Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5333

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received: 03 JAN 16 PM 2:42

Date Hand delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
TITLE | FIRST: Margaret | MI: M.
NICKNAME | LAST: Moore | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 616 Rocky Ledge Rd. | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78746

5 CAMPAIGN TREASURER NAME
TITLE | FIRST: Carlton | MI: R.
NICKNAME | LAST: Williams | SUFFIX: Jr.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE): 1508 Wooldridge | APT / SUITE #: | CITY: Austin | STATE: TX | ZIP CODE: 78703

7 CAMPAIGN TREASURER PHONE
AREA CODE: (512) | PHONE NUMBER: 474-8480 | EXTENSION:

8 REPORT TYPE
☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☑ Final report (Attach C/OH - FR)

9 PERIOD COVERED
Month / Day / Year: 10 / 28 / 02 THROUGH Month / Day / Year: 1 / 15 / 03

10 ELECTION
ELECTION DATE: Month / Day / Year: 11 / 5 / 02
ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE
OFFICE HELD (if any): Travis Co. Commissioner Pct. 3
12 OFFICE SOUGHT (if known): Travis Co. Commissioner Pct. 3

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box | Apt / Suite # | City | State | Zip Code
☐ additional pages

GO TO PAGE 2

Printed on recycled paper

Revised 05/11/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Margaret Moore

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

** This listing includes political expenditures 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
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 14190.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 72923.37
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 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.

Margaret Moore
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Moore, this the 15th day of January 2003, to certify which, witness my hand and seal of office.

NOTARY PUBLIC STATE OF TEXAS
VALERIA CEPAK
Notary Public, State of Texas
My Commission Expires
JUNE 17, 2004

Valeria Cepak
Signature of officer administering oath | Print name of officer administering oath | Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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
Margaret M. Moore

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.

Margaret Moore
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are a candidate ••

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.

Margaret Moore
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.

Signature of Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor [ ] out of state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-29-02	Billy G. Caffey 251 Goodnight Trail Dripping Springs, TX 78620	250.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	John H. & Melissa J. Lindner 241 Woodland Dr. Driftwood, TX 78619	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	Henry B. & Georgia L. Smith 11413 Silmarillon Trl. Austin, TX 78739-5616	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	Forreot C. & Rebecca C. Davis 11626 Arroyo Blanco Dr. Austin, TX 78748	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	L.J. & LAVERNE A. Redwine P.O. Box 141547 Austin, TX 78714-1547	100.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor [ ] out of state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-29-02	Kristi Ann Willis 2110 Westover Rd. Austin, Tx 78703	100.00	

9 Principal occupation (Optional) / 10 Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	The Hendler Law Firm, P.C. 816 Congress Ave., suite 1100 Austin, Tx 78701	250.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	Clifford Zeifman 3208 Churchill Austin TX 78703	300.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	Mike Agnew 713 1/2 S. 9th Ave. Wausau, Wi 54401	100.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-29-02	Pamela T. Wetzels 4807 Placid PL. Austin, Tx 78731	100.00	

Principal occupation (Optional) / Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

Printed on recycled paper

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor [ ] out of state PAC (ID#) / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-02	Thomas H. Watkins P. O. Box 2063 Austin, Tx 78767	500.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Alan R. Gay Taylor Erwin No. 3 Jeffrey Cove Austin, Tx 78746	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Mark L. Hazelwood 9 Water Front Ave. Austin, Tx 78734-5306	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	T. B. Wright & Patsy C. Wright P.O. Box 29179 Austin, TX 78755	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Michael S. Hull 7301 Valburn Dr. Austin, Tx 78731	500.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC SS)

The Instruction Guide explains how to complete this form

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (if assigned by Commission office)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-02	Rae Hill 2306 Woodlawn Blvd. Austin, TX 78703	100.00	

9 Principal occupation (Optional) / 10 Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Medical Arts Square Mike Eledge P.O. Box 3 Austin, Tx 78767	100.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Galt Graydon 1001 Congress Avenue, Ste. 400 Austin, Tx 78701	100.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	Ben Barnes 98 San Jacinto Blvd., Ste. 250 Austin, Tx 78701	2500.00	

Principal occupation (Optional) / Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10-31-02	The Stribling Law Firm 400 W. 14th St., Ste. 120 Austin, Tx 78701-1644	1000.00	

Principal occupation (Optional) / Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC SS)

The Instruction Guide explains how to complete this form

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. MOORE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10-31-02	Anne Wynne Ellis & Frederick Miller Ellis 2405 Pemberton Place Austin, Tx 78703	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Virginia A. Bloom 5000 Mission Oaks Blvd. Austin, TX 78735	200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Donald H. & Nancy J. Naeve 1711 Lost Creek Blvd. Austin, TX 78746	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Jon R. & Karen B. Lochman 900 Yaupon Valley Austin, TX 78746	40.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	TX Friends of Time Warner Cable 8400 Tidwell Houston, TX 77040	200.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor [ ] out of state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-1-02	Dick S. Kemp 3809 S. 2nd St. Austin, TX 78704	150.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	The Rusk Law Firm, PC 910 Lavaca Austin, TX 78701	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Bernard or Audre Rapoport PO Box 21900 Waco, TX 78702	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Fulbright & Jaworski LLP Texas Committee 1301 McKinney Houston, TX 77010	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-1-02	Jeffrey L. & Claire Dawson-Brown 4009 Brookview Austin, TX 78722	50.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor [ ] out of state PAC (ID#) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11-4-02	Bobby R. or Nancy R. Inman 8200 Riva Ridge Austin, TX 78746	100.00	

9 Principal occupation (Optional)

10 Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-4-02	Kenneth C. Hicklen 210 Westhaven Austin, TX 78746	100.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-4-02	Steve & Susan Bartlett 110 Woodview Ct. Austin TX 78746	500.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-10-02	Robert L. Oliver 616 Rockyledge Austin TX 78746	350.00	

Principal occupation (Optional)

Employer (Optional)

Date	Full name of contributor [ ] out of state PAC (ID#) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11-10-02	Rindy Miller Media 501 N IH-35 Austin TX 78702	[redacted]	4000.00 Consulting

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
9-26-02	Opinion Analysts 906 Rio Grande Austin, Tx 78701	1500.00

8 Purpose of payment (See instructions regarding type of information required): Research

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-1-02	Alliant PR 108 Wild Basin Road, Ste. 240 Austin, TX 78746	1000.00

Purpose of payment (See instructions regarding type of information required): Rent

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
9-26-02	Maury Lane 12207 Carlsbad Austin, Tx 78738	5000.00

Purpose of payment (See instructions regarding type of information required): Consulting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-4-02	David Butts 1914 Patton Lane Austin, Tx 78723	3250.00

Purpose of payment (See instructions regarding type of information required): Consulting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F 5 3

2 FILER NAME Margaret M. MOORE

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
10-1-02	Barbara Schlief ~~photography~~	300.00

8 Purpose of payment (See instructions regarding type of information required.)
photography

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-10-02	The Print Shoppe 1811 S. Capital of Texas Hwy Austin, Tx 78746	1139.18

Purpose of payment (See instructions regarding type of information required.)
Campaign literature

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-17-02	RHB Direct 1602 Glencrest Austin, Tx 78723	11,783.26

Purpose of payment (See instructions regarding type of information required.)
Campaign literature

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-22-02	Worley Printing 3217 IH 35 North Austin, Tx 78722	400.47

Purpose of payment (See instructions regarding type of information required.)
Campaign literature

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
11-14-02	Westlake Picayune PO Box 160790 Austin TX 78716	1571 27

8 Purpose of payment (See instructions regarding type of information required.): Ads

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-26-02	Austin Women's Political Caucus	1219 81

Purpose of payment (See instructions regarding type of information required.): Campaign Ad & flyers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
11-1-02	David Butts 1914 Patton Lane Austin TX 78723	3250 00

Purpose of payment (See instructions regarding type of information required.): Consulting

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
11-1-02	RHB Direct 1602 Glencrest Austin TX 78723	1597 00

Purpose of payment (See instructions regarding type of information required.): Printing

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
10-31-02	TSG 409 W. 13th Austin TX 78701	5000.00

8 Purpose of payment (See instructions regarding type of information required.): Consulting

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
11-3-02	Travis Co. Democratic Party 4201 S. Congress Austin TX 78745	5000.00

Purpose of payment (See instructions regarding type of information required.): Get Out The Vote expenses

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-29-02	Oak Hill Gazette 7200 W. Hwy 71 Austin TX 78735	586.20

Purpose of payment (See instructions regarding type of information required.): Ad

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
11-5-02	Edward Meier 108 Wild Basin Austin TX 78746	1200.00

Purpose of payment (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5

2 FILER NAME: Margaret M. Moore

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
10-24-02	Jodie Eldridge 603 W. 13th St., #1A Austin, TX 78701	126.18

8 Purpose of payment (See instructions regarding type of information required.): printing reimbursements

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
10-25-02	Rindy Miller Media 501 N. IH 35 Austin, TX 78702	25,000.00

Purpose of payment (See instructions regarding type of information required.): media

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED