

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Harvin LAST	MI C. SUFFIX
	Moore IV		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 22826 Houston, TX 77227		
	AREA CODE PHONE NUMBER EXTENSION (713) 522-7282		
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR Mr. NICKNAME	FIRST David LAST	MI M SUFFIX
	Doi		
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE c/o P.O. Box 27552 Houston, TX 77227		
	AREA CODE PHONE NUMBER EXTENSION (713) 819-0821		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	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)		
	PERIOD COVERED Month Day Year THROUGH Month Day Year 7 / 1 / 13 9 / 30 / 13		
8 CAMPAIGN TREASURER PHONE	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 03		
	OFFICE HELD (if any) OFFICE SOUGHT (if known) HISD Board of Trustees District VII		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr. Harvin C. Moore IV

15 ACCOUNT # (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 pages17 CONTRIBUTION
TOTALS

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

\$ - 0 -

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

\$ 31,100.00

EXPENDITURE
TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 3360.38

CONTRIBUTION
BALANCE

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

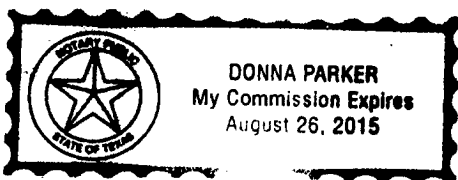
\$ 40,553.38

OUTSTANDING
LOAN TOTALS

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

\$ - 0 -

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harvin C. Moore, this the 7th day of October, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

Mr. Harvin C. Moore, IV

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/10/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

John Arnold

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$9405.35

8 In-kind contribution description (if applicable)

fundraising event

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Centaurus Advisors, LLC

Date

Full name of contributor

☐ out-of-state PAC (ID#)

* SEE ATTACHED

Contributor address; City; State; Zip Code

ITEM 1 *

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/13

Full name of contributor

☐ out-of-state PAC (ID#)

Kathryn Berg

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/13

Full name of contributor

☐ out-of-state PAC (ID#)

Anne Chao

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

Contribution

ITEM 1

10-Sep-13	James C.V. Rogers	\$250.00
13-Sep-13	Barrett H. Reasoner	\$250.00
13-Aug-13	Richard W. Weekley	\$1,000.00
24-Aug-13	Andrea White	\$1,000.00
12-Aug-13	Ned S. Holmes	\$500.00
10-Sep-13	Welcome Wilson, Jr.	\$500.00
9-Sep-13	Louis F. Bonner, Jr.	\$100.00
10-Sep-13	Welcome W. Wilson, Sr.	\$500.00
30-Aug-13	John T. Cater	\$250.00
3-Sep-13	Dr. Kathryn L.E. Rabinow	\$100.00
5-Sep-13	Randall E. Meyer	\$100.00
9-Sep-13	Lori H. Vettors	\$2,500.00
10-Sep-13	Mrs. John R. Butler, Jr.	\$500.00
24-Aug-13	Larry D. George	\$250.00
10-Sep-13	Carla Knobloch	\$500.00
10-Sep-13	Claire Fonteno	\$250.00
6-Sep-13	Peter S. Wareing	\$1,000.00
8-Sep-13	Anne C. Mendelsohn	\$1,000.00
10-Sep-13	Holly Shilstone	\$250.00
10-Sep-13	Shirley E. Burgher	\$250.00
26-Aug-13	Eric Pulaski	\$1,000.00
10-Sep-13	Shawn Gross	\$1,000.00
5-Sep-13	Russell Windham	\$500.00
5-Sep-13	Kristine Maclay	\$100.00
9-Sep-13	Mark White	\$500.00
10-Sep-13	Richard P Keeton	\$250.00
3-Sep-13	Carolyn F Means	\$250.00
6-Sep-13	William N. Mathis	\$500.00
22-Aug-13	O.H. Crosswell	\$1,000.00
26-Aug-13	Albert J. Grobmyer IV	\$500.00
26-Aug-13	Paul Heyburn	\$500.00
27-Aug-13	Tama Klosek	\$500.00
3-Aug-13	Katharine C. Lord	\$50.00
23-Aug-13	George Levan	\$1,000.00
23-Aug-13	Gary P Moss	\$250.00
23-Aug-13	Ralph O'Connor	\$2,500.00
4-Sep-13	David C. Redford	\$250.00
28-Aug-13	Jennifer M Smith	\$500.00
26-Aug-13	D.C. Toedt III	\$100.00
4-Sep-13	Josephine Powell Smith	\$500.00
5-Sep-13	Sara S. Morgan	\$1,000.00
9-Aug-13	Shawn L. Raymond	\$1,000.00
9-Sep-13	Larry M. Lawyer	\$250.00
10-Sep-13	Nancy Moore	\$250.00
11-Sep-13	William Burge, Jr	\$250.00
6-Sep-13	Lenox Reed	\$500.00

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: 1**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)Mr. Harvin C. Moore IV**4** TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date**6** Full name of pledgor

out-of-state PAC (ID#:

8 Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor



out-of-state PAC (ID#:

Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor



out-of-state PAC (ID#:

Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor



out-of-state PAC (ID#:

Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor



out-of-state PAC (ID#:

Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

Mr. Harvin C. Moore IV

4

TOTAL OF UNITEMIZED LOANS: → → → → → →

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

8 Loan Amount (\$)

6 Is lender
a financial
institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **2** 2 FILER NAME **Mr. Harvin C. Moore, IV** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **9/4/13** 5 Payee name **Steven Brody**

6 Amount (\$) **\$500.00** 7 Payee address; City; State; Zip Code
**24 Greenway Plaza, Ste. 1304
Houston, TX 77046**

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) **Consulting Expense** (b) Description (If travel outside of Texas, complete Schedule T) **Leadership & Mgmt Training**

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

Date **9/4/13** Payee name **Jean Davies-Jones**

Amount (\$) **\$120.00** Payee address; City; State; Zip Code
**826 Garden Trace Ln.
Houston, TX 77018**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Contract Labor** Description (If travel outside of Texas, complete Schedule T) **Admin / Clerical - Aug '13**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **7/18/13** Payee name **Frank Kelley**

Amount (\$) **\$250.00** Payee address; City; State; Zip Code
**2218 Amberly Ct.
Houston, TX 77063**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Other** Description (If travel outside of Texas, complete Schedule T) **refund of check received during quiet period**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **8/12/13** Payee name **Steven Brody**

Amount (\$) Payee address; City; State; Zip Code
**24 Greenway Plaza, Ste. 1304
Houston, TX 77046**

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) **Consulting Expense** Description (If travel outside of Texas, complete Schedule T) **Leadership & Mgmt Training**

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Mr. Harvin C. Moore IV	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/16/13	5 Payee name Collaborative for Children
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6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contribution/Donation	(b) Description (If travel outside of Texas, complete Schedule T) Annual Dinner
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/13	Payee name Center for Houston's Future
------------------------	--

Amount (\$) \$500.00	Payee address; City; State; Zip Code
--------------------------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description (If travel outside of Texas, complete Schedule T) Annual Dinner
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/16/13	Payee name Briargrove PTO
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Amount (\$) \$500.00	Payee address; City; State; Zip Code c/o PTO Treasurer 6145 San Felipe Houston, TX 77057
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Donation	Description (If travel outside of Texas, complete Schedule T) Donation
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Mr. Harvin C. Moore IV		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1	2 FILER NAME Mr. Harvin C. Moore IV	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
1	Mr. Harvin C. Moore IV		
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: 1**2** FILER NAMEMr. Harvin C. Moore, IV**3** ACCOUNT # (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**8** Amount
(\$)**6** Address of person from whom amount is received; City; State; Zip Code**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <u>1</u>
2 FILER NAME <u>Mr. Harvin C. Moore IV</u>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>8</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7 / 1 / 13			THROUGH 9 / 30 / 13		
6 EXPLANATION OF CORRECTION						

Some contributor places of employment/position were left off to report as well as Arnold in-kind contribution and 8/12 \$500 expense for Steve Brady

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☐ Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Harvin C. Moore, this the 28th day of October, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Mr. Harvin C. Moore II		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/10/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James C. V. Rogers	7 Amount of contribution (\$) 250-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Investment Banker		10 Employer (See Instructions) T.D. Securities	
Date 9/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barnett H. Reasoner	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gibbs & Bruns, LLP	
Date 9/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peter S. Wareing	Amount of contribution (\$) 1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Wareing & Company	
Date 9/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. John Mendelsohn	Amount of contribution (\$) 1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) M.D. Anderson Cancer Center	
Date 9/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Holly Shilstone	Amount of contribution (\$) 250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Clean Line Energy	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Mr. Harvin C. Moore IV</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>8/26/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Eric Pulaski</i> 6 Contributor address; City: State; Zip Code	7 Amount of contribution (\$) <i>1000-</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <i>CEO</i>		10 Employer (See Instructions) <i>Smart Vault Corporation</i>	
Date <i>9/10/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shawn Gross</i> Contributor address; City: State; Zip Code	Amount of contribution (\$) <i>1000-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Real Estate Developer</i>		Employer (See Instructions) <i>Gross Investments</i>	
Date <i>9/15/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Russell Win Shan</i> Contributor address; City: State; Zip Code	Amount of contribution (\$) <i>500-</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>CPA/Architect</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9/10/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard P. Keeton</i> Contributor address; City: State; Zip Code	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>McGuire Woods, LLP</i>	
Date <i>9/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Carolyn F. Means</i> Contributor address; City: State; Zip Code	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <i>Educational Consultant</i>		Employer (See Instructions) <i>School Solutions</i>	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Harvin C. Moore, IV</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/6/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>William N. Mathis</i>	7 Amount of contribution (\$) <i>500-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Investor</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>O.H. Crosswell</i>	Amount of contribution (\$) <i>\$1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Investor</i>		Employer (See Instructions) <i>Griggs Corp.</i>	
Date <i>8/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Albert J. Grobmyer IV</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Executive</i>		Employer (See Instructions) <i>Puffer Sweiven, LP</i>	
Date <i>8/26/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Paul Heyburn</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>Mehaffy Weber</i>	
Date <i>8/27/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Tama Klosek</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Klosek Howes LLP</i>	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Harvin C. Moore, IV		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/3/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katharine C. Lord	7 Amount of contribution (\$) \$50-	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Bayou Preservation Association	
Date 8/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Levan	Amount of contribution (\$) \$1000-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Smith Street Capital	
Date 8/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary P. Moss	Amount of contribution (\$) \$250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Landscape contractor		Employer (See Instructions) Moss Landscaping, Inc.	
Date 8/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ralph S. O'Connor	Amount of contribution (\$) \$2500-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self	
Date 9/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David C. Redford	Amount of contribution (\$) \$250-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Brown Sims	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME Harvin C. Moore, IV				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 8/28/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Smith	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions) Lawyer			10 Employer (See Instructions) BAKER BOHS		
Date 8/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DELL C. TOEDT III	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self		
Date 9/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 9/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable) In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Harvin C. Moore, IV		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/9/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lawrence M. Lawyer	7 Amount of contribution (\$) \$ 250 -	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Energy Executive		10 Employer (See Instructions) Tritan Investments	
Date 9/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Amad	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		\$ 9405.35	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions) Centaurus Advisors			
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 (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
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 (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME Harvin C. Moore, IV	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8/12/13	5 Payee name Steven Brady	
6 Amount (\$) \$500 -	7 Payee address; City; State; Zip Code 24 Greenway Plaza, Ste. 1304 Houston, TX 77046	

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) Leadership & Mgmt Training
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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