ZIP CODE
STREET	Clevelana	TX 77328
ADDRES	MIDOdy Rd.	
9 CAMPAIG TREASUF PHONE		
O CANDIDA SIGNATIUI		as Government Code,
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
	I am aware of the restrictions in title 15 of the Election Co from corporations and labor organizations.	ode on contributions
	James a. Mordy Signature of Candidate	7 - 15 - 23 Date Signed
	GO TO PAGE 2	

	E MODIFIED FOR G DECLARATION	M CTA PG 2
1 CANDIDATE NAME	James H. Butch" Moody	
2 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••	•
	 The modified reporting option is valid for one election cycle only (An election cycle includes a primary election, a general election, and any related runoffs,) 	
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••	
	I do not intend to accept more than \$1,010 in political contributions of make more than \$1,010 in political expenditures (excluding filing fees in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.	
	The second secon	1000,000,000,000,000,000,000,000,000,00
	Year of election(s) or election cycle to Signature of Candidate which declaration applies	
Т	nis appointment is effective on the date It is filed with the appropriate filing authority.	
TEC	Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070	
	Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC	
	For more information about where to file go to:	

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Suide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 13 - 4482566	2 Total pages filed:
3 CANDIDATE: OFFICEHOLDER	MC FIRST MI A	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX "Butch" Moody	Date Rec
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY, STATE; ZIP CODE	MODITION OF THE PROPERTY OF TH
Change of Adoress	Cleveland, TX77328	53 %
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 761-9020	Date Hand delivered of Date Postmarkett
6 CAMPAIGN TREASURER	MS/ARS/MR FIRST MI	25 (4)
N.AME	NIÇKNAME LAST SUFFIX	Date integed
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY;	STATE: ZIP CODE
TREASURER ADDRESS	990 Moody Rd Cleveland	TX 77328
(Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) $401-4928$	
9 REPORT TYPE	anuary 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Menth Day Year Month 1 26 2024 THROUGH 2	24 /2024
11 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year Description	
	03, 05/24 General Special	/ + + C 4
12 OFFICE	1 1 1 2 2 2 2 1	missioner
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES METHOD AT 1 OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF.	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMM)TTEE(S)	COMMITTEE TYPE COMMITTEE NAME	
A Late:	GENERAL COMMITTEE ADDRESS	
Additi nal Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	-

CANDIDAT CAMPAIGN				co	FORI VER SHEE	M C/OH T PG 2
15 C/OH NAME	A. Bu	tch' Mo	ody	16 Filer 93	(Ethics Commit -44825	
17 CONTRIBUTION TOTALS	PLEDG		AL CONTRIBUTIONS (OTHE: ANTEES OF LOANS, OR CTRONICALLY)	R THAN	s - C -	
		POLITICAL CONTRI R THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF L	.OANS)	\$ -0-	
EXPENDITURE TOTALS	3 TOTAL	UNITEMIZED POLITICA	AL EXPENDITURE,		\$ 541.	50
	4. TOTAL	POLITICAL EXPEN	DITURES		\$ 541.5	50
CONTRIBUTION BALANCE		POLITICAL CONTRIBU	TIONS MAINTAINED AS OF T	HE LAST DAY	\$ // 4/.	42
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT C AY OF THE REPORTIN	F ALL OUTSTANDING LOANS IG PERIOD	S AS OF THE	\$	
req	uired to be reported	l by me under Title 15, {		e of Candidate c	r Officeholder	
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed I			th	is the	day of	, <u></u> 1
Signature of officer administeri	ing oath	Printed name of off	icer administering oath		Title of officer acm	nistering oath
		H. 4-3	OR			
(2) Unsworn Declaration My name is Jam My address is 990 Executed in San Ja	moody	Bd.	James	LIX.1	y20 24. (year)	Jacinto Durtry)

	SUBT	OTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER NAM	nes A.	"Butch" Moody	20 Filer ID (Ethics Con 93 - 448	•
21		SUBTOTALS CHEDULE			SUBTOTAL AMOUNT
1.		CHEDULE A1.	MONETARY POLITICAL CONTRIBUTIONS		\$
2.		CHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
з.		CHEDULE B: F	LEDGED CONTRIBUTIONS		S
4.		CHEDULE E: L	DANS		S
5.	s	CHEDULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$ 11.50	
6.		CHEDULE F2:	UNPAID INCURRED OBLIGATIONS		S
7.		CHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.		CHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$
9,	s s	CHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 53000
10	s	CHEDULE H	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	s	CHEDULE 1: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$
12.	s		NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	S

MONET	SCHEDUL	E A 1					
The	ges Schedule A1						
2 FILER NAME	FILER NAME 3 Filer ID						
4 Date	5 Full name of contributor	INTERNATION AND ADDRESS OF THE PARTY OF THE	Amount	of contribution	(5)		
	6 Contributor address City; State;	Zip Code					
8 Principal occu	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)						
Date	e Full name of contributor out-of-state PAC (ID#:)		Amoun	of contribution	(S)		
	Contributor address; City; State;	Zip Code					
Principal occup							
Date	e Full name of contributor		Amoun	of contribution	(S)		
	Contributor address; City; State;	Zip Code					
Principal occup							
Date	Full name of contributor out-of-state PAC (ID#:)	Amoun	of contribution	(\$)		
	Contributor address, City, State;	Zip Code					
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)					
Ti					4		
	ATTACH ADDITIONAL COPIES OF THIS SO If contributor is out-of-state PAC, please see Instruction guid			uirements.			

LOANS		SCHEDULE E					
If the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to comp	1 Total pages Schedule E:						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEMIZED LOANS		\$					
<u> </u>	PAC (ID#s)	9 Loan Amount (\$)					
6 Is lender 8 Lender address; City; a financia institution?	State; Zip Code	10 Interest rate					
YN		11 Maturity date					
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)						
14 Description of Collateral none	Check if personal fun account (See Instruc	ds were deposited into political tions)					
16 GUARANTOR INFORMATION 18 Gua antor address: City;	State; Zip Code	19 Amount Guaranteed (\$)					
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)						
Date of loan Name of lender out-of-state	PAC (ID±)	Loan Amount (\$)					
[s lender Lender address; City; a financia. Institution?	State; Zip Code	Interest rate					
Y N		Maturity date					
Principal occupation / Job title (See Instructions)	Employer (See Instructions)						
Description of Collateral	Check if personal fun- account (See Instruct	ds were deposited into political ions)					
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)					
Guar <mark>a</mark> ntor address; City;	State; Zip Code						
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

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Transportition Equipment & Fielated Expense Travel In District Office Overhead/Rental Excense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District
Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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) 4 Date (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, afficianolder living exper-9 Complete ONLY if direct Candidate / Officeholder name Office sought Office reld expenditure to benefit C/OH Pavee name Date Amount (\$) Payee address; City; State, Z p Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin TX, effice older living expens Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State. Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Mad Candidate/Officeholder/Poli Credit Card Payment	Fees Office Food/Beverage Expense Pollir e By Gift/Awards/Memorials Expense Printi	e Overhead/Rental Expense Transportation graphense Travel In Dis Travel Out Coles/Wages/Contract Labor Other (enter				
1 Total pages Schedule G	- James A "Butch"	Moody 93-4	(Ethics Commission Filers)			
4 Date $01-26-24$	Flaver name Varmes A. Mor de		122300			
6 Amount (\$) Reimbur ement from political contributions intended	7 Payee address: 990 movely Rd	Cleveland 7	State; Zip Code × 77328			
8 PURPCSE OF EXPENDITURE	(a) Category (Sea Categories listed at the top of this schedule) LOCIN Repayment/Reimbulgara Receipt # 840-57700061-2-81/ (c) Check if travel outside of Texas Complete Schedule	To Pay w/ Perso	nal Check			
Somplete ONLY if direct expenditure to benefit CiOH	Candidate / Officeholder name	Office sought	Office held			
Date	Рауее паπ:е					
Amount (\$) Reimbursementium political continuations intended	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, officeholde	r living expense			
Complete CNLY f direct expenditure to benefit C/		Office sought	Office held			
Date	Рауее пате					
Amount (S) Reimburserie tifrom political contributions intendec	Payee address:	City; Sta	le; 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, officeholde	r living expense			
Complete ONLY if direct expenditure to ber efit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Polling Expense Printing Expense Travel in District Travel Out Of District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Z p Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF 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 Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date Amount (\$) Payee address: City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE**

Check if Austin, TX, officeholder living expense

Office held

EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name