FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms / Mrs / Mr First Mr. Mason	MI	OFFICE USE ONLY
NAME	Mr. Mason	Α	Date Received
	NICKNAME LAST Moses	SUFFIX	But Noteriou
4 CANDIDATE / OFFICEHOLDER MAILING		CITY; STATE; ZIP CODE	
ADDRESS Change of Address	Taylor, TX 76574		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	Mrs. Whitney	SUFFIX	Date Processed
	Moses	SOTTIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Taylor, TX 76574		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	()		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1 / 1 / 25	THROUGH 6	/ 30 / 25
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	5 / 4 / 24 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Williamson Centr	al Appraisal District, P3
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII	S MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	GO TO	PAGE 2	

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mason Moses				16	Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	PLE	AL UNITEMIZED POLITIC DGES, LOANS, OR GUAR ITRIBUTIONS MADE ELEC		R THAN	\$	0.00
		AL POLITICAL CONTRI ER THAN PLEDGES, LOA	BUTIONS .NS, OR GUARANTEES OF L	.OANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTA	L UNITEMIZED POLITICA	AL EXPENDITURE.		\$	40.00
	4. TOT/	AL POLITICAL EXPEND	DITURES		\$	0.00
CONTRIBUTION BALANCE		AL POLITICAL CONTRIBU EPORTING PERIOD	TIONS MAINTAINED AS OF T	HE LAST D	AY \$	591.45
OUTSTANDING LOAN TOTALS		AL PRINCIPAL AMOUNT C DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS IG PERIOD	S AS OF TH	HE \$	0.00
			that the accompanying repor	t is true an	nd correct and in	cludes all information
red	quired to be report	ed by me under Title 15, E	Election Code.	1/	Mase	~
				Mason	. // (2) -	
			Signature	e of Candid	date or Officehol	lder
		Please comm	olete either option k	elow:		
		. 10000 00				
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by _		th	nis the	day of _	
20, to certify	which, witness my	/ hand and seal of office.				
Signature of officer administe	ering oath	Printed name of off	icer administering oath		Title of office	er administering oath
			OR			
(2) Unsworn Declarati	on					
My name is Mason Mo	ses		, and my date of		_	.
My address is			, Taylor		, <u>76574</u> ,	USA
Executed in Williamson		street) r, State of Texas	(city) , on the <u>12</u> day of s	state July M		` • ,
					/∪ificeholder (De	eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FII	mmissi	ion Filers)		
Mas	on Moses			
	CHEDULE SUBTOTALS AME OF SCHEDULE	·		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$	40.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$	

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3	CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Mason	MI A	OFFICE USE ONLY
	NAME	NICKNAME LAST Moses	SUFFIX	Date Received
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Whitney	МІ	Date Processed
		NICKNAME LAST Moses	SUFFIX	Date Imaged
-	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	BUITE #; CITY;	STATE; ZIP CODE
	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9	REPORT TYPE	January 15 30th day before 6 Bth day before ele	Consorted Madified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month Day Year 4 / 25 / 24	THROUGH 7	Day Year / 15 / 24
11	ELECTION	ELECTION DATE Month Day Year Primary 5 / 4 / 24 General	Runoff Other Description Special	
12	OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Williamson Centra	al Appraisal District, P3
14	NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	Additional Pages	GENERAL COMMITTEE ADDRESS		
		SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

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FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

15 C/OH NAME Mason Moses	16 File	ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 31.00					
	4. TOTAL POLITICAL EXPENDITURES	\$ 469.74					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 691.45					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00					
(1) Affidavit	Please complete either option below:						
	before me by this the which, witness my hand and seal of office.	_ day of,					
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath					
(2) Unsworn Declaration	on on						
My name is Mason Mos My address is Executed in Williamson		(zip code) (country) , 20 24 (year) ceholder (Declarant)					

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissi	on Filers)
M	ason Moses			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		:	SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	469.74
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	88.74
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Fees 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 o	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date 04/30/2024	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
350.00				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Reimbursement	Reimburseme	ent of campaig	n expenses
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/11/2024				
Amount (\$)	Payee address;	City;	State;	Zip Code
88.74				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Reimbursement	t of pizza for car	npaign volunteers
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	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 Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

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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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment		The Instruction	Guide explains l	how to comple	ete this form.		
Total pages Schedule G: 1	2 FILER	NAME				3 Filer ID (Ethics	Commission Filers)
4 Date 05/04/2024	5 Payee	name					
6 Amount (\$) 88.74 Reimbursement from political contributions intended	7 Payee	address;			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Cate	gory (See Categories listed	at the top of this sche	dule) (b) [Description		
	(c)	Check if travel outside of T	exas. Complete Sched	ule T.	Check if Austir	n, TX, officeholder living e	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Са	ndidate / Officeholder	name	Office	sought		Office held
Date	Payee	name					
Amount (\$)	Payee	address;			City;	State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Cate	gory (See Categories listed	at the top of this sche	edule) [Description		
		Check if travel outside of 7	Texas. Complete Sched	ule T.	Check if Austii	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ndidate / Officeholder	name	Office	sought		Office held
Date	Payee	name					
Amount (\$) Reimbursement from political contributions intended	Payee	address;			City;	State;	Zip Code
PURPOSE OF	Cate	gory (See Categories listed	at the top of this sche	dule) [Description		
EXPENDITURE		Check if travel outside of T	Fexas, Complete Sched	ule T.	Check if Austir	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder	· · · · · · · · · · · · · · · · · · ·		sought	· · · · · · · · · · · · · · · · · · ·	Office held
	A	TTACH ADDITIONA	L COPIES OF	THIS SCHED	ULE AS NEED	DED	
Forms provided by Texas Et	thics Comi	Reset Fo	rm cs.s	Re	set Page		Revised 1/1/2024

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 MS / MRS / MR МІ FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mason Α.... Mr. NAME Date Received DELIVERED NICKNAME LAST SUFFIX Moses JAN 06 2025 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER** MAILING WILLIAMSON CAD **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST М 6 CAMPAIGN TREASURER Whitney Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Moses STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month Year COVERED 31 / 24 24 12 7 THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** Runoff Other Description Primary H 4 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Williamson Central Appraisal District, P3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mason Moses		1	6 Filer	ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE FIFCTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	60.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	60.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	631.45
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I LAST DAY OF THE REPORTING PERIOD	HE	\$	0.00
18 SIGNATURE sv	wear, or a	affirm, under penalty of perjury, that the accompanying report is true a	and co	rrect and in	cludes all information

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

Please complete either option below:

(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by		this the	day of	<u>`</u>
20, to certify which, witness my hand and seal of c	office.			
Signature of officer administering oath Printed nan			Tide of office	
Signature of officer authinistering bath Printed nan	me of officer administering oath OR		Title of office	r administering oath
(2) Unsworn Declaration	UK .			
My name is Mason Moses	and my date	of birth is 10/2	1/1985	
My address is 3215 County Road 424	Taylor	, TX,		USA
(street) Executed in Williamson County, State of Texas	Ma	(month)	20 24 Z (year)	
	olgnature	of Candidate/Of	inceriolaer (Dec	iaiaiii)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER N. ason M		20 Filer ID (Ethics Co	mmiss	ion Filers)
21		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.	-	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5.	•	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	60.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7,		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

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