

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR. FIRST: DANIEL MI: B NICKNAME: BARRY LAST: MOORE SUFFIX:	OFFICE USE ONLY HAND DELIVERED Date Received: OCT 11 2016 DELIVERED @ <i>glw</i> 2:35pm Date Hand-delivered or Date Postmarked:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12195 COLLEGE STATION, TX 77842		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (979) PHONE NUMBER: 209 9989 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS FIRST: JANE MI: NICKNAME: LAST: KEE SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1504 FOXFIRE DR COLLEGE STATION, TX 77845	
8 CAMPAIGN TREASURER PHONE	AREA CODE: (979) PHONE NUMBER: 693-3624 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 / 17 / 2016 9 / 30 / 2016		
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 2016	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) COLLEGE STATION CITY COUNCIL, PLACE 4	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,050.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 938.66

4. TOTAL POLITICAL EXPENDITURES

\$ 3,671.91

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9378.09

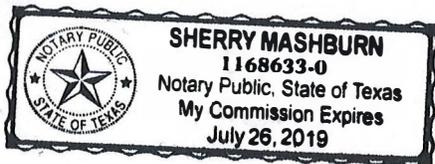
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

D. Barry Moore
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said D. Barry Moore, this the 11th day of October, 20 14, to certify which, witness my hand and seal of office.

Sherry Mashburn
Signature of officer administering oath

Sherry Mashburn
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12900
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	\$ 2902.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 250.49
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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 10

2 FILER NAME *Daniel B. Moore* 3 Filer ID (Ethics Commission Filers)

4 Date <i>7/13/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph M. White</i>	7 Amount of contribution (\$) <i>200.00</i>
	6 Contributor address; City; State; Zip Code <i>131 Armored C.S., TX 77845</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>7/25/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don Moore</i>	Amount of contribution (\$) <i>1,000.00</i>
	Contributor address; City; State; Zip Code <i>1900 Mulberry Ct. San Marcos, TX 78666</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Publisher - San Marcos Record *San Marcos Record*

Date <i>8/1/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Horace Rektorik</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>437 Chimney Hill Dr. CS, TX. 77840</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>8/2/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Gentry</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>1515 Emerald Parkway CS, TX. 77845</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Attorney *West Webb Albritton Gentry PC.*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 10

2 FILER NAME: Daniel B. Moore 3 Filer ID (Ethics Commission Filers)

4 Date 8/2/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Pitman	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 4318 Rock Bend Dr. CS, TX. 77845		

8 Principal occupation / Job title (See Instructions): Construction 9 Employer (See Instructions): Pitman Custom Homes

Date 8/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Mather	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 11962 CS, TX. 77842		

Principal occupation / Job title (See Instructions): Real Estate Employer (See Instructions): Grid Commercial Real Estate

Date 8/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth McKinney	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2403 Crown St. CS, TX. 77845		

Principal occupation / Job title (See Instructions): Employer (See Instructions):

Date 8/2/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hyatt Development	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 4508 Bryan, TX. 77805		

Principal occupation / Job title (See Instructions): Real Estate Employer (See Instructions): Hyatt Development

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 8/3/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John McClellan 6 Contributor address; City; State; Zip Code 16110 Lafone Spring, TX. 77379	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/4/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Lero Contributor address; City; State; Zip Code 4421 Nottingham Bryan, TX. 77802	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles Construction & Development Contributor address; City; State; Zip Code PO Box 10467 CS, TX 77842.	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Miles Construction & Development LP
Date 8/5/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey Sandlin Contributor address; City; State; Zip Code 4002 Rocky Vista Dr. CS, TX. 77845	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 8/8/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug French 6 Contributor address; City; State; Zip Code 4307 Hadleigh Ln. CS, TX. 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/10/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Caldwell Contributor address; City; State; Zip Code 15330 Hilltop View Cypress, TX. 77429	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Caldwell Companies
Date 8/11/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barracks Construction Group LLC Contributor address; City; State; Zip Code PO Box 262 Wellborn, TX. 77881	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Barracks Construction Group LLC
Date 8/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Holmgreen Contributor address; City; State; Zip Code 5118 Bellerive Bend CS, TX. 77845	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peter Currie	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 466 Oak Lane Houston, Tx. 77024		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/25/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Philip Bargas	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1201 West Loop 281 Longview, Tx. 75604		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Patranella	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 801 S. Rosemary Bryan, Tx. 77802		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Starns	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 904 S. Dexter C.S., Tx. 77840		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 8/18/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Nolan	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4 Muirfield Ct. Frisco, TX. 75034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/31/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Culpepper	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1100 George Bush Dr. Ste. 240 CS. TX 77840		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Rife	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3205 Earl Rudder Frwy CS. TX. 77845		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Rife Law Firm
Date 9/6/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phil Adams	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 3000 Briarcrest ste. 508 Bryan, TX. 77805		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME
Daniel B. Moore

3 Filer ID (Ethics Commission Filers)

4 Date
9/9/16

5 Full name of contributor out-of-state PAC (ID#: _____)
Jared Salvato
6 Contributor address; City; State; Zip Code
1716 Briarcrest Ste. 400 Bryan, TX. 77805

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
9/12/16

Full name of contributor out-of-state PAC (ID#: _____)
James Muir
Contributor address; City; State; Zip Code
4003 Moncaster Ln. C.S., TX. 77845

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
9/12/16

Full name of contributor out-of-state PAC (ID#: _____)
Randy French
Contributor address; City; State; Zip Code
4301 Clipstone Pl. C.S., TX. 77845

Amount of contribution (\$)
1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Construction

Stylecraft Builders Inc.

Date
9/13/16

Full name of contributor out-of-state PAC (ID#: _____)
Brian Olsen
Contributor address; City; State; Zip Code
3008 Coronado C.S., TX. 77845

Amount of contribution (\$)
100.00

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 9/13/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Clarke 6 Contributor address; City; State; Zip Code 230 Southriver Wimberley, TX. 78676	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Cooper Contributor address; City; State; Zip Code PO Box 9444 CS, TX. 77842	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Humphrey Contributor address; City; State; Zip Code 5532 Straub Rd. CS, TX. 77845	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer Clements Contributor address; City; State; Zip Code 3411 El James Spring, TX. 77388	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 10

2 FILER NAME *Daniel B. Moore* 3 Filer ID (Ethics Commission Filers)

4 Date <i>9/17/16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wallace Phillips</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>4490 Castlegate Dr. CS, TX. 77845</i>	

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <i>9/18/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Hodges</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>5301 Woodall CS, TX. 77845</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)
Owner CopyCorner Service & Technology

Date <i>9/19/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Calvin Deal</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>4262 Juniper Hill Ln. Santa Fe, NM 87501</i>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9/19/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessie Durdan</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>2609 Chillingham Ct. CS, TX. 77845</i>	

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Daniel B. Moore		3 Filer ID (Ethics Commission Filers)
4 Date 9/21/16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Segers 6 Contributor address; City; State; Zip Code 3602 El James Spring, TX. 71388	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Traditions Real Estate
Date 9/23/16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff McDougall Contributor address; City; State; Zip Code 704 Canterbury CS, TX. 77845	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME DELIA B. MOORE	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/16	5 Payee name COPY CORNER	
6 Amount (\$) \$439.50	7 Payee address; City; State; Zip Code 2307 S. TEXAS AVE, COLLEGE STATION, TX 77840	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description <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 9/21/16	Payee name TRACTOR SUPPLY CO.	
Amount (\$) \$319.55	Payee address; City; State; Zip Code 2704 S. TEXAS AVE, #1, COLLEGE STATION, TX 77840	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	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: _____	

Date 9/21/16	Payee name BUBBA MOORE MEMORIAL GROUP	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 100 W. BROOKSIDE DR. BRYAN, TX 77801	
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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">ADNIA B. MOORE</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">7/26/16</p>	5 Payee name <p style="text-align:center">BRYAN BROADCASTING</p>	
6 Amount (\$) <p style="text-align:center">\$645.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">2700 EARL RUDDER Fwy #500 COLLEGE STATION, TX 77845</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description <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 <p style="text-align:center">7/1/16</p>	Payee name <p style="text-align:center">CHASE BANK</p>	
Amount (\$) <p style="text-align:center">\$168.60</p>	Payee address; City; State; Zip Code <p style="text-align:center">P.O. Box 94014, PALATINE, IL 60094</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">CREDIT CARD Pmt</p>	
	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

Date <p style="text-align:center">7/28/16</p>	Payee name <p style="text-align:center">CHASE BANK</p>	
Amount (\$) <p style="text-align:center">329.70</p>	Payee address; City; State; Zip Code <p style="text-align:center">P.O. Box 94014, PALATINE, IL 60094</p>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">CREDIT CARD Pmt</p>	
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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: <u>1</u>	2 FILER NAME <u>DANIA B. MOORE</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>247.81</u>
5 Date	6 Payee name <u>FACEBOOK</u>	
7 Amount (\$) <u>\$250.49</u>	8 Payee address; City; State; Zip Code <u>1 HACKER WAY, MENLO PARK, CA 94025</u>	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED