#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY Vames NAME 4 CANDIDATE / ADDRESS / PO BOX OFFICEHOLDER 990 Moody Rd MAILING Cleveland, TX 71328 **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION OFFICEHOLDER (281) 761-9020 PHONE 6 CAMPAIGN Amount \$ **TREASURER** NAME Date Imaged 7 CAMPAIGN TREASURER Clevelana 990 Moody Rd **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** 401-4928 PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 5/20/24 THROUGH 11 ELECTION ELECTION TYPE Primary Other Description Runoff 12 OFFICE OFFICE HELD (if any) 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. 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC 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	16 File: 93	r ID (Ethics Commission Filers) -4482566
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 590.27
	*2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 7,500
	4. TOTAL POLITICAL EXPENDITURES S.f. Tude	\$ 75 27
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE   I si	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.	rrect and includes all information
	Signature of Candidate	or Officeholder
	Please complete either option below:	
	t today complete states option below.	
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed b	pefore me by this the	day of
20, to certify w	hich, witness my hand and seal of office.	
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	or or the state of	
(2) Unsworn Declaration	n	
My name is <u>Jam</u> My address is <u>990</u>	moode Rd Cleveland TX.	-28-46 11328 (15A
executed in San Tac	(street) (city) (state) (state) (city), State of TX, on the 30 tday of NOV	zip code) (country)
	Signature of Candidate/Office	(year)  Develop  holder (beclarant)
	<i>y</i>	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

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

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The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I;	James A. Moode	1	3 Filer ID (Ethics Commission Filers) 93-4482566	
4 Date 24 to 5.20-24	Bank of San To		ocenty	
6 Amount (\$)	P.O. Box 100	oldaprii	State Zip Code 77 71331	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable cotenaries.)	required )	e Charge 3 7500	
Date 11-30-24	St. Jude's Chibren's	Resear	sh Hospital	
Amount (\$)	St. Jude's Chibren's  Payee address;  P.O. Box  P.O. Box	emphis	State Zip Code TN 38101- 9929	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)  G:F+5	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 SCHEDULE AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1		NAME  2 Filer ID (Ethics Commission Filers)				
	~	ames "Butch" Moody 93-4482566				
3	SIGN	ATURE				
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signature of Candidate Lofficeholder				
4 FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder						
	A.	CAMPAIGN FUNDS				
	Chec	k anly one:				
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS				
	Check	conly one:				
	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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
OFFICEHOLDER						
-	Comp	plete this section only if you are an officeholder ••				
	1	am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Signature of Officeholder				