

# 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: <span style="font-size: 24px; color: blue;">16</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI	<div style="border: 2px solid black; padding: 10px; font-size: 24px; color: blue; text-align: center;">DELIVERED</div> <div style="text-align: center; color: red; font-weight: bold;">OCT 3 1 2016</div> <div style="text-align: center; font-size: 24px; color: blue; font-weight: bold;">HAND</div> <div style="text-align: right; color: blue; font-style: italic;">alm @ 4:04 pm</div>	
	NICKNAME                      LAST                      SUFFIX		
<span style="font-size: 24px; color: blue;">MR. DANIEL BARRY MOORE</span>			
<span style="font-size: 24px; color: blue;">B</span>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE		
<span style="font-size: 24px; color: blue;">P.O. Box 12195 College Station, TX 77842</span>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION		
<span style="font-size: 24px; color: blue;">(979) 209-9989</span>			Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI	Receipt #                      Amount \$	
	NICKNAME                      LAST                      SUFFIX	Date Processed	
<span style="font-size: 24px; color: blue;">MS JANE KEE</span>			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE		
<span style="font-size: 24px; color: blue;">1504 FOXFIRE DR                      COLLEGE STATION, TX 77845</span>			
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION		
<span style="font-size: 24px; color: blue;">(979) 693-3624</span>			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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                      Month    Day    Year <span style="font-size: 24px; color: blue;">10 / 1 / 2016                      THROUGH                      10 / 29 / 2016</span>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month    Day    Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<span style="font-size: 24px; color: blue;">11 / 8 / 2016</span>			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<span style="font-size: 24px; color: blue;">COLLEGE STATION CITY COUNCIL, PLACE 4</span>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME DANIEL B. MOORE 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10350.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>410.98</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>12,549.98</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7082.77</u>
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.

D. B. Moore  
Signature of Candidate or Officeholder

**SHERRY MASHBURN**  
1168633-0  
Notary Public, State of Texas  
My Commission Expires  
July 26, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel B Moore, this the 31<sup>st</sup> day of October, 2016, 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 <b>DANIEL B. MOORE</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10350.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200.00
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	\$ 12,145.00
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	\$ 575.20
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: **8**  
3 Filer ID (Ethics Commission Filers)

2 FILER NAME  
**Daniel B. Moore**

4 Date: **10/13/16**  
5 Full name of contributor: **Louise Wiatt**  out-of-state PAC (ID#: \_\_\_\_\_)  
6 Contributor address; City; State; Zip Code: **304 Greenway Dr. Bryan, TX. 77801**

7 Amount of contribution (\$): **25.00**

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

Date: **10/16/16**  
Full name of contributor: **Gregory Jasper**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: **18106 Martingale C.S. TX. 77845**

Amount of contribution (\$): **500.00**

Principal occupation / Job title (See Instructions): **Real Estate**  
Employer (See Instructions): **Stafford Barrett Commercial Brokerage**

Date: **10/16/16**  
Full name of contributor: **Joseph White**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: **220 Elmwood Huntsville, TX. 77320**

Amount of contribution (\$): **150.00**

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

Date: **10/17/17**  
Full name of contributor: **James Benham**  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code: **803 Bethpage Ct. CS. TX. 77845**

Amount of contribution (\$): **2,500.00**

Principal occupation / Job title (See Instructions): **Technologist**  
Employer (See Instructions): **JB Knowledge Inc.**

**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: **8**

2 FILER NAME

**Daniel B. Moore**

3 Filer ID (Ethics Commission Filers)

4 Date

**10/3/16**

5 Full name of contributor

**Jana McMillan**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**100.00**

6 Contributor address;

City; State; Zip Code

**4906 Fairfield Bryan TX 77802**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**10/4/16**

Full name of contributor

**Michael Holmgreen**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**250.00**

Contributor address;

City; State; Zip Code

**5118 Bellerive College Station TX 77845**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/8/16**

Full name of contributor

**Michael McClellan**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**50.00**

Contributor address;

City; State; Zip Code

**5038 Oak Shadows Dr. Houston TX 77091**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/11/16**

Full name of contributor

**William Mather**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**150.00**

Contributor address;

City; State; Zip Code

**Box 11962 College Station, TX 77842**

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: <b>8</b>
2 FILER NAME <b>Daniel B. Moore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Ellison</b> 6 Contributor address; City; State; Zip Code <b>2902 Camille CS TX 77845</b>	7 Amount of contribution (\$) <b>150.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Parvis Vasali</b> Contributor address; City; State; Zip Code <b>110 Pershing CS TX. 77840</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brittany Marvel</b> Contributor address; City; State; Zip Code <b>29015 Meadowbrook CS TX 77845</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hyatt Development</b> Contributor address; City; State; Zip Code <b>PO Box 4508 Bryan, TX. 77805</b>	Amount of contribution (\$) <b>450.00</b>
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: **8**

2 FILER NAME

Daniel B. Moore

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/16

5 Full name of contributor

Robert Starns

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

904 S. Dexter CS, TX. 77840

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/18/16

Full name of contributor

Julie Schultz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

3208 Innsbruck CS, TX. 77845

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor

Don Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

310 University Dr. CS, TX. 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/16

Full name of contributor

Wallace Phillips

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4490 Castlegate Dr. CS, TX. 77845

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Wallace Phillips Construction

**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: <b>8</b>
2 FILER NAME <b>Daniel B. Moore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby Gutierrez</b> 6 Contributor address; City; State; Zip Code <b>404 North Haswell Dr. Bryan, TX. 77803</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Fadi Kalouze</b> Contributor address; City; State; Zip Code <b>4206 Serrano Bryan, TX. 77802</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Aggieband Outfitters</b>
Date <b>10/26/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mara Ewers</b> Contributor address; City; State; Zip Code <b>409 E. 26th Bryan, TX. 77803</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/27/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Marriott</b> Contributor address; City; State; Zip Code <b>209 Rock Prairie Rd. CS. TX. 77845</b>	Amount of contribution (\$) <b>250.00</b>
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: <u>8</u>
2 FILER NAME <u>Daniel B. Moore</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/27/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Geoffrey Greene</u> 6 Contributor address; City; State; Zip Code <u>1501 Copperfield Parkway #1211 CS.TX. 77845</u>	7 Amount of contribution (\$)  <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10/27/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dwight Groves</u> Contributor address; City; State; Zip Code <u>801 Rosemary Bryan, TX. 77802</u>	Amount of contribution (\$)  <u>200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/27/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Justin Mc Daniel</u> Contributor address; City; State; Zip Code <u>807 Holston Hills CS.TX. 77845</u>	Amount of contribution (\$)  <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/27/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Michael Buckley</u> Contributor address; City; State; Zip Code <u>5114 Stonewater Loop CS.TX. 77845</u>	Amount of contribution (\$)  <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: **8**

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

4 Date <b>10/27/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Howard Mayne</b>	7 Amount of contribution (\$) <b>75.00</b>
6 Contributor address; City; State; Zip Code <b>4530 Wlaycross St. Houston, TX. 77035</b>		

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

Date <b>10/27/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Davis Young</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5204 Whistling Straits Ct. CS.TX. 77845</b>		

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

Date <b>10/27/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Coolter Mariott</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code <b>5318 Congressional CS.TX. 77845</b>		

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

Date <b>10/27/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Heather Isenhour</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3208 Deer Trail Bryan, TX. 77807</b>		

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: <b>8</b>
2 FILER NAME <b>Daniel B. Moore</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/27/16</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Justin Wolfshohl</b> 6 Contributor address; City; State; Zip Code <b>17714 Ranch House Rd. CS, TX. 77845</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>10/21/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TRPEC Texas Assoc. of Realtors</b> Contributor address; City; State; Zip Code <b>PO Box 2246</b>	Amount of contribution (\$) <b>1,500.00</b>
Principal occupation / Job title (See Instructions) <b>Political Action Committee</b>		Employer (See Instructions)
Date <b>10/23/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRENCE MURPHY</b> Contributor address; City; State; Zip Code <b>3091 UNIVERSITY DR. BRYAN, TX 77802</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/18/16</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JASON BREWSKI</b> Contributor address; City; State; Zip Code <b>4406 NOTTINGHAM BRYAN, TX 77802</b>	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">1</span>	
2 FILER NAME <i>Daniel B. Moore</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1,200.00</i>	
5 Date <i>9/30/16</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trent Walton / Paravel LLC</i>	8 Amount of Contribution \$ <i>1,200.00</i>	9 In-kind contribution description <i>LOGO Design</i>
7 Contributor address; City; State; Zip Code <i>9424 Westminster Glen Austin, TX 78730</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Graphic Designer</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Paravel LLC</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME DANIEL B. MOORE	<b>3</b> Filer ID (Ethics Commission Filers)
--	--	--

<b>4</b> Date 10/11/16	<b>5</b> Payee name COPY CORNER
---------------------------	------------------------------------

<b>6</b> Amount (\$) 263.59	<b>7</b> Payee address; City; State; Zip Code 2307 S. TEXAS DR COLLEGE STATION, TX 77840
--------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---	--

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/11/16	Payee name GRBY MEDIA (KBTX)
------------------	---------------------------------

Amount (\$) 625.00	Payee address; City; State; Zip Code 4141 E. 29TH ST BRYAN, TX 77802
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10/11/16	Payee name H.E.B.
------------------	----------------------

Amount (\$) 235.00	Payee address; City; State; Zip Code 725 E. VILLO MORIS RD. BRYAN, TX 77802
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) OTHER (POSTAGE)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Daniel B. Moore</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/11/16</b>	<b>5</b> Payee name <b>C.C. CREATIONS</b>	
<b>6</b> Amount (\$) <b>4958.43</b>	<b>7</b> Payee address; City; State; Zip Code <b>1800 STILOH AVE, BRYAN, TX 77803</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>10/19/16</b>	Payee name <b>BRYAN BROADCASTING</b>	
Amount (\$) <b>2499.00</b>	Payee address; City; State; Zip Code <b>2700 Esch Rubber Hwy #500, College Station, TX 77845</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <b>10/25/16</b>	Payee name <b>MESSINA HOF</b>	
Amount (\$) <b>201.61</b>	Payee address; City; State; Zip Code <b>4545 OLD RELIANCE RD, BRYAN, TX 77808</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD FUNDRAISING 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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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# 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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>DANIEL B. MOORE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/20/16</b>	<b>5</b> Payee name <b>ADMNIC</b>	
<b>6</b> Amount (\$) <b>2,991.53</b>	<b>7</b> Payee address; City; State; Zip Code <b>427 DELLWOOD, BRYAN, TX 77801</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <b>10/24/16</b>	Payee name <b>COPY CORNER</b>		
Amount (\$) <b>364.84</b>	Payee address; City; State; Zip Code <b>2307 S. TEXAS AVE COLLEGE STATION, TX 77840</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>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	
	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		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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# 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.

<b>1</b> Total pages Schedule F4: <u>1</u>	<b>2</b> FILER NAME <u>DANIEL B. MORIS</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>74.95</u>
<b>5</b> Date <u>10/28/16</u>	<b>6</b> Payee name <u>FACEBOOK</u>	
<b>7</b> Amount (\$) <u>500.25</u>	<b>8</b> Payee address; City; State; Zip Code <u>1 HACKER WAY, MESA PARK, CA 94025</u>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
TYPE OF EXPENDITURE	Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought
Office held		

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