#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** 8931 **COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 22 CANDIDATE / MS/MRS/MR FIRST М OFFICE USE ONLY **OFFICEHOLDER** Margaret NAME Date Received NICKNAME LAST **SUFFIX** Moore CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 3300 Bee Caves Road, Suite 650-1253 MAILING Receipt # Amount **ADDRESS** Change of Address Austin, TX 78746 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST M TREASURER NAME NICKNAME **SUFFIX CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) Spicewood Ln. Austin, Tx 78759 CAMPAIGN TREASURER PHONE REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Exceeded \$500 limit Final Report (Attach C/OH-FR) July 15 8th day before election **PERIOD** Month Day Year Month Day Year COVERED THROUGH 09/29/2016 07/01/2016 ELECTION TYPE 10 ELECTION **ELECTION DATE** Month Other Year Runoff Day Primary 11/08/2016 X General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Criminal District Attorney District Travis None GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

				2 of 22
13 C / OH NAME	Moore, Margaret	1	4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure  These expenditures may have been made without the difficeholders are required to report this information of	e candidate's or officet.	holder's knowledge or
Actalicional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ARANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES,	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 22,525.00
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 43,477.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS RIOD	T DAY OF THE	\$ 46,065.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$ 2,154.45
17 AFFADAVIT				
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	f perjury, that the acco formation required to	impanying report is be reported by me
	// Tynan Leigh Coleman A My Commission Expires 9 09/05/2018	<i>,</i> , , , , , , , , , , , , , , , , , ,	More andidate or Officeholde	er
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	scribed before me, by the s	aid Margaret Moore entify which, withers my hand and seal of office.	_, this the	day
	<i>-</i>	Tunan Coleman	State	f Texas Notary
Signature of off	ser administering	Printed name of officer administering	Title of officer a	administering oath

#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 22 18 FILER NAME 19 Filer ID Moore, Margaret 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS $\square$ \$ 21,525.00 1. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. $\mathbf{x}$ \$ 1.000.00 SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. \$ SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 43,477.28 \$ $\mathbf{x}$ 5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 6. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH S SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/7 Rpt: 4/22 2 FILER NAME Filer ID Moore, Margaret 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/20/2016 Beck Redden LLP \$1,000.00 Contributor address; City; State; Zip Code 515 Congress Ave. Austin, TX 78701 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ 09/27/2016 \$100.00 Blackwell, Betty Contributor address; City; State; Zip Code 1306 Nueces St. Austin, TX 78701 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date \$1,000,00 08/29/2016 Campbell, Earl & Reuna Contributor address; City; State; Zip Code 4305 Verano Dr. Austin, TX 78735 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$2,500.00 Capital Area Trial Lawyer Political Action Committee 07/26/2016 Contributor address; City; State; Zip Code P.O. Box 788 Austin, TX 78767 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:\_ Full name of contributor Date \$100.00 09/22/2016 Circle C Democrats Contributor address; City; State; Zip Code 9517 Bungalo Lane Austin, TX 78749 Employer (See Instructions) Principal occupation / Job title (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/7 Rpt: 5/22 FILER NAME Filer ID Moore, Margaret 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2016 Craig, Charles \$500.00 6 Contributor address; City; State; Zip Code 3908 Galacia DR Austin, TX 78759 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-stare PAC (ID#: Amount of Contribution (\$) 09/07/2016 Crowley, Berry \$150.00 Contributor address; City; State; Zip Code 5000 Mission Oaks Blvd. Unit 43 Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/20/2016 Dawson, Sam \$500.00 Contributor address; City; State; Zip Code 129 Turnberry Way San Antonio, TX 76230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/12/2016 Duggins Wren Mann & Romero, LLP \$1,000.00 Contributor address; City; State; Zip Code P.O. Box 1149 Austin, TX 78767 Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 09/27/2016 \$200.00 Esparza, Thomas Contributor address; City; State; Zip Code 11507 Knipp Cove Austin, TX 78739 Employer (See Instructions) Principal occupation / Job title (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/7 Rpt: 6/22 FILER NAME 3 Filer ID Moore, Margaret Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/29/2016 Evans, Herbert \$250.00 6 Contributor address; City; State; Zip Code 1302 West Ave. Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2016 Garrett, Emily \$100.00 Contributor address; City; State; Zip Code 1209 Blairway Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of Contribution (\$) 09/25/2016 Guerrero, Raphael \$100.00 Contributor address; City; State; Zip Code 502 West 17th apt. K Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ 07/20/2016 \$500.00 Holloway, Lorinda Contributor address; City; State; Zip Code 5608 Woodview Ave Austin, TX 78756 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$50.00 09/23/2016 Hutchison, Ann Contributor address; City; State; Zip Code 1204 Arronimink Circle Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions)

#### SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/7 Rpt: 7/22 3 Filer ID FILER NAME Moore, Margaret 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$60.00 08/15/2016 Hutchison, Ann 6 Contributor address; City; State; Zip Code 1204 Arronimink Circle Austin, TX 78746 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor \$500.00 08/29/2016 Ikard Wynne LLP Contributer address; City; State; Zip Code 2901 Via Fortuna, Suite 450 Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$250.00 08/29/2016 Johnson, Samuel Contributor address; City; State; Zip Code 303 Colorado St., Suite 2400 Austin, TX 78701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$60.00 09/27/2016 Jones, Michael Contributor address; City; State; Zip Code 1474 Cedar Pass Rd. Driftwood, TX 78619 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:\_\_ Full name of contributor Date \$25.00 09/27/2016 Kelly, Chari Lynn Contributor address; City; State; Zip Code 1502 Crested Butte Dr Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/7 Rpt: 8/22 FILER NAME 3 Filer ID Moore, Margaret Date 5 Full name of contributor Out-of-state PAC (ID#: Amount of Contribution (\$) 09/01/2016 Lewis, William \$150.00 6 Contributor address; City; State; Zip Code 6704 Vitruvius Austin, TX 78739 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/27/2016 Morgan, Kathleen \$50.00 Contributor address; City; State; Zip Code 603 N. Cuernavaca Condo 1004 Austin, TX 78733 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 07/20/2016 Political Action Committee of Winstead PC \$1,000.00 Contributor address; City; State; Zip Code 2728 North Harwood Street Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/26/2016 Reaud & Associates, PC \$10,000.00 Contributor address; City; State; Zip Code 801 Laurel Street Beaumont, TX 77701 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$300.00 09/27/2016 Reed, Pamela Contributor address; City; State; Zip Code 1502 Harbor View Road Austin, TX 78746 Employer (See Instructions) Principal occupation / Job title (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULF A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/7 Rpt: 9/22 FILER NAME Filer ID Moore, Margaret Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/03/2016 Reed, Pamela \$500.00 6 Contributor address; City; State; Zip Code 1502 Harbor View Road Austin, TX 78746 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/27/2016 Rich, Deborah Ann \$100.00 Contributor address; City; State; Zip Code 11008 Marden Lane Austin, TX 78739 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$250.00 09/27/2016 Schramek, Adam Contributor address; City; State; Zip Code 1502 Crested Butte Dr Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$25.00 09/27/2016 Tierney, Danielle Contributor address; City; State; Zip Code 805 Post Oak St Austin, TX 78704 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Full name of contributor Date \$150.00 09/14/2016 Williams, Nancy Contributor address; City; State; Zip Code 3809 Spicewood Springs Rd #140 Austin, TX 78759 Employer (See Instructions) Principal occupation / Job title (See Instructions)

	MONET	ARY POLITICAL CONTRIBUTION	S	SCHE	EDULE <b>A1</b>
•••	The Instru	ction Guide explains how to complete this form	п.	1 Total pages Schedule Sch: 7/7 Rpt: 10/22	A1:
2	FILER NAME		3	Filer ID	***
4	Date 09/27/2016	5 Full name of contributor		7 Amount of Contribution	\$30.00
8	Principal occu		Employer (See Instructions)	, ,	
	Date 09/27/2016	Full name of contributor out-of-stare PAC (ID#: Wolfe, Jerrod  Contributor address; City; State; Zip Code 2604 Century Park Blvd		Amount of Contribution	\$25.00
	Principal occu	Austin, TX 78727 pation / Job title (See Instructions)	Employer (See Instructions)		
Fo	rms provided	Tby Texas Ethics Commission www.ethics.st	ate.tx.us	V	ersion V1.0.125

	RIBUTIONS	L .	SCHEDULE A2
The Instru	ection Guide explains how to complete this	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/22
2 FILER NAME Moore, Marq			3 Filer ID
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
09/22/2016	7 Contributor address; City; State; Zip Code 5206 Buckman Mt Rd Austin, TX 78741		8 Amount of contribution (\$) 9 In-kind contribution description s1,000.00   Sponsorship table at Partnership for Children Dinner  Check if travel outside of Texas. Complete Schedule T.
	apation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
12 Contributor's p	principal occupation (FOR JUDICIAL)	13 Contributor's job title (	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memo Legal Services The Instructio	orials Expense n Guide explains		/age	s/Comract Labor		Travel Out of District OTHER (enter a category not listed above	е)
1	Total pages Schedule F1:	2							3	Filer ID	
l	Sch: 1/11 Rpt: 12/22		Moore, Marg								
4	Date	5	Рауее пате						L	···· <u>-</u>	
l	09/08/2016		Austin AFLO	C-10 Council							
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	dę	- "			
ĺ	\$165.00		1106 Lavaca	a a							
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ŀ			Austin, TX 7	8701							
8	PURPOSE	(a)	Category (Se	e Categories lister	at the top of this sch	nedule)	(b)	Description			
İ	OF EXPENDITURE		Advertising I			·		<u> </u>		le of Texas. Complete Schedule T.	
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9	Complete QNLY if direct	٠	Candidate/Offic	eholder name	e (	Office soug	aht			Office held	•
	expenditure to benefit C/OI					- · · · · · · · · ·	,				
-	Date		Payee name								
	09/07/2016		Austin Tejar	o Democrat	S						
	Amount (\$)		Payee addres	s; City;	State	; Zip Coo	de				
	\$5,000.00		2544 Stoutw	_		·					
			Austin , TX	78745							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations	Made By			<b>□</b>		e of Texas. Complete Schedule T.	
			Candidate/C	officeholder/i	Political Comm	uttee		Sponsorship	11,	officeholder living expense	
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	Complete ONLY if direct	٠.,	Candidate/Offic	eholder name	e (	Office soug	ht			Office held	
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	PURPOSE	(a)	Category (Se	e Categories listed	t at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees					ш		e of Texas. Complete Schedule T. officeholder living expense	
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$\vdash$	Complete ONLY if direct	<del>_</del>	Candidate/Offic	ceholder name	е (	Office soug	şht			Office held	
	expenditure to benefit C/O										
┞	<u></u> <u></u>			<u> </u>							
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#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials Exp Legal Services  The Instruction Guide			xpen: Mage:	se s/Contract Labor		Travel in District Travel out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	12	FILER NAME						13	Filer ID
	Sch: 2/11 Rpt: 13/22	_	Moore, Mar							File 10
4	Date	5	Payee name							
	09/20/2016		Check Mark	κ .						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$913.86		3217 N. IH	35						
			Austin, TX 7	78722						
8	PURPOSE	(a)	Category (Si	ee Categories listed at the top	n of this sche	edule)	(b)	Description	_	
	OF EXPENDITURE		Advertising		p 64 11115 22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		:	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		· ·=· -	<b>-</b>					, TX,	officeholder living expense
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l		<u>L</u>								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	Office sou	ght			Office held
	Date	Г	Payee name							
ļ	09/20/2016		Check Mark	C						
	Amount (\$)	厂	Payee addres	ss; City;	State;	Zip Cod	de			
	\$487.12		3217 N. IH	35						
ı			Austin, TX 7	78722						
	PURPOSE	(a)	Category (Si	ee Categories listed at the top	p of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising					<u></u>		de of Texas. Complete Schedule T.
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		<b> </b> _	Austin, TX 7	78749						
	PURPOSE	(a)	Category (Se	ee Categories listed at the top	p of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Fees							de of Texas. Complete Schedule T. officeholder living expense
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_	Complete ONLY is dispose	L_	Candidate/Offi	ceholder name		Office soug	aht			Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Jandidale/Oili	cendider name	Ü	mice aout	grit.			Cinco No.
	·			<del></del>		<del></del>	_			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Dometions Made By -

Event Expense Fees
Food/Beverage Expense
Gilt/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 3/11 Rpt: 14/22	Moore, Margaret	
4	Date	5 Payee name	
	08/22/2016	David Holmes Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	6142 West Hwy 290	
		Austin , TX 78735	
8	PURPOSE	(a) Category (See Caregories listed at the top of this schedule) [b] Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
1		Check if Austin, TX, officeholder living expense  Rental Fee	
		Tronder &	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/OI		
H	Date	Payee name	-
	09/12/2016	David Holmes Campaign	
		Payee address; City; State; Zip Code	
	Amount (\$) \$250.00	6142 West Hwy 290	
	φ230.00	U142 WUSITING ESO	
		Austin , TX 78735	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder (iving expense)	
		Rent Southwest Campaign Office	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	Date	Payee name	<del></del>
	08/03/2016	Donateway	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
ĺ	\$25.30	PO Box 301267	
	•==::		:
		Austin, TX 78703	
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	<b></b>	Processing Fee	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
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L.	<u> </u>	Version V1.0	1256

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y . al Co	mmittee	Gift/Awartis/Memorials Legal Services  The Instruction Gi	Expense		xpen Vage	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		<u> </u>	<del>-</del>			3	Filer ID
L	Sch: 4/11 Rpt: 15/22		Moore, Mar							1 ng 1D
4	Date	5	Payee name					<del>.</del> .	_	
	08/15/2016		Donateway							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$3.30	l	PO Box 301	1267						
		l								
			Austin, TX 7	78703						
8	PURPOSE	(a)	Category (5)	ee Categories listed at the	he top of this sche	dule)	(b)	Description		
	OF EXPENDITURE		Accounting/			ĺ		Check if travel	DUCSÍC	de of Texas. Complete Schedule T.
	2.4 2.151101 <u>/</u> 2									officeholder living expense
								Processing F	ee	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office held
	Date		Payee name							
	09/01/2016		Donateway							
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Co	le			
	\$7.80		PO Box 301	•			_			
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			Austin, TX 7	8703						
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sched	dule)	(b)	Description		
	OF EXPENDITURE		Accounting/	Banking		- 1				e of Texas. Complete Schedule T.
										officeholder living expense
							1	Processing Fe	ee	
		L								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	Of	ffice soug	ţht			Office held
	Date	Г	Раусе пате							·
	09/07/2016		Donateway							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	le			
	\$7.80		PO Box 301	267						
			Austin, TX 7	8703						. <u></u>
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sched	dule)	(b)	Description		
	OF EXPENDITURE		Accounting/							e of Texas. Complete Schedule T.
	SAFERDITURE									officeholder living expense
								Processing Fe	:6	
					. <u> </u>					
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice souç	ht			Office held
	expenditure to benefit C/O	7								

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Conditions Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Git/Awards/Memorials Expense Legal Services		ense ges/Contract Labor		Travel Out of District OTHER (enter a category not listed above)		
Ļ		12	The Instruction Guide expla	INS NOW TO COM	piete this form.	-			
l	Total pages Schedule F1:					3	Filer ID		
	Sch: 5/11 Rpt: 16/22	Moore, M	argaret						
4	Date	5 Payee nam	e						
	09/14/2016	Donatewa	y						
6	Amount (\$)	7 Payee add	ress; City; Sta	ate; Zip Code	3				
	\$7.80	PO Box 3	01267						
		Austin, TX	78703						
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (t	) Description				
	OF EXPENDITURE		g/Banking	,	Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE	ł	-		_		, officeholder living expense		
		!			Processing F	<del>-e</del> e			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office sough	t		Office held		
	Date	Payee nam	e						
	09/19/2016	Donatewa	у						
_	Amount (\$)	Payee add	ess; City; Sta	ate; Zip Code	•				
	\$5.30	PO Box 3	01267						
	·								
		Austin, T)	78703						
	PURPOSE	(a) Category	(See Caregories listed at the top of this	schedule) (b	<b>De</b> scription				
	OF EXPENDITURE	Accountin	g/Banking		<u> </u>		ide of Texas. Complete Schedule T.  officeholder living expense		
					Processing F		Objectioner hang expense		
					1 100c33mg 1				
_	<u></u>	<u> </u>					Office hold		
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sough	τ		Office held		
_	Date	Dove no		<del></del>	<del> </del>				
		Payee nam  Donatewa							
	09/23/2016		<u> </u>						
	Amount (\$)	Payee add	,	ate; Zip Code	!				
	\$2.80	PO Box 3	01267						
		Austin, TX	78703						
$\vdash$	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (t	) Description				
	OF		g/Banking		Check if travel		ide of Texas. Complete Schedule T.		
	EXPENDITURE			ł	ш		, officeholder living expense		
					Processing F	-e <b>e</b>			
Г	Complete ONLY if direct		fficeholder name	Office sough	ŧt		Office held		
	expenditure to benefit C/O	H							
⊢	<del></del>		<u> </u>	· · · ·					
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i									

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Cor	nmittee	Legal Services The Instruction Guid	Sale		ages/Contract Labor	OTHER (enter a category not in	isted above)
1	Total pages Schedule F1:	2	FILER NAME	Ē				3 Filer ID	
	Sch: 6/11 Rpt: 17/22		Moore, Ma	rgaret	<u>.</u>		·		
4	Date	5	Payee name						
	09/25/2016		Donateway						
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip	Cod	ie .		
	\$5.30		PO Box 30:	1267					
			Austin, TX	78703					
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this schedule)	- 10	b) Description	. "	
	OF EXPENDITURE		Accounting					outside of Texas. Complete Schedule	•т.
							Processing F	n, TX, officeholder living expense	
							Processing F	ee	
_	A 1. A				04.			Office hald	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Off	iceholder name	Office	soug	Πŧ	Office held	•
	Date		Рауее пате						
	08/16/2016		Dove Sprin	gs Advisory Board					
	Amount (\$)		Payee addre	ss; City;	State; Zir	Cod	е		
	\$150.00		5801 Ainez	Dr.					
			Austin , TX	78744					
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this schedule)	K	b) Description		_
	OF EXPENDITURE			ns/Donations Mad			<u> </u>	outside of Texas. Complete Schedule , TX, officeholder living expense	т.
			Candidate/	Officeholder/Politic	cal Committee	١		for Back to School event	
							Сропостопір	to Best to Bolloot overt	
	O	L,	3	iceholder name	Office	SOLIZ	ht	Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Januluale/On	icenoider name	Office	auug		Ollido field	
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>			·		<del></del>		<del></del>
Ì	Date		Payee name						
İ	08/02/2016		Goss, Delw	/in					
	Amount (\$)	Γ	Payee addre	ess; City;	State; Zip	Cod	e		
	\$2,100.00		6410 Ponc	a St.					
			Austin, TX	78741					
	PURPOSE	(a)	Category (s	iee Categories listed at the	top of this schedule)	- 10	b) Description	and the second second second	
	OF EXPENDITURE		Consulting	Expense				outside of Texas. Complete Schedule 1, TX, officeholder fiving expense	11.
	EN ENDITONE	1					Contract Ser		
L	O	ــــــــــــــــــــــــــــــــــــــ	Candidata (Cf	ficeholder name	Office		ht	Office held	
1	Complete ONLY if direct expenditure to benefit C/O		Candidate/On	ncentiuel Hattle	Since				
L	·		<del></del>	<u> </u>			<u> </u>		
l									

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awa Legal Se	everage Expense ards/Memorials E ervices struction Gui	Expense		xpens Wages	ie /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	5	FILER NAM							3	Filer ID	
ľ	Sch: 7/11 Rpt: 18/22	<b> </b> *	Moore, Ma							ľ		
4	Date	5	Рауее пале	· · · · · · · ·						<u></u>		
	08/03/2016		Office Dep									
6	Amount (\$)	7	Payee addre	ess;	City;	State	; Zip Co	ode				
	\$195.90		907 W. 5th	Street								
			Austin, TX	78703								
8	PURPOSE	(a)	Category (S				nedule)	(b)	Description			
	OF EXPENDITURE	l	Office Ove	rhead/l	Rental Exp	ense			드		de of Texas. Complete Schedule T.	
		l							Printer Cartri		officeholder living expense	
		l							Printer Cartir	uye		
		L,										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name		Office sou	ıght			Office held	
	Date	Г	Payee name	;					- <del>"</del>			
	09/07/2016		South Aust	in Deπ	nocrats							
	Amount (\$)	H	Payee addre	ess;	City;	State	; Zip Co	ode	<u> </u>		-	
	\$1,000.00		P.O. Box 1		•							
	41,000.00	ļ										
			Austin, TX	78715								
Г	PURPOSE	(a	Category (9	See Categ	ories listed at the	e top of this sch	nedule)	(b)	Description			
ŀ	OF EXPENDITURE		Contributio								de of Texas, Complete Schedule T.	
ŀ	EXPENDITURE		Candidate/	Officet	nolder/Polit	ical Comn	nittee			), TX,	officeholder living expense	
									Sponsorship			
Γ	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficehold	ler name	•	Office sou	ught			Office held	
H	Date	Ϊ	Payee name	<del></del>	<del></del>	·					······································	
	09/14/2016		Texas Den	nocrati	c Party							
┝	Amount (\$)	┪	Payee addr	ess;	City;	State	; Zip Ci	ode				
•	\$1,000.00		PO Box 11		-							
1	Ψ1,000.00	l										
			Austin, TX	78767	,							
_		1.		_				T <sub>(b)</sub>	Description	_		
1	PURPOSE OF	<sup>(a</sup>	Category (				hedule)	ľ",	Check if travel	outs	ide of Texas. Complete Schedule T.	
l	EXPENDITURE		Contributio	)NS/DOI /Officel	nations Ma holder/Polit	ue by ical Comr	nittee		_		, officeholder living expense	
			Candidate	Onice	noidem om			1	Sponsorhip			
1												
L	One of the Other State of the other of	L	Candidate/O	fficebols	ter name		Office so	ught			Office held	
•	Complete <u>ONLY</u> if direct expenditure to benefit C/C		Candigate/O	MCGLIOIC	A HOITE		5,,,50 50	<b></b> •				
L		_										
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#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense
Fees
Coot/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa se Le <b>g</b> al Se	rds/Memorials Expo ervices struction Guide	ense s		opens ages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILI	ER NAME			•			3	Filer ID	
	Sch: 8/11 Rpt: 19/22	Мо	ore, Margaret								
4	Date	5 Pay	ree name								
	09/15/2016	Tex	as Democratio	Party							
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de				
ı	\$100.00	PO	Box 116								
		Aus	stin, TX 78767								
8	PURPOSE	(a) Cau	egory (See Catego	ories listed at the top	of this schedu	ute)	(b)	Description			
l	OF EXPENDITURE		ntributions/Dor					<u> </u>		le of Texas, Complete Schedule T.	
l		Car	ndidate/Officeh	iolder/Politica	il Committ	ee		Sponsorhip	IX.	officeholder living expense	
l								Эронзонір			
ᆫ					- 40						
9	Complete ONLY if direct expenditure to benefit C/OI		lidate/Officehold	er name	Offi	ice sou(	ght			Office held	
Γ	Date	Pay	ее пате								
	09/16/2016	Tex	as Democratio	Party							
┢	Amount (\$)	Pav	ee address;	City;	State;	Zip Co	de	<del></del>			
l	\$500.00	_	Box 116								
l	4000.00	' *	20/ 220								
		Aus	stin, TX 78767		<u> </u>				_		
	PURPOSE	(a) Cat	egory (See Catego	ories listed at the top	o of this schedu	ule)	(b)	Description			
i	OF EXPENDITURE		ntributions/Dor					<u>—</u>		le of Texas. Complete Schedule T.	
	Z/G ENDITORE	Ca	ndidate/Officeh	iolder/Politica	J Committ	ee		Sponsorhip	IX,	officeholder living expense	
l								эронзонир			
L	<u> </u>	<u> </u>	·					-		06	
l	Complete ONLY if direct expenditure to benefit C/O		lidate/Officehold	er name	Offi	ice sou	ght			Office held	
	experiorate to benefit cros	г) 									
Г	Date	Pay	ree name								
ı	07/05/2016	The	e Camarillo Gro	oup							
┝	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de				
	\$3,500.00	1 -	1 Brookhollow	-	•	·					
1	\$0,000.00	] ~~	Y BIOOKIIO	51.							
l		ļ	W = 2.4 = 4.4								
l		Pflu	ugerville, TX 7	3660					_		
Γ	PURPOSE	(a) Cat	egory (See Categ	ories listed at the to	p of this schedu	ule)	(b)	Description		de ef Teuro Completo Cabadala T	
l	OF EXPENDITURE	Co	nsulting Expen	ise		Į		_		te of Texas. Complete Schedule T. officeholder living expense	
ı	LAFEIIDITORS							Consulting/M			
								2011301111191141	<b>⊅</b> .`		
L							ub.		_	Office held	
	Complete ONLY if direct		didate/Officehold	er name	Off	ice sou	gnt			Office field	
	expenditure to benefit C/O	···		<u> </u>			_				
Γ											
1											

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Expense Polling E norials Expense Printing I Salaries/	Expense Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		on Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID
Sch: 9/11 Rpt: 20/22	Moore, Margaret			
4 Date	5 Payee name			
07/06/2016	The Camarillo Group			
6 Amount (\$)	7 Payee address; City;	State; Zip C	ode	
\$3,500.00	904 Brookhollow Dr.	•		
	Pflugerville, TX 78660			
8 PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description	
EXPENDITURE	Consulting Expense			outside of Texas. Complete Schedule T. TX, officeholder living expense
			Consulting/Me	
			Constituting	gt. i cc
O Committee Othly if alice at	Candidate/Officeholder nam	ne Office sou		Office held
Complete ONLY if direct expenditure to benefit C/OF		ne Office sou	ignt	Office field
Date	Рауее пате			
08/08/2016	The Camarillo Group			
Amount (\$)	Payee address; City;	State; Zip Co	ode	
\$3,500.00	904 Brookhollow Dr.			
	Pflugerville, TX 78660			
PURPOSE	(a) Category (See Categories lists	ed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Consulting Expense		I <u> </u>	outside of Texas, Complete Schedule T.
EXPERDITORE .			. –	TX, officeholder living expense
			Consulting/M	gi ree
			L	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder nan	ne Office sou	ignt	Office held
experionare to benefit crof				
Date	Payee name			
09/08/2016	The Camarillo Group			
Amount (\$)	Payee address; City;	State; Zip Co	ode	
\$3,500.00	904 Brookhollow Dr.			
45,000.00				
	Pflugerville, TX 78660			
		<del></del>	las	
PURPOSE OF	(a) Category (See Categories lists	ed at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense			TX, officeholder fiving expense
			Consulting/Me	
Complete ONLY if direct	Candidate/Officeholder nan	ne Office sou	ight	Office held
expenditure to benefit C/OI		3,112		
			· · · · · · · · · · · · · · · · · · ·	
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# POLITICAL EXPENDITURES FROM POLITICAL

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 10/11 Rpt: 21/22	Moore, Margaret
4 Date 09/13/2016	5 Payee name Thistle Cafe
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 221 W. 6th St  Austin , TX 78701
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Catering
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Рауее пате
07/01/2016	Travis County Democratic Party
Amount (\$) \$10,000.00	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) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 07/01/2016	Payee name Trayis 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) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder fiving expense  contributions
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Forms provided by Texas E	thics Commission www.ethics.state.tx.us Version V1.0.12

# SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 11/11 Rpt: 22/22	2 FILER NAME 3 Filer ID Moore, Margaret
4	Date 07/25/2016	5 Payee name Travis County Democratic Party
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1311 E 6th St  Austin, TX 78702
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Sponsorship Contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/21/2016	Payee name Travis County Democratic Party Payee address; City; State; Zip Code
	Amount (\$) \$5,000.00	1311 E 6th St  Austin, TX 78702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense addtl field mail program
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held