# 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: 4

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3** CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Mason | MI: A

NICKNAME | LAST: Moses | SUFFIX

**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 | EXTENSION

**6** CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST | MI

NICKNAME | LAST: Moses | SUFFIX

**7** CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**8** CAMPAIGN TREASURER PHONE

AREA CODE: ( 512 ) | PHONE NUMBER | EXTENSION

**9** REPORT TYPE

- ☐ January 15
- ■ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

**10** PERIOD COVERED

Month / Day / Year: 1 / 1 / 26 THROUGH 10 / 2 / 26

**11** ELECTION

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ 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
- ☐ GENERAL
- ☐ 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 | **16** Filer ID (Ethics Commission Filers) |
|---|---|
| Mason Moses | |

| | | | |
|---|---|---|---|
| **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. | $ 30.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 435.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 156.45 |
| OUTSTANDING LOAN TOTALS | 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.

Mason Moses

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 4 (street), Taylor (city), TX (state), 76574 (zip code), USA (country).

Executed in Williamson County, State of Texas, on the 5 day of October, 2026 (year).

Mason Moses

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

| **19** FILER NAME | **20** Filer ID (Ethics Commission Filers) |
|---|---|
| Mason 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 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. | ■ 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 | $ |

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

**The Instruction Guide explains how to complete this form.**

| **1** Total pages Schedule F1: | **2** FILER NAME | | | **3** Filer ID (Ethics Commission Filers) |
|---|---|---|---|---|
| 1 | Mason Moses | | | |
| **4** Date | **5** Payee name | | | |
| 07/23/2026 | Williamson County Treasurers Office | | | |
| **6** Amount ($) | **7** Payee address; | City; | State; | Zip Code |
| 405.00 | 1848 Texas Trail | Georgetown | TX | 78626 |

**8 PURPOSE OF EXPENDITURE**

| **(a)** Category (See Categories listed at the top of this schedule) | **(b)** Description |
|---|---|
| Fee | Filing Fee |

**(c)** Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense

**9** Complete ONLY 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 |

**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 ONLY 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 |

**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 ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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