CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: 93-4482566 The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE/ OFFICEHOLDER MAILING Cleveland 7 **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-Bollveted of Onte Postmarked **OFFICEHOLDER** PHONE 6 CAMPAIGN TREASURER NAME SUFFIX. Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN TREASURER Cleveland 990 Moody Rd ADDRESS (Residence or Business) CAMPAIGN EXTENSION TREASURER 32, 401-4928 PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 10 /2023 12/31/2023 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Description General Special 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE. OFFICEHOLDER: KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPRODITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

(street) Sexecuted in Land Gounty, State of Texas, on the Land day of Land (year) (wear) (state) (county) (county) (state) (20 code) (county) (month) (year)		E / OFFICEHOLDER I FINANCE REPORT	cov	FORM C/OH ER SHEET PG 2
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4. TOTAL POLITICAL EXPENDITURE: 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL FOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST CAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL FRINCIPAL 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 informs required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by) \$	5000
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OUTSTANDING LOAN TOTALS 6. TOTAL FRINCIPAL 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 inform required to be reported by me under Title 15, Election Code. Please complete either option below: Please complete either option below: NOTARY STAMP / SEAL Swom to and subscribed before me by	****************	4. TOTAL POLITICAL EXPENDITURES	\$	2755 58
18 SIGNATURE I swear, or affirm, under penalty of perjuny, that the accompanying report is true and correct and includes all informs required to be reported by me under Title 15, Election Code. Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Swom to and subscribed before me by			ST CAY S	744 42
Please complete either option below: Please complete either option below: Please complete either option below:			F THE \$	30000
Swom to and subscribed before me by	(1) Affidavit		C	micendiaes.
20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR 2) Unsworn Declaration My name is	NOTARY STAMP/SEAL			
OR 2) Unsworn Declaration My name is			da	ay of
(street) Executed in Agrange County, State of Texas, on the 2nd day of Tan. (gear) (gear) (gear) (gear) (gear)	Signature of officer administeri	ng oath Printed name of officer administering oath	Tipe	e of officer administering oath
Signature of Candidate/Officeholder (Declarant)	(2) Unsworn Declaration My name is	and my date of birth is Medy Rd	state) (zip	code) (country) 0.24 (year)

	SUBT	OTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILER NA	ME M C9	9. "Butch" Moody	20 Filer ID (Ethics Co 93 - 44	mmission Filers)
21		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	[v	SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$ 500 00
2.		SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$ - 5
4.	Z	SCHEDULE E:	LOANS		\$ 3,000
5 ,	V	SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL COM-	ITRIBUTIONS	\$ 2755.5
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		\$
€.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	S
0.		CHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
I. —		CHEDULE I: N	DN-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
2.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

	TARY POLITICAL CONTRIBU		report.	SCHEDUL	E A 1
			·		
The	Instruction Guide explains how to complete this	form.	1 Total page	es Schedule A1:	
2 FILER NAME	ies A. "Butch" Mood) y	3 Filer ID 93-4.	(Ethics Commissi 482566	on Filers)
4 Date	5 Full name of contributor out-of-state PAC De 055 Williams 6 Contributor address; City; 440 John Warren Rd Cold 54	State; Zip Code	7 Amount	of contribution	(\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Re	etired	NA			Á
Date	Full name of contributor	(ID#:	Amount	of contribution	(S)
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(10#)	Amount	of contribution	(\$*,
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state_PAC	(10#)	Amount	of contribution	(\$
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			irements.	

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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of Ipan Name of lender ut-of-state PAC (ID# is lender a financial Institution? 11 Maturity date 12 Principal occupation / Job litle (See Instructions) 13 Employer (See Instructions) 14 Description of Collatera Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR INFORMATION 19 Amount Guaranteed (\$) Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of Ican Loan Amount (\$) Lender address: Is lender a financial Institution? (N) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) INFORMATION not applicable Frincipal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

FROM POLITICAL CONTRIBUTIONS	SOTILDOL	i - 1
If the requested information is not applicable, DO NOT include this page in the report.		
EXPENDITURE CATEGORIES FOR BOX 8(a)		
Accounting/Banking Fees Office Overhead/Rental Expense Transports Consulting Expense Polling Expense Polling Expense Polling Expense Printing		lated Expense
2 James A. Butch Moody 93-1	(Ethics Commi- +4825	
11-20-23 STC Republican Party		
7 Payee address: City; st 750° 201 Hwy 150, Suite J-L Coldspring, To	tate; Zip (i US
8 (a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE Fees Filing Fee	S	
(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, office to	ıldar living expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH James Butch" Moody Pct. 3 Commission	Office h	eld
12-08-23 Fame Good Promotion	S	
		Code
1501.96 803 East Houston Cleveland, T	又 773	32/
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Description Description Description	ting A	'nd 'd
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Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Tames Butch' Movely Pct. 3 Commissions	Office h	elc
Date Payee name		
12-8-23 San Jacinto County		
Amount (\$) Payee address; (City; Sta	ate; Zip C	ode
8.56 / State Huy 150/Room / Coldspring, 1	X 77	53/
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Voters	st	
Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officehold	dor living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Tames "Butch Moody PCT. 3, Commission"	Office	neld
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The state of the s		CAL CONTRIBUTIONS
If the req	uested infor	mation is not applicable, DO NOT include this page in the report.
		EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising E Accounting/Banki Consulting Experi Contributions/Con- Candidate/Office Credit Card Payment	ng se ations Made By	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Offic/Waards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
		2 Filer ID /Fthice Commission Filers)
1 Total pages \$	chedule F1: 2	James A. "Butch" Moody 93-4482566
4 Date /2-/2-	23	Good Momotions
6 Amount (\$)	7	Payee address; City; State; Zip Code
3500	-	803 East Houston Cleveland TX 77327
8 PURPOS OF EXPENDIT	SE	Printing Expense Ant Fee
		C Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONL expenditure to		Tames "Butch" Moudy Pct. 3 Commissioner
Date	1	Payee name
	-23	Good Promotions
Amount (\$)		Payee address; City; State; Zip Code
Amount (\$)	6	803 East Houston Cleveland, TX 77327
Amount (\$)	6	Payee address;
Amount (\$) 330, // PURPOS OF EXPENDIT		803 East Houston Cleveland, TX 77327
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330.10	URE	Category (See Categories listed at the top of this schedule) Prinifing Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Candidate / Office holder name Candidate / Office holder name Ceve land, TX 77327 Description HX4 Signs Check if Austin, TX, officeholder living expense Office sought Office held
930, // PURPOS OF EXPENDIT	URE	Category (See Categories listed at the top of this schedule) Prinifying Expense Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	w to complete this form.	1 Filer ID (Ethics Commission Filers) 93-4482566	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	James.	A	OFFICE USE ONLY
	Butch	" Moody	SUFFIA	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	990	X; APT SUITE # / Moody Rcl	city: STATE: ZIP CODE Cleveland, TX 77328	E 202: C COU
5 CANDIDATE' OFFICEHOLDER PHONE	AREA CODE (28/)	PHONE NUMBER 761-9020	EXTENSION	Date Hand-politiveres or Dire Postgarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	Edna	Mi M SUFFIX	Receipt 4 Amount Date From Led
		Moody		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APTYS Moody Rd	Cleveland	STATE: ZIP CODE TL 71328
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 401-4929	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
** PEDIOD	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	O/	Day Year / 01/24	THROUGH DI	Day Year / 25 / 24
11 ELECTION	Month Day	Year	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		Caty Comm	San Jac. Crty ission Pct #3
14 NOTICE FRCM POLITICAL COMMITTEE(S)			ACCEPTED OR POLITICAL EXPENDITURES MA	ADE BY POLITICAL COMMITTEES TO SUPPORT MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
, ,	BAYT BETTIMMCO	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			(Ethles Commission Filers) 448.2566
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CCNTRIBUTIONS MADE ELECTRONICALLY)	1	1000=
F	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5	10000
EXPENDITURE TOTALS	3. TO-AL UNITEMIZED POLITICAL EXPENDITURE.	5	61,50
	4. TOTAL POLITICAL EXPENDITURES		61.50
CONTRIBUTION BALANCE	5. TOTAL FOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	STEAY	61.50
OUTSTANDING LOAN TOTALS	6. TOTAL FRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	<i></i>
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and corre	ct and includes all information
	Signature of Ca	ındidate or	Officeholder
	Please complete either option below	v:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the		day of
20, to certify	which, witness my hand and seal of office.		
Signature of officer administs	ring oath Printed name of officer administering oath		le of officer administering oath
	OR		
(2) Unsworn Declarati	on		
(-,	α α		-0 -011
My name is $-\sqrt{am}$	es H. Mody and my date of birth is	01-	28-1946
My address is 996	Moody Rd. Clevekind	1X 7	17328
ST	(street) (city)	state) (zip /	code) (country)
Executed in <u>an</u> 10	cinto County, State of Telas, on the day of month))	20 4. (year)
	James (2.0	oodly
	Signature of Candid	date/Officend	nder Mecistauti

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	
	James A. "Butch" Moody 93-44:	82566
21	SCHEDULE SLBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
Ť	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10000
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	\$ 61.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
102	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11,0	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12,	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.

ii liie reques	sted information is rot applical	ole, DO NOT III		report.
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1
2 FILER NAME	nes A. "Butch	"Moc	dy	3 =iler ID (Ethics Commission Filers) 93-4482566
0//18/24	5 Full name of contributor Robert/Kitten 6 Contributor address; 300 N. Noble	Bower	State: Zip Code of TX, 17328	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	aions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (S)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	zions)
	ATTACH ADDIT	IONAL COPIES (OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC	, please see Instr	uction 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 Expanse Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Travel in District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 4 Date 6 Amount (S) Zip Code ries listed at the top of this schedule) PURPOSE OF EXPENDITURE Check it travel outside of Texas, Complete Schedule 1 Check if Austin TX officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Zip Code PURPOSE Banking OF **EXPENDITURE** Check if Austin TX, off-ceholder living expanse Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to peneff C/QH Payee name Date Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check fitravel outside of Texas, Complete Schedule 1. Check if Austin, TX officeholder living expense Candidate / Officeholder name Complete ONLY is direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

		PG 1
	See CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDID	DATE MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Mr. James A.	Filer ID #
	Butch Moody suffix	Date Recovered Date R
3 CANDID MAILING ADDRES	Cloveland To 77225	Date Hand Helivered of Postmarked
4 CANDIDA PHONE	AFE AREA CODE PHONE NUMBER EXTENSION $(281) 761-9020$	Receipt# &mounts 2
5 OFFICE HELD (if any)		Date imaged
6 OFFICE SOUGHT (if known)	Commissioner Pet #3	
7 CAMPAIG TREASUF NAME	ED	Nody
8 CAMPAIG TREASU STREET ADDRESS (residence or ba	S Moode Rd. Cleveland	STATE ZIP CODE 7
9 CAMPAIG TREASUR PHONE		
10 CANDIDA SIGNATIUR		xas Government Code.
	l 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 C from corporations and labor organizations.	ode on contributions
	James a. Moedy Signature of Candidate	9-15-23 Date Signed
	GO TO PAGE 2	

	E MODIFIED FOR S DECLARATION	- 1	CTA PG 2
11 CANDIDATE NAME	James H. Butch' Moody		
12 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 or 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	20.00	
	Year of election(s) or election cycle to Signature of Candidate which declaration applies		
	his appointment is effective on the date it is filed with the appropriate filing authority. 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: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php		



Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:	
2 CANDIDATE NAME	MS/MRS/MR FIRST MI Mr. James A. NICKNAME LAST SUFFIX Butch Moody	OFFICE USE Filer ID #	-1
CANDIDATE MAILING ADDRESS	ADDRESS / POBOX; APT / SUITE #: CITY: STATE; ZIP CODE 990 Cleveland, TX 77328 Moodly Rd.	Date Harp Volviered of Posima	ADMINISTRATOR
CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 761-9020	Receipt a	
OFFICE HELD (if any)		Date Imaged	йH
OFFICE SOUGHT (if known)	Commissioner Pet #3		
CAMPAIGN TREASURER NAME	MSMRSMR FIRST MI NICKNAME Mrs. Edna M.	noody Suffi	
CAMPAIGN TREASURER STREET - ADDRESS (residence or business)	990 Cleveland Moody Rd.	STATE, ZIP CO	328
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832 401-4928		
) CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government (Code.
	I am aware of my responsibility to file timely reports as the Election Code.	required by title	5 of
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Sode on contribution	



CANDIDATE MODIFIED FORM CTA REPORTING DECLARATION PG 2 11 CANDIDATE NAME James H. Butch 18 12 MODIFIED COMPLETE THIS SECTION ONLY I REPORTING DECLARATION 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 or 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. Year of election(s) or election cycle to Signature of Candidate which declaration applies This 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

Forms provided by Texas Ethics Commission

DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php



APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

	See	1 Total pages filed:								
2	CANDIDATE	OFFICE USE ONLY								
	NAME	Keith A.	Filer ID #							
			-							
		NICKNAME LAST SUFFIX	Date Receive							
		Prokstor								
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE								
~	MAILING	Deline Reline								
	ADDRESS	3151 Dabney Bottom Rd.	₩ 2 0 €							
		Cieveland, Tx. 77328	Date Hund-denseted or Postmarked							
_										
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Artioums V							
		(281) 309-1536	Date Processed							
		10-17 301-1330	E S S							
5	OFFICE HELD		Date Imaged							
l	(if any)									
ô	OFFICE	0 2 2 5								
	SOUGHT (if known)	PCT 3 COMMISSIONE-								
7	CAMPAIGN	MS/(ARSONR FIRST MI NICKNAME	LAST SUFFIX							
	TREASURER									
	NAME	Tiffany A. Pinkston								
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE							
	TREASURER STREET	3151 Dabney Bottom Rd								
	ADDRESS									
(1	residence or business)	Cleveland Tx. 71328								
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION								
9	TREASURER	Entertail Entert								
	PHONE	(832) 863-0109								
10	CANDIDATE SIGNATURE									
	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.							
		I am aware of my responsibility to file timely reports as the Election Gode.	required by title 15 of							
		the Election Code.								
		I am aware of the restrictions in title 15 of the Election C	ode on contributions							
from corporations and labor organizations.										
		Fut 1	· 0 22							
11-8-23										
		Signature of Candidate	Date Signed							
GO TO PAGE 2										

CANDIDATE MODIE

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME							
12 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 or 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.						
	Year of election(s) or election cycle to Signature of Candidate which declaration applies						
7	This 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						

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

	N FINANCE REP			FORM C/OH COVER SHEET PG 1
The C/OH Instruction (Guide explains how to complete t		(Ethics Commission Filers) 44482566	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/NRS/MR FIRS	nes	A	OFFICE USE ONLY
A CANDIDATE/	NICKNAME LAS "Butch" ADDRESS / PO BOX: APT /		SUFFIX STATE; ZIP CODE	Date Received
OFFICEHOLDER MAILING ADDRESS Change of Address	990 Mood	Clevela	nd TX77328 extension	ACINI ION ADI
5 CANDIDATE/ OFFICE-FOLDER PHONE	AREA CODE PHONE NUM (28/) 761-9	7020	EXTENSION	Date Hand-delivered or Date Politinarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRS MCS Ed NICKNAME LAS	'na	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEA 990 Moody	- 1	city; 1eveland	STATE: ZIP CODE TX 77328
8 CAMPAIGN TREASURER PHONE	area code Phone NUM (832) $401-4$		EXTENSION	
9 REPORT TYPE		Oth day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th	n day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 1/26/.	Year 2024 THROL	IGH 2	24/2024
11 ELECTION	ELECTION DATE	Primary Runo	ELECTION TYPE	
	03/05/24	General Spec	Description	
12 OFFICE	OFFICE HELD (if any)	13 F-0		San Jacinto Cnty.
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE CONSENT. CANDIDATES AND OFFICEHOLD	EXPENDITURES MAY HAVE BEE ERS ARE REQUIRED TO REPORT	N MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE COMMITTEE N			
Additional Pages	GENERAL COMMITTEE A	DDRESS		
	SPECIFIC COMMITTEE C	AMPAIGN TREASURER NAME		
	COMMITTEE C	AMPAIGN TREASURER ADD	RESS	
		GO TO PAGE 2		

1	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH OVER SHEET PG 2
15 C/OH NAME	A. Butch' Moody 16 Filer	B -4482566
17 CONTRIBUTION TOTALS	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)	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 541.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 541.50
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1/41,42
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and co- uired to be reported by me under Title 15, Election Code.	rect and includes all information
	Signature of Candidate of Please complete either option below:	J. Officeriolise)
(1) Affidavit		
NOTARY STAMP/SEAL		
	chich, witness my hand and seal of office.	day of
Signature of officer administer	ng oath Printed name of officer administering oath	Title of officer acronistering oath
(2) Unsworn Declaratio	OR	
My name is Jam My address is 990 Executed in <u>San</u> Ja	Moody Bd. Cleveland TX 1	(year)
orms provided by Texas Eth	cs Commission www.ethics.state.tx.us	Rayised 11/15/202

	SUB	Т	OTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILERN	AMI	es A.	"Butch" Moody	20 Filer ID (Ethics Co 93 - 442	•
21			SUBTOTALS CHEDULE		1	SUBTOTAL AMOUNT
1.	, as	S	CHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$
2.		S	CHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		S	CHEDULE B: F	LEDGED CONTRIBUTIONS		S
4.		50	CHEDULE E: L	OANS		\$
5.		s	CHEDULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 11.50
6.		50	CHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7,5		s	CHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.		50	CHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$
9,		sc	CHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 53000
10.		sic	HEDULE H	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11,		sc	HEDULE I: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	s
12,		sc		NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI OFILER	IONS RETURNED	S

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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (S) 6 Contributor address: City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (S) 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) 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 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

	LOAN	S									SCHEDULE E
	If the requ	Jeste	d infor	matio	n is not	applical	ole, DO NO	OT include	this pa	age in the re	eport.
		The	Instru	iction (Guide ex	plains h	ow to com	plete this fo	rm.		1 Total pages Schedule E:
2	FILER NAM	E									3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS									\$		
5 Date of Ican 7 Name of lender								9 Loan Amount (\$)			
1/4	ls lender a financia Institution?		8 [address;		City;		State;		10 Interest rate
	Y N										11 Maturity date
12	Principal oc	cupati	on / Jo	b title	(See Instr	uctions)		13 Emplo	yer (See	Instructions)	
14	Description	of Col	lateral					15		if personal fun nt (See Instruc	nds were deposited into political tions)
16	GUARANTO INFORMATI	R ON	17 1	lame of	guaranto	г					19 Amount Guaranteed (\$)
			1		or addre		City;		State;		
	not appl	cable									
20	Principal Od	cupa	tion (Se	ee Instri	uctions)			21 Emplo	yer (See	Instructions)	
[Date of loan		1	Name of	lender	[PAC (ID#			Loan Amount (\$)
а	s lender a financia nstitution?		L	ender a	address;		City;		State;	Zip Code	Interest rate
	Y N										Maturity date
F	Principal occ	upatio	on / Jo	b tille (See Instr	uctions)		Emplo	yer (See	Instructions)	,
	Description o	f Colla	ateral							if personal fun it (See Instruct	ds were deposited into political tions)
	GUARANTO NFORMATIO		N	ame of	guarantor						Amount Guaranteed (\$)
F	not appli	:able	G	uaranto	or addres	ss;	City;		State;	Zip Code	
_	rincipal Occ		on (Sea	e Instruc	ctions)			Employ	yer (See	Instructions)	
		If le	nder is							DULE AS NEE	EDED porting 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

Event Expense Fees Fooc/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 & Fetaled Expense Travet In District

Consulting Expense
Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not lis ed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer D (Ethics Commission Filers) 4 Date 8 PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, office older living expense Candidate / Officeholder name 9 Complete ONLY if direct Office squaht Office held expenditure to benefit C/QH Рауее пате Date Amount (\$) Payee address; City; State: Z p Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, office older living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; Zip Code Category (See Categories listed at the top of this schedule) 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 Complete ONLY if direct Office held 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 Expende Contributions/Donations Mad Candidate/Officeholder/Poli CreditCard Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	rment/Reirnbursement head/Rental Expense ense pense ages/Contract Labor	Soficitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense			
1 Total pages Schedule G		ames A Butch	h"n	Joody	m iii	Commission Filers)			
01-26-24	5 Payeer	mes A. Mooc		/ /					
Reimbursement from political contributions intended	7 Payee a		/	Cleve la	$ \frac{\text{State}}{7} $	Zip Code 77328			
8 PURPCSE OF EXPENDITURE	(a) Catego Locin I Recei,	I lu di trans	BACOUT -	b) Description US Temp. Ca To Pay w	PS Could Paryn Ace Personal	Not Accept t. / Had Check			
9 Complete <u>ONLY</u> if direct expenditure to be refit CiOH	Cano	lidate / Officeholder патте		Office sought	ii, 17, uiileenoider living e	Office held			
Date	Payee n	ame							
Amount (\$) Reimbursement from political continuitions intended	Payee a	ddress:		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Calego	ry (See Categories listed at the top of this scho	edule)	Description					
		Check if travel outside of Texas, Complete Sched	dule T.	Check if Austi	n, TX, officeholder living e:	pense			
Complete <u>ONLY</u> f direct expenditure to benefit C/		idate / Officeholder name	0	ffice sought		Office held			
Date	Payee na	ame							
Amount (S)	Payee a	ddress:		City;	State;	Zip Code			
political contributions intendec									
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this sche	edule)	Description					
		Check if travel outside of Texas Complete Schedu	ule T.	Check if Austin	n, TX, officeholder living ex	pense			
Complete ONLY if direct expenditure to ber efit C/OH	Candi	d∌te / Officeholder name	O:	fice sought		Office held			
	ATT	ACH ADDITIONAL COPIES OF 1	THIS SCH	EDULE AS NEED	ED				

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Poliing Expense 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4 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: Zp Code TYPE OF EXPENDITURE Political Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of ceholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political EXPENDITURE Political Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, or iceholder 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