

**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
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Sharon	G.
	NICKNAME	LAST	SUFFIX
		Moses	
<b>OFFICE USE ONLY</b>			
Date Received			
12/4/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	830 Forest Fir		
Houston Texas 77067			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	228-5389	n/a
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Ada	J.
	NICKNAME	LAST	SUFFIX
	Edwards		
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	1033 Theresa		
Houston Texas 77051			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	501-3786	n/a
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month	Day	Year
		10/26/2015	
THROUGH		Month	Day
			Year
			12/3/2015
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	12/12/2015		
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	n/a		City Council - At Large Position 5

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 FILER NAME Sharon G. Moses 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL

SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$5,300.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$4,788.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$512.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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.

Sharon Moses

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - COH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME Sharon G. Moses		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	5300
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	310
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	0
4.	SCHEDULE E: LOANS	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	4788
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	268.51
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	600

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME Sharon G. Moses

ACCOUNT # (Ethics  
Commission filers)

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.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1	Total Pages Schedule A1:
2 FILER NAME Sharon G. Moses			3	Filer ID (Ethics Commission filers)
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Kingwood Area Democrats	7	Amount of contributions (\$)
	11/16/2015	6 Contributor address; City; State; Zip Code Kingwood Tx 77325		\$100.00
8	Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Key PAC	7	Amount of contributions (\$)
	11/15/2015	6 Contributor address; City; State; Zip Code		\$250.00
8	Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Houston Westside Pac	7	Amount of contributions (\$)
	11/20/2015	6 Contributor address; City; State; Zip Code Houston Tx 77242		\$250.00
8	Principal occupation / Job title (See Instructions) PAC		9 Employer (See Instructions)	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Daniel Lynch	7	Amount of contributions (\$)
	11/19/2015	6 Contributor address; City; State; Zip Code Houston TX 77004		1,000.00
8	Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Engineer Firm	
4	Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Sharon G. Moses		3	Filer ID (Ethics Commission filers)
11/15/2015	Across the Track Pack ----- 6 Contributor address; City; State; Zip Code Houston TX 77021	7	Amount of contributions (\$) 3,500.00
8	Principal occupation / Job title (See Instructions) PAC	9	Employer (See Instructions)
11/16/2015	Alan Helfman ----- 6 Contributor address; City; State; Zip Code Houston Tx 77098	7	Amount of contributions (\$) 100.00
8	Principal occupation / Job title (See Instructions) Preident of Car Dealership	9	Employer (See Instructions) River Oaks Chrysler Jeep Dodge Ram
11/24/2015	Pamela Ulmer ----- 6 Contributor address; City; State; Zip Code Houston Tx 77063	7	Amount of contributions (\$) 150.00
8	Principal occupation / Job title (See Instructions) International Recruiter	9	Employer (See Instructions) Aramco Services Company
12/1/2015	Lui Akwurouha ----- 6 Contributor address; City; State; Zip Code Dallas Tx 75247	7	Amount of contributions (\$) 50.00
8	Principal occupation / Job title (See Instructions) Lawyer	9	Employer (See Instructions) Akwuruoha Law Firm

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A2:
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2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$310.00
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5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# )	8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address; City; State; Zip Code			
			<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

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

5	Date	6 Full name of contributor <input type="checkbox"/> out of state PAC(ID# N/A ) Toni Jones	8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address; City; State; Zip Code Pearland Tx 77584		310.00	Donation of Push Cards and Door Hangers
	11/11/2015		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions) Law Office	11 Employer (See Instructions)
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**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 FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 Date 11/23/2015	5 Payee name Burt Levine	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category  OTHER (enter a category not listed above)	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push - Push Cards
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held

4 Date 11/24/2015	5 Payee name Jewish Herald	
6 Amount (\$) 209.00	7 Payee address; City; State; Zip Code P.O Box 153  Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category  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
	9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held

4 Date 11/25/2015	5 Payee name ChristLike Graphics	
6 Amount (\$) 210.00	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 11/30/2015	5 Payee name Welby Goode		
6 Amount (\$) 1,900.00	7 Payee address; City; State; Zip Code  TX		
8 PURPOSE OF EXPENDITURE	(a) Category  Polling Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Block Wakers - hanging signs
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 Date 11/19/2015	5 Payee name ChristLike Graphics	
6 Amount (\$) 65.00	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category  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 ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 12/1/2015	5 Payee name Aubrey Taylor	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category  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
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 12/3/2015	5 Payee name Jewish Herald	
6 Amount (\$) 209.00	7 Payee address; City; State; Zip Code P.O Box 153  Houston TX	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 1/24/2015	5 Payee name Sharon Moses		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 830 Forest Fir  TX		
8 PURPOSE OF EXPENDITURE	(a) Category  Loan Repayment/Reimbursement	<input type="checkbox"/> <input type="checkbox"/>	(b) Description  Reimburshment of personal funds expended Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)	
4 Date 11/16/2015		5 Payee name Sharon Moses			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 830 Forest Fir  TX			
8 PURPOSE OF EXPENDITURE		(a) Category  Loan Repayment/Reimbursement		(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of personal funds expended	
9 Complete ONLY if direct expendituree to benefit C/OH		Candidate / Officeholder name		office sought office held	

4 Date 12/1/2015		5 Payee name FACEbook Advertising			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code  TX			
8 PURPOSE OF EXPENDITURE		(a) Category  Allotted for Facebook advertising		(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 ONLY if direct expendituree to benefit C/OH		Candidate / Officeholder name		office sought office held	

4 Date 11/24/2015		5 Payee name Bank of America			
6 Amount (\$) 45.00		7 Payee address; City; State; Zip Code 12400 North Freeway  Houston TX 77060			
8 PURPOSE OF EXPENDITURE		(a) Category		(b) Description	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)
	Accounting/Banking	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense 120 checks ordered for campaigning they are type - duplicates the order number is 01IL2989
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 12/3/2015	5 Payee name HBAD PAC		
6 Amount (\$) 1,000.00	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category  OTHER (enter a category not listed above)	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mail out
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Sharon G. Moses	<b>3</b> FilerID (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee Address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category	(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

<b>4</b> Date 12/2/2015	<b>5</b> Payee name Walmart	
<b>6</b> Amount (\$) 94.11	<b>7</b> Payee Address;	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	4412 North Freeway	Houston TX 77022
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category Printing Expense	(b) Description To copy and print flyers - push cards - print hard copy of campaign finance report for records
		<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

<b>4</b> Date 11/6/2015	<b>5</b> Payee name Office Max Depot	
<b>6</b> Amount (\$) 56.04	<b>7</b> Payee Address;	City; State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	122 EastFM 1960	Humble TX 77338
<b>8</b>	(a) Category	(b) Description

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Sharon G. Moses	<b>3</b> FilerID (Ethics Commission filers)
<b>PURPOSE OF EXPENDITURE</b>	OTHER (enter a category not listed above)	Calendar Organizer/Portfolio - notebook and binder for notes to log information regarding events - <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

<b>4</b> Date 11/15/2014	<b>5</b> Payee name Live Oak Grill			
<b>6</b> Amount (\$) 46.44	<b>7</b> Payee Address; 10444 Henpstead Hwy	City; Houston	State; TX	Zip Code 77098
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category Food/Beverage Expense	(b) Description Discussion of Taking on a Consulant for the Campaign		
		<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	

<b>4</b> Date 11/11/2015	<b>5</b> Payee name Victors Dellicatessen			
<b>6</b> Amount (\$) 10.82	<b>7</b> Payee Address; 4710 FM 1960 West	City; Houston	State; TX	Zip Code 77069
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category Food/Beverage Expense	(b) Description Meeting with Campaign Strategist		
		<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	

<b>4</b> Date 11/16/2015	<b>5</b> Payee name Handi Plus		
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Sharon G. Moses	<b>3</b> FilerID (Ethics Commission filers)
<b>6</b> Amount (\$) 14.32 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee Address; 2490 South Wayside	City; State; Zip Code Houston TX
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Gas for travel within district meetings - fuel
		<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

<b>4</b> Date 12/2/2015	<b>5</b> Payee name Fed Ex	
<b>6</b> Amount (\$) 14.54 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee Address; 495 Bay Area Blvd City; State; Zip Code Houston TX 77058	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Copies of Push Cards to pass out - ran low needed more
		<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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Sharon G. Moses	<b>3</b> FilerID (Ethics Commission filers)		
<b>4</b> Date 11/23/2015	<b>5</b> Payee name Shell			
<b>6</b> Amount (\$) 10.00	<b>7</b> Payee Address; 5602 Southwest Freeway	City; Houston	State; TX	Zip Code 77057
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> Travel in District		<b>(b) Description</b> Gas for travel within district meetings - fuel	
			<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	

<b>4</b> Date 11/10/2015	<b>5</b> Payee name Cracker Barrell			
<b>6</b> Amount (\$) 22.24	<b>7</b> Payee Address; Store #379	City; Houson	State; TX	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> Food/Beverage Expense		<b>(b) Description</b> Discussion of how to get funding for the campaign seeking a fundraiser staffer	
			<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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

**1** C/OH NAME

**2** ACCOUNT # (Ethics Commission filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

•• Complete A & B below only if you are not an officeholder. ••

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I

understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions.

I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

**5 OFFICEHOLDER**

•• Complete this section only if you are an officeholder. ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder