

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

8845

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>45</u>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Margaret</u>	MI <u></u>	
	NICKNAME	LAST <u>Moore</u>	SUFFIX	
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 type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		
	5 ORIGINAL PERIOD COVERED	Month Day Year <u>1 / 22 / 16</u>	THROUGH	Month Day Year <u>2 / 20 / 16</u>

6 EXPLANATION OF CORRECTION

1) add two contributions missed in previous report
2) delete one duplicate expenditure + revise totals

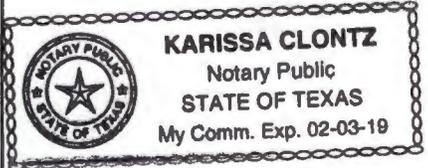
7 AFFIDAVIT

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**

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

Corrected 5-16-16

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 44
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Margaret 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; ZIP CODE 3300 Bee Caves Road, Suite 650-1253 Austin, TX 78746	Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST Bruce MI M		
	NICKNAME LAST Todd SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8008 Spicewood Ln. Austin TX 78759		
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 413-4141	EXTENSION
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" 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 01/22/2016	THROUGH	Month Day Year 02/20/2016
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 Place Austin, TX District Travis	

GO TO PAGE 2

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

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

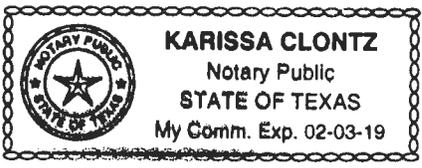
2 of 44

13 C / OH NAME Moore, Margaret	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	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)	\$ 28,940.00
----- EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 35,812.00
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,748.18
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,285.98

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.

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

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	\$ 28,940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 285.98
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 35,812.00
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: 1/18 Rpt: 4/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaker, Linda	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 6204 Shadow Mountain Cove Austin, TX 78731		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aleshire, Bill	Amount of Contribution (\$) \$750.00
Contributor address; City; State; Zip Code 3605 Shady Valley Austin, TX 78739		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Michelle	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code 8204 Lone Deer Run Austin, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axe, albert	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 401 Congress ave STE 2100 austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 525 S Guadalupe St Lockhart, TX 78644		
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: 2/18 Rpt: 5/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Melanie 6 Contributor address; City; State; Zip Code 1210B West 13th St Austin, TX 78703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benge, Linda Contributor address; City; State; Zip Code 301 Congress STE 320 Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benolken, Ann Contributor address; City; State; Zip Code 601 Bulian Lane Austin, TX 78746	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/30/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bieri, Sandra Contributor address; City; State; Zip Code 1801 Lavaca St. Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bingham, Rebecca Contributor address; City; State; Zip Code 1805 A San Gabriel Austn, TX 78701	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: 3/18 Rpt: 6/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/04/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bond, Tom <hr/> 6 Contributor address; City; State; Zip Code 105 Spearpoint Cv Georgetown, TX 78628	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breed, Janie <hr/> Contributor address; City; State; Zip Code 3006 Maywood Circle Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byars, Sam <hr/> Contributor address; City; State; Zip Code 2103 Schulle Avenue Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrell, Elisabeth <hr/> Contributor address; City; State; Zip Code 5215 Buckman Mountain Rd Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cartwright, Mary <hr/> Contributor address; City; State; Zip Code 1715 Norris Dr Austin, TX 78704	Amount of Contribution (\$) \$25.00
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: 4/18 Rpt: 7/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Civins, Jeff	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 600 Congress Ave STE 1300 Austin, TX 78701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corsbie, Chris	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2200 Allred Dr Austin, TX 78748		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotton, Mitzi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 4103 Avenue C Austin, TX 78751		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Charles	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3908 Galacia DR Austin, TX 78759		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny, Stella	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 115 Antonio Way Lakeway, TX 78734		
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: 5/18 Rpt: 8/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Justin <hr/> 6 Contributor address; City; State; Zip Code 4412 Rosedale AVE Austin, TX 78756	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Einfalt, Mark <hr/> Contributor address; City; State; Zip Code 1203 Woodlawn DR Pflugerville, TX 78660	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Gay <hr/> Contributor address; City; State; Zip Code 3 Jeffry Austin, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forbes, Thomas <hr/> Contributor address; City; State; Zip Code 3414 Cascadera Dr Austin, TX 78731	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Hubert L <hr/> Contributor address; City; State; Zip Code 1707 Palma Plaza 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: 6/18 Rpt: 9/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/26/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldrick, Cynthia	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 601 Coquina Ln Austin, TX 78746	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golemon, Jacqueline	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 408 West 14th ST Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosselink, Margaret	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 903 W 16th St Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosselink, Margaret	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 903 W 16th St Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greig, Brian	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2415 Pemberton Place 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: 7/18 Rpt: 10/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/29/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggerty, jean <hr/> 6 Contributor address; City; State; Zip Code 2003 lakeshore dr austin, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/23/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Keith <hr/> Contributor address; City; State; Zip Code 3107 Whitepine Drive Austin, TX 78757	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardeman, Bryan <hr/> Contributor address; City; State; Zip Code 6757 Airport Blvd. Austin, TX 78752	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jerry <hr/> Contributor address; City; State; Zip Code 111 Congress Ave STE 1400 Austin, TX 78701	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jerry <hr/> Contributor address; City; State; Zip Code 111 Congress Ave STE 1400 Austin, TX 78701	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: 8/18 Rpt: 11/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/01/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoeffner, James	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5501 Scout Island Circle Austin, TX 78731		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/27/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenhauer Ramirez, Robert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1103 Nueces Street Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brian	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5413 Mountain Cedar Cove Austin, TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 137 West Bell Vourt Lexington, KY 40508		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Melissa	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1203A Elm Street Austin, TX 78703-4013		
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: 9/18 Rpt: 12/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/05/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEEPER, PAUL	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 700 HARRIS AVENUE AUSTIN, TX 78705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Pat	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2710 Townes Lane Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, Linda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3315 Meredith st Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knutsen, Tom	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 6803 Lexington Road Austin, TX 78757		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraj, Lynne	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3608 Dali Ln 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: 10/18 Rpt: 13/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/20/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kugle, Cherry 6 Contributor address; City; State; Zip Code 4613 Shoalwood Avenue Austin, TX 78756	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kugle, Cherry Contributor address; City; State; Zip Code 4613 Shoalwood Ave Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langham, Barbara Contributor address; City; State; Zip Code 603 Terrace Mountain Dr. Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/19/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Dale Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/08/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Dale Contributor address; City; State; Zip Code 3 Niles Rd Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
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: 11/18 Rpt: 14/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Jack	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code PO Box 5543 Austin, TX 78763		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millwee, Billy	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 568 Beauchamp Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 919 Congress Ave STE 900 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Jerald	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 801 Yaupon Valley Rd Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Jerald	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 801 Yaupon Valley Rd 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: 12/18 Rpt: 15/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keeffe, Cynthia 6 Contributor address; City; State; Zip Code 11511 Emerald Falls Drive Austin, TX 78738	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Lyndon Contributor address; City; State; Zip Code 3812 Greenleaf Dr. Waco, TX 76710	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Marna Contributor address; City; State; Zip Code 2407 Riverhills Rd Austin, TX 78733	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Dan & Kristine Contributor address; City; State; Zip Code 10708 Pratt Ln Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Mary Contributor address; City; State; Zip Code P.O. Box 303370 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: 13/18 Rpt: 16/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/09/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Travis 6 Contributor address; City; State; Zip Code 2803 Hubbard Cir Rollingwood, TX 78746	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, MariBen Contributor address; City; State; Zip Code 1707 Elton Lane Austin, TX 78703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Mary Contributor address; City; State; Zip Code 1712 Datura Court Austin, TX 78733	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Runkle, Ryan Contributor address; City; State; Zip Code 1303 Redbud Trl Austin, TX 78746	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Joanne Contributor address; City; State; Zip Code 3108 Eanes Circle Austin, TX 78746	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: 14/18 Rpt: 17/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/11/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scholten, Emily	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3004 E 18TH ST Unit A AUSTIN, TX 78702		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schramek, Adam	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1502 Crested Butte Dr Austin, TX 78746		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schramek, Adam	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 98 San Jacinto Blvd STE 1100 Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Michael	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code 8104 Chardonnay Cove Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slade, George	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Barton Oaks Plaza 901 S. MoPac Ste 220 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: 15/18 Rpt: 18/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/28/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, Ed 6 Contributor address; City; State; Zip Code 100 Congress Ave Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Donna L Contributor address; City; State; Zip Code 20012 Thurman Bend Rd Spicewood, TX 78669	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steed, James Contributor address; City; State; Zip Code 3201 Bridle Path 3201 Bridle Path Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, A. Leon Contributor address; City; State; Zip Code 1301 Capital of Texas Hwy S STE A234 Rollingwood, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dwight Contributor address; City; State; Zip Code P o box 5734 Austin, TX 78746	Amount of Contribution (\$) \$150.00
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: 16/18 Rpt: 19/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 01/25/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Bode, Amber 6 Contributor address; City; State; Zip Code 1004 West Ave. Austin, TX 78701	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vitanza, Chris Contributor address; City; State; Zip Code 2919 Windsor Rd Austin, TX 78703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON IV, THOMAS Contributor address; City; State; Zip Code 1402 MAYFAIR PLACE SOUTHLAKE, TX 76092-7008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserburger, Hanz Contributor address; City; State; Zip Code 5109 Hibiscus Valley Dr Austin, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webberman, Jerry Contributor address; City; State; Zip Code 7805 Harvestman Cove Austin, TX 78701	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: 17/18 Rpt: 20/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehurst, Bill	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 7500 Rialto Bldg Two Ste 250 Austin, TX 78735		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson IV, Thomas	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1402 MAYFAIR PLACE SOUTHLAKE, TX 76092-7008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberley, Nancy	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 300 Baylor Austin, TX 78703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2016	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 1501A W 40th ST Austin, TX 78756		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods Martin, Patsy	Amount of Contribution (\$) \$1,500.00
Contributor address; City; State; Zip Code PO Box 5543 Austin, TX 78763		
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: 18/18 Rpt: 21/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/16/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) archuleta, michael 6 Contributor address; City; State; Zip Code 1100 lakeway drive 101 austin, TX 78734	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 22/44
2 FILER NAME Moore, Margaret		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 01/25/2016	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Margaret	9 Loan Amount (\$) \$285.98
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 616 Rocky Ledge Austin, TX 78746	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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: 1/22 Rpt: 23/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/29/2016	5 Payee name Austin Bar Association	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 816 Congress STE 700 Austin, TX 78701	
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 letter re Bar Poll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/09/2016	Candidate/Officeholder name Austin Chronicle	
Amount (\$) \$925.00	Office sought PO Box 4189 Austin, TX 78746	
Office held		
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 ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/15/2016	Candidate/Officeholder name Bear Creek Media	
Amount (\$) \$1,750.00	Office sought PO Box 13536 Austin, TX 78711	
Office held		
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 2/22 Rpt: 24/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/30/2016	5 Payee name Camarillo Group	
6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 904 Brook Hollow Dr Pflugerville, TX 78660	
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2016	Payee name Camarillo Group	
Amount (\$) \$21.00	Payee address; City; State; Zip Code 904 Brook Hollow Dr Pflugerville, TX 78660	
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 supplies reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2016	Payee name CheckMark Typesetting	
Amount (\$) \$3,396.53	Payee address; City; State; Zip Code 3217 N IH35 Austin, TX 78755	
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 signs
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: 3/22 Rpt: 25/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/15/2016	5 Payee name CheckMark Typesetting	
6 Amount (\$) \$1,601.98	7 Payee address; City; State; Zip Code 3217 N IH35 Austin, TX 78755	
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 signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2016	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 02/20/2016	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: 4/22 Rpt: 26/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/20/2016	5 Payee name Donateway	
6 Amount (\$) \$1.56	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 02/20/2016	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 02/20/2016	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: 5/22 Rpt: 27/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/20/2016	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2016	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
Date 02/20/2016	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

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: 6/22 Rpt: 28/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/20/2016	5 Payee name Donateway	
6 Amount (\$) \$10.30	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 02/20/2016	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
Date 02/19/2016	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: 7/22 Rpt: 29/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/19/2016	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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2016	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 02/16/2016	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
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: 8/22 Rpt: 30/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/16/2016	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		
Date 02/16/2016	Candidate/Officeholder name Payee name Donateway	
Amount (\$) \$10.30	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		
Date 02/16/2016	Candidate/Officeholder name Payee name Donateway	
Amount (\$) \$7.80	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		

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: 9/22 Rpt: 31/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/16/2016	5 Payee name Donateway	
6 Amount (\$) \$1.56	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/16/2016	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 02/16/2016	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: 10/22 Rpt: 32/44		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 02/16/2016		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 02/16/2016		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	
Date 02/15/2016		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: 11/22 Rpt: 33/44		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 02/11/2016		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	
Date 02/11/2016		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/11/2016		Payee name Donateway			
Amount (\$) \$75.30		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	

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: 12/22 Rpt: 34/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/11/2016	5 Payee name Donateway	
6 Amount (\$) \$7.80	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 02/11/2016	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
Date 02/11/2016	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: 13/22 Rpt: 35/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/09/2016	5 Payee name Donateway	
6 Amount (\$) \$7.80	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 02/08/2016	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 _____	
Date 02/05/2016	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
	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: 14/22 Rpt: 36/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/05/2016	5 Payee name Donateway	
6 Amount (\$) \$7.80	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 02/05/2016	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 02/03/2016	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

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: 15/22 Rpt: 37/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/03/2016	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 02/02/2016	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 fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2016	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: 16/22 Rpt: 38/44		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 01/29/2016		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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/28/2016		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 01/27/2016		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	
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: 17/22 Rpt: 39/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/26/2016	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 01/26/2016	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 01/25/2016	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 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: 18/22 Rpt: 40/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/25/2016	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 ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/25/2016	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 01/25/2016	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: 19/22 Rpt: 41/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 01/25/2016	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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/23/2016	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/22/2016	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
	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
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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: 20/22 Rpt: 42/44		2 FILER NAME Moore, Margaret		3 Filer ID
4 Date 02/15/2016		5 Payee name Fun New Media		
6 Amount (\$) \$600.00		7 Payee address; City; State; Zip Code 1703 Barn Swallow Austin, TX 78746		
8 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 Social Media	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 01/24/2016		Payee name Hill, Cynthia		
Amount (\$) \$29.59		Payee address; City; State; Zip Code 5108 Brookdale Ln Austin, TX 78723		
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 supplies reimbursement	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 02/15/2016		Payee name Jeff Crosby Direct Mail		
Amount (\$) \$4,654.00		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 mailer	
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: 21/22 Rpt: 43/44	2 FILER NAME Moore, Margaret	3 Filer ID
4 Date 02/15/2016	5 Payee name Jeff Crosby Direct Mail	
6 Amount (\$) \$13,813.00	7 Payee address; City; State; Zip Code 902 E 5th St STE 103 Austin, TX 78702	
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 mailer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2016	Payee name M&G Services	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 6410 Ponca St Austin, TX 78741	
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 signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2016	Payee name Pegalo Properties	
Amount (\$) \$1,259.95	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

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
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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: 22/22 Rpt: 44/44		2 FILER NAME Moore, Margaret		3 Filer ID	
4 Date 02/15/2016		5 Payee name Rudolph Malveaux			
6 Amount (\$) \$1,750.00		7 Payee address; City; State; Zip Code 1129 Gunter ST Austin, TX 78702			
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 video	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/31/2016		Payee name Threadgill's			
Amount (\$) \$770.93		Payee address; City; State; Zip Code 301 W Riverside Dr Austin, TX 78704			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 02/04/2016		Payee name Travis County Democratic Party			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 1311 E 6th St 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 ad in event program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	