

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		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Mason	MI A	OFFICE USE ONLY		
	NICKNAME Moses	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER [REDACTED]	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Whitney	MI	Receipt # Amount \$		
	NICKNAME Moses	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]					
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER [REDACTED]	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 24			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Williamson Central Appraisal District, P3		
14 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mason Moses

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. 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.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 591.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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 _____,
20 _____, 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

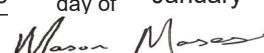
OR

(2) Unsworn Declaration

My name is Mason Moses, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in Williamson County, State of Texas, on the 9 day of January, 2026.



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Mason Moses	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 0.00	
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 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 CONTRIBUTIONS \$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

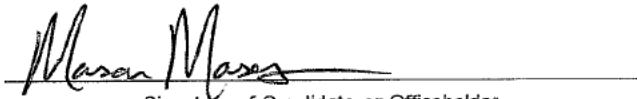
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Mason	MI A	OFFICE USE ONLY		
	NICKNAME	LAST Moses	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	Taylor, TX 76574					Hand Delivered
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	[REDACTED]			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Whitney	MI	Receipt #		
	NICKNAME	LAST Moses	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)						
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE:	ZIP CODE	
[REDACTED]						
Taylor, TX 76574						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	[REDACTED]			Date Processed		
9 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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	
	2	/	16	/	4	/
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
5 / 4 / 24			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	_____	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
Williamson Central Appraisal District, P3						
14 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
Hand Delivered						
GO TO PAGE 2						
APR 03 2024						

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Mason Moses	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 250.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1350.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 40.10
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 679.81
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 530.09
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE 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 _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

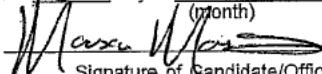
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Mason Moses, and my date of birth is _____.
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in Williamson County, State of Texas, on the 3rd day of April, 2024.



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Mason Moses	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,350.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 679.81
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 400.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1
2 FILER NAME Mason Moses			3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2024	5 Full name of contributor Sean and Kristin Stevens	6 out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED])	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 03/18/2024	Full name of contributor Andy Webb	out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED])	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2024	Full name of contributor Blake Henderson	out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED])	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/2024	Full name of contributor BRENT FORD	out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED])	Amount of contribution (\$) 100.00
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.			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mason Moses	3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2024	5 Payee name Vistago Print, LLC	
6 Amount (\$) 679.81	7 Payee address; 6706 Lohman Ford Rd, Lago Vista, TX 78645	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check 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	
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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
 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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	Mason Moses		
4 Date	5 Payee name		
02/11/2024	Williamson County		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
400.00 ✓ Reimbursement from political contributions intended	710 S. MAIN ST. GEORGETOWN	TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Fees	Filing Fee	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
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 Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Mason A			OFFICE USE ONLY			
	NICKNAME LAST SUFFIX Moses			Date Received Williamson County Elections Department Received: 1/6/2025 9:22AM-KH			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER [REDACTED]	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # [REDACTED] Amount \$ [REDACTED]			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Whitney	NICKNAME LAST SUFFIX Moses		Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]						
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER [REDACTED]	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month 7	Day 1	Year 24	Month 12	Day 31	Year 24	
11 ELECTION	ELECTION DATE Month 5 Day 4 Year 24	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	ELECTION TYPE [REDACTED]				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Williamson Central Appraisal District, P3			
14 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mason Moses

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE FICTRONICALLY)	\$ 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 DAY OF REPORTING PERIOD	\$ 631.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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 _____, 20 _____, 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

OR

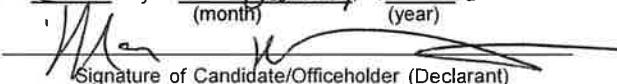
(2) Unsworn Declaration

My name is Mason Moses, and my date of birth is 10/21/1985.

My address is _____, Taylor, TX, 76574, USA.

(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 6 day of January, 20 25.



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Mason Moses	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$