

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

8844

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 36	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <input checked="" type="radio"/> FIRST MI Margaret NICKNAME LAST SUFFIX Moore	Date Received <div style="text-align: center; font-size: 0.8em; opacity: 0.5;"> FILED FOR PERIOD 2016 MAY 16 AM 10:24 Travis County, Texas Dana D. ... Travis Co. ... </div>	
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED Month Day Year Month Day Year 01 / 01 / 16 THROUGH 1 / 21 / 16	Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

1) add one contribution missed in previous report
 2) add one expenditure missed in previous report
 3) delete duplicate expenditure + revise description

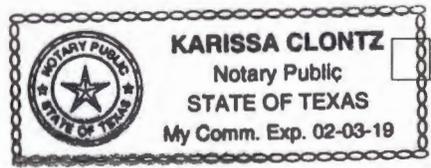
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



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 16th day of May, 2016, to certify which, witness my hand and seal of office.

Karissa Clontz Karissa Clontz Relationship Manager / Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

Corrected 5-16-16

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 35		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST Margaret	MI MI	OFFICE USE ONLY Date Received	
	NICKNAME	LAST Moore	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3300 Bee Caves Road, Suite 650-1253		ZIP CODE	Date Hand-delivered or Date Postmarked	
	Austin, TX 78746			Receipt #	
				Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST Bruce	MI M		
	NICKNAME	LAST Todd	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX, PLEASE); 8008 Spicewood Ln.	APT / SUITE #;	CITY; Austin	STATE; Tx	ZIP CODE 78759
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 413-4141	EXTENSION		
8 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month Day Year 01/01/2016	THROUGH	Month Day Year 01/21/2016		
10 ELECTION	ELECTION DATE Month Day Year 03/01/2016		ELECTION TYPE		
			<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Attorney District Travis		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 35

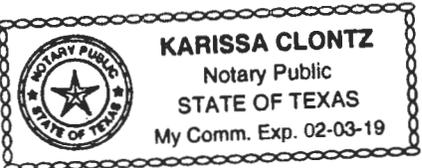
13 C / OH NAME Moore, Margaret	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	14,990.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,850.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,000.00

17 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.



KARISSA CLONTZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 02-03-19



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Moore, this the 16th day of May, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering

Karissa Clontz

 Printed name of officer administering

Relationship manager / Notary

 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Moore, Margaret	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,550.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 250.00
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,990.95
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Kay	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 1808 Intervail Dr Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/09/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Linda	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 1500 Old Wagon Rd. Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armburst, Cheryl David	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 100 Congress Ave suite 1300 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Kellie	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 2102 Woodmont Ave Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Brian	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 900 West Ave Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Box, Jerry	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 2103 Woodmont Ave Austin, TX 78703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Dick	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 106 Wood Trail West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Jan	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code 3001 Gilbert St Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdette, Milo	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3009 Gilbert St Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caperton, Kent	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4231 Westlake Dr #A3 Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carden, Amber 6 Contributor address; City; State; Zip Code 10807 Sans Souci Pl Austin, TX 78759-5151	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Brenda Contributor address; City; State; Zip Code 2003 Pequeno St. Austin, TX 78757	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Charles Contributor address; City; State; Zip Code 3908 Galacia Dr Austin, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Beryl Contributor address; City; State; Zip Code 5000 Mission Oaks #43 Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Timothy Contributor address; City; State; Zip Code 5902 Lonesome Valley Trl Austin, TX 78731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crozier, Mark	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 2707 Berensen Ln Austin, TX 78746		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crozier, Mary	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2707 Berensen Ln Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiQuinzio, Joe	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 602 W. 9th Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillard, DK	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2810 Pickwick Ln Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dworin, Dan	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1304 Neuces Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. Sch: 5/14 Rpt: 8/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gammon, William	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1615 Guadalupe St Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geistman, Jan	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code 6309 Gato Path Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getter, Kerry	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 9301 johnny morris rd Austin, TX 78724	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillen, Gay	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3201B Hillview Road Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goode Casseb Jones	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code P.O. Box 120480 San Antonio, TX 78212	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosselink, Margaret 6 Contributor address; City; State; Zip Code 903 W 16th St Austin, TX 78701	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossenbacher, Gary Contributor address; City; State; Zip Code 402 Vale St Rollingwood, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guslander, Nan Contributor address; City; State; Zip Code 5501 a Balcones Dr. Austin, TX 78731	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Chuck Contributor address; City; State; Zip Code 1204 Castle Hill St Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Cynthia Contributor address; City; State; Zip Code 5108 Brookdale Ln Austin, TX 78723-4019	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/07/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Lorinda 6 Contributor address; City; State; Zip Code 111 Congress Ave Suite 1400 Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivester, Jo Contributor address; City; State; Zip Code 4611 Travis St 1409B Dallas, TX 75205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jastrow, Corby Contributor address; City; State; Zip Code 1515 Mohle Dr Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brian Contributor address; City; State; Zip Code 5413 Mountain Cedar Cove Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John D Contributor address; City; State; Zip Code 137 West Bell Court Lexington, KY 40508	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kever, Andrew	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 6105 Highland Hills Dr. Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Emily	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1001 E 8th St Austin, TX 78702	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlefield, Sue	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 204 Westhaven Dr West Lake Hills, TX 78746-4443	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Steve	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 3003 A West 35th St Austin, TX 78703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLellan, Bill	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 613 W 33rd St Austin, TX 78705-2223	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/12/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Catherine <hr/> 6 Contributor address; City; State; Zip Code 2905 Gilbert St Austin, TX 78703-2217	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Susan <hr/> Contributor address; City; State; Zip Code 57088 Jim Hogg Austin, TX 78756	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Kathleen <hr/> Contributor address; City; State; Zip Code 603 N Cuernavaca Austin, TX 78733	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Cis <hr/> Contributor address; City; State; Zip Code 809 Canyon Creek Dr Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nugent, Pat <hr/> Contributor address; City; State; Zip Code 6 Sundown Pkwy Austin, TX 78746-5202	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/21/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oles Jr., Charles Patrick <hr/> 6 Contributor address; City; State; Zip Code 2202 Townbridge Circle Austin, TX 78723	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Marna Kay <hr/> Contributor address; City; State; Zip Code 2407 River Hills Road Austin, TX 78733	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pryor, Peggy Davis <hr/> Contributor address; City; State; Zip Code 800 San Antonio St #5 Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purnell, Neva <hr/> Contributor address; City; State; Zip Code 3014 Windsor Rd Austin, TX 78703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Mary <hr/> Contributor address; City; State; Zip Code 1712 Datura Court Austin, TX 78733	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/19/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riklin, Rand 6 Contributor address; City; State; Zip Code 13 Granburg Pl San Antonio, TX 78218	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers Jr., Allan Contributor address; City; State; Zip Code 2905 San Gabriel St Suite 213 Austin, TX 78705-3541	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Terral Contributor address; City; State; Zip Code 6304 Cat Mountain CV Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Donna Contributor address; City; State; Zip Code 2012 Thurman Bend Rd Spicewood, TX 78669	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Roy Contributor address; City; State; Zip Code 828 W 6th St Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/14/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykes, Melissa	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 5802 Timber Trl Austin, TX 78731		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Cathy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 900 Redbud Trl West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Bruce	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 8008 Spicewood Lane Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Elizabeth	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 8610 Millway Dr Austin, TX 78757-6830		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/13/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Nancy	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1408 Hartford Rd Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis County Sheriff's Law Enforcement Association PAC	7 Amount of Contribution (\$) \$750.00
6 Contributor address; City; State; Zip Code 9400 Guerrero LN Austin, TX 78747		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Law Firm Law Account	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1004 West Ave Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Liz	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4017 Avenue H Austin, TX 78751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winstead, Pete	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 79 Pascal Ln. Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Raymond	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1501 A West 40th Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. Sch: 14/14 Rpt: 17/35
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woelk, Cynthia 6 Contributor address; City; State; Zip Code 2405 Indian Trail Austin, TX 78703	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 18/35

2 FILER NAME

Moore, Margaret

3 Filer ID

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

01/21/2016

6 Full name of pledgor

Erwin, Gay

out-of-state PAC (ID#: _____)

7 Pledgor Address;

3 Jeffery CV

City; State; Zip Code

Austin, TX 78746

8 Amount of
pledge (\$)

\$250.00

9 In-kind description
(if applicable)

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/17 Rpt: 19/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/04/2016	5 Payee name Bear Creek Media	
6 Amount (\$) \$1,750.00	7 Payee address; City; State; Zip Code P.O. Box 13536 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2016	Payee name Camarillo, Sylvia	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 904 Brook Hollow Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2016	Payee name Camarillo, Sylvia	
Amount (\$) \$24.00	Payee address; City; State; Zip Code 904 Brook Hollow Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Precinct map purchase	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Precinct map purchase
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/17 Rpt: 20/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/06/2016	5 Payee name Camarillo, Sylvia	
6 Amount (\$) \$108.24	7 Payee address; City; State; Zip Code 904 Brook Hollow Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2016	Payee name Cruze, Zaq	
Amount (\$) \$1,650.00	Payee address; City; State; Zip Code 3100 Scarborough Lane West Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2016	Payee name Cruze, Zaq	
Amount (\$) \$44.76	Payee address; City; State; Zip Code 3100 Scarborough Lane West Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/17 Rpt: 21/35		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 01/12/2016		5 Payee name Cruze, Zaq			
6 Amount (\$) \$21.64		7 Payee address; City; State; Zip Code 3100 Scarborough Lane West Colleyville, TX 76034			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) office supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/18/2016		Payee name Cruze, Zaq			
Amount (\$) \$825.00		Payee address; City; State; Zip Code 3100 Scarborough Lane West Colleyville, TX 76034			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/21/2016		Payee name Donateway			
Amount (\$) \$12.80		Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/17 Rpt: 22/35	2 FILER NAME Moore, Margaret	3 Filer ID
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4 Date 01/21/2016	5 Payee name Donateway
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6 Amount (\$) \$12.80	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/21/2016	Payee name Donateway
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Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/21/2016	Payee name Donateway
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Amount (\$) \$15.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/17 Rpt: 23/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/21/2016	5 Payee name Donateway	
6 Amount (\$) \$25.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/21/2016	Payee name Donateway	
Amount (\$) \$25.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/21/2016	Payee name Donateway	
Amount (\$) \$50.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/17 Rpt: 24/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/02/2016	5 Payee name Donateway	
6 Amount (\$) \$50.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2016	Payee name Donateway	
Amount (\$) \$5.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2016	Payee name Donateway	
Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/17 Rpt: 25/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/05/2016	5 Payee name Donateway	
6 Amount (\$) \$12.80	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/05/2016	Payee name Donateway	
Amount (\$) \$37.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/06/2016	Payee name Donateway	
Amount (\$) \$5.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/17 Rpt: 26/35		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 01/07/2016		5 Payee name Donateway			
6 Amount (\$) \$25.30		7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/08/2016		Payee name Donateway			
Amount (\$) \$2.80		Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/08/2016		Payee name Donateway			
Amount (\$) \$7.80		Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/17 Rpt: 27/35	2 FILER NAME Moore, Margaret	3 Filer ID
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4 Date 01/10/2016	5 Payee name Donateway
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6 Amount (\$) \$12.80	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2016	Payee name Donateway
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Amount (\$) \$5.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/11/2016	Payee name Donateway
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Amount (\$) \$25.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/17 Rpt: 28/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/12/2016	5 Payee name Donateway	
6 Amount (\$) \$5.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2016	Payee name Donateway	
Amount (\$) \$10.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2016	Payee name Donateway	
Amount (\$) \$7.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 11/17 Rpt: 29/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/13/2016	5 Payee name Donateway	
6 Amount (\$) \$5.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2016	Payee name Donateway	
Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2016	Payee name Donateway	
Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 12/17 Rpt: 30/35	2 FILER NAME Moore, Margaret	3 Filer ID
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4 Date 01/14/2016	5 Payee name Donateway
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2016	Payee name Donateway
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Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/14/2016	Payee name Donateway
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Amount (\$) \$25.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 13/17 Rpt: 31/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/14/2016	5 Payee name Donateway	
6 Amount (\$) \$2.80	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/15/2016	Payee name Donateway	
Amount (\$) \$7.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2016	Payee name Donateway	
Amount (\$) \$10.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 14/17 Rpt: 32/35		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 01/17/2016		5 Payee name Donateaway			
6 Amount (\$) \$6.56		7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/18/2016		Payee name Donateaway			
Amount (\$) \$12.80		Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/18/2016		Payee name Donateaway			
Amount (\$) \$12.80		Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 15/17 Rpt: 33/35	2 FILER NAME Moore, Margaret	3 Filer ID
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4 Date 01/19/2016	5 Payee name Donateway
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6 Amount (\$) \$25.30	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2016	Payee name Donateway
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Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2016	Payee name Donateway
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Amount (\$) \$25.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 16/17 Rpt: 34/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/20/2016	5 Payee name Donateway	
6 Amount (\$) \$2.80	7 Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2016	Payee name Donateway	
Amount (\$) \$12.80	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2016	Payee name Donateway	
Amount (\$) \$5.30	Payee address; City; State; Zip Code PO Box 301267 Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 17/17 Rpt: 35/35	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/13/2016	5 Payee name Goss, Delwin	
6 Amount (\$) \$3,105.00	7 Payee address; City; State; Zip Code 6410 Ponca St. Austin, TX 78741	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign installation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2016	Payee name Jeff Crosby Direct Mail	
Amount (\$) \$2,053.00	Payee address; City; State; Zip Code 902 E 5th St STE 103 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/04/2016	Payee name Pegalo Properties	
Amount (\$) \$1,311.05	Payee address; City; State; Zip Code 501 N IH35 Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held