CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this fo	rm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mrs Louise	MI C	OFFICE USE ONLY		
NAME	NICKNAME LAST Moore	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE 1406 South Park St.	#; CITY; STATE; ZIP CODE Pecos TX 79772	FEB 2 6 2024 BY: Klay		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (432) 940-1965	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Louise NICKNAME LAST	MI C SUFFIX	Date Processed		
	Moore		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 1406 South Park St.	APT / SUITE #; CITY; Pecos	STATE; ZIP CODE TX 79772		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(432) PHONE NUMBER 940-1965	EXTENSION			
9 REPORT TYPE	January 15 30th day	before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 ath day b	pefore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH 2	Day Year / 25 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE	=		
	Month Day Tear	Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If know Co. Commissio	Marine Carlo Marine Marine		
14 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 COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRES				
	SPECIFIC	IGN TREASURER NAME			
	GO	TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVITAIGI	THANCE KEI OF	<u> </u>			
15 C/OH NAME Louise C. Moore			16 Filer	r ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER THAN JARANTEES OF LOANS, OR LECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.		\$	0-
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 188	5. 48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE	\$	0.00
	Please con	Signature of		or Officeholde	PF
(1) Affidavit					
NOTARY STAMP/SEA	P	Moore this	the 2L	se day of 2	Lebruay
20 24, to certify Signature of officer administer		e. Ha Martinez f officer administering oath		Deput Title of office	y (Ler/L administering oath
111	West of the second	OR			
(2) Unsworn Declaration	on				
My name is		, and my date of birt	th is		
My address is					
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the day of		, 20	
		(m	onth)	(year)	
		Signature of Ca	andidate/Offic	eholder (Decla	arant)

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking 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) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2; 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Louise Moore 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 02/02/2024 Pecos Enterprise Newspaper 7 Amount (\$) City; 8 Payee address; State: Zip Code Pecos Tx 79772 300.00 TYPE OF ■ Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Ad Ad PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Zip Code Amount (\$) Payee address; City; State: TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	ORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over Polling Exp Printing Ex		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
	The Instruction Guide explains	s how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER NAME Louise Moore			3 Filer ID (Ethics C	commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDITCARD	\$	j
5 Date	6 Payee name			1	
02/12/2024	Super Cheap Signs				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
308.66	9200 Waterford Centre Blvd		Austin	TX 78	758
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF	Advertising		Signs		
EXPENDITURE	(C) Check if travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	O	ffice sought	Office he	eld
Date	Payee name				
01/17/2024	Super Cheap Signs				
Amount (\$)	Payee address;	<u>-</u>	City;	State;	Zip Code
669.48	9200 Waterford Centre Blvd		Austin	TX	79758
TYPE OF EXPENDITURE	Political	Non-Po	olitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising	schedule)	Description Signs		
	Check if travel outside of Texas. Complete S	Schedule T.	Check if At	ustin, TX, officeholder living	ехрелѕе
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	0	ffice sought	Office he	əīd
	ATTACH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District

Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how to	sWages/ContractLabor	Other (enter a catego	ry not listed above)
1 Total pages Schedule G:	2 FILER NAME Louise Moore	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	<u> </u>		
02/15/2024	KTPX radio			
6 Amount (\$) 174.00 Reimbursement from political contributions intended	7 Payee address;	city; Pecos	State; TX	Zip Code 79772
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		•	
02/22/2024	Louise Moore			
Amount (\$) 130.00 Reimbursement from political contributions intended	Payee address; KTPX	City; Pe	State; BCOS	Zip Code TX 79772A
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/02/2024	Pecos Enterprise Newspaper			
Amount (\$) 260.00 Reimbursement from political contributions intended	Payee address;	City; Pecos	State; TX	Zip Code 79772
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ad		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	rpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME Louise Moore		3 Filer ID (Ethics Commission Filers)		
4 Date 02/03/2024	5 Payee name Reeves Co. Library				
6 Amount (\$) 24.00 Reimbursement from political contributions intended	7 Payee address;	city; Pecos	State; Zip Code TX 79772		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad	(b) Description Copies			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01/17/2024	Reeve Co. Library				
Amount (\$) 20.00 Reimbursement from political contributions intended	Payee address;	City; Pecos	State; Zip Code TX 79772		
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought			
Date	Payee name				
Amount (\$) 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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		