



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,175.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,645.07
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder



Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Fred Moses this the 28<sup>th</sup> day of April, 2023, to certify which, witness my hand and seal of office.

Carol Jean Harber Carol Jean Harber Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)  
Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME **Fred Moses**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <b>3,175.00</b>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> <b>SCHEDULE F1</b> : POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <b>2,188.33</b>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <b>16,456.74</b>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>0.01</b>

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**  
XXXXXXXXXXXX

2 FILER NAME  
**Fred Moses**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/03**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_ )  
**Patricia Greer**

7 Amount of contribution (\$)  
**\$100.00**

6 Contributor address; City; State; Zip Code  
 **3012 Jomar Drive Plano TX 75075**

8 Principal occupation / Job title (See Instructions)  
**Retired**

9 Employer (See Instructions)

Date  
**04/03**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_ )  
 **Jerald Martin**

Amount of contribution (\$)  
**\$1,000.00**

6 Contributor address; City; State; Zip Code  
 **2820 Cobre Valle LN Plano TX 75023**

Principal occupation / Job title (See Instructions)  
**Retired**

Employer (See Instructions)

Date  
**04/20**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_ )  
 **Phyllis Wright**

Amount of contribution (\$)  
**500.00**

6 Contributor address; City; State; Zip Code  
 **842 Veneto Dr. Allen, TX 75013-5526**

Principal occupation / Job title (See Instructions)  
**xxxxxx Retired**

Employer (See Instructions)  
**zzzzzzzzzzzz**

Date  
**04/20**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_ )  
 **Shep Stahel**

Amount of contribution (\$)  
**200.00**

6 Contributor address; City; State; Zip Code  
 **3840 Ranch Estates Dr Plano, TX 75074**

Principal occupation / Job title (See Instructions)  
**xxxxxx Retired**

Employer (See Instructions)  
**zzzzzzzzzzzz**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, DO NOT include this page in the report.

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Fred Moses</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jimmy Dismuke</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>605 Forest Bend Dr Plano 75025</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>04/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ray Ernst</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>828 Mustang Dr Fairview 75069</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>04/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Watson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>2904 Markham Dr Plano 75075</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>04/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas Martin Meredith</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>7217 Verdi Way McKinney 75072</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>Fred Moses</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Cash in a jar</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>04/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Jacquelyn Johnson</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>14228 Midway Rd Farmers Branch 75244</b>		
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Adventure &amp; Victory Inc</b>
Date <b>04/20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Colleen L. Epstein</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>3516 Omar Lane Plano 75023-3830</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>04/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Lydia Ortega</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3424 Michael Dr Plano, TX 75023</b>		
Principal occupation / Job title (See Instructions) <b>University Professor</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Fred Moses**

3 Filer ID (Ethics Commission Filers)

4 Date  
**04/12**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Mary Moses**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**4609 Huffman Court Plano 75093**

8 Principal occupation / Job title (See Instructions)  
**Executive Assistant**

9 Employer (See Instructions)  
**TES Corp**

Date  
**04/12**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Patrick Harden**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**7137 Hunnicut Rd Dallas 75227**

Principal occupation / Job title (See Instructions)  
**Delivery Driver**

Employer (See Instructions)  
**Favor, Inc.**

Date  
**04/14**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Rick Smith**

Amount of contribution (\$)  
**250.00**

Contributor address; City; State; Zip Code  
**4605 Charles Place Plano**

Principal occupation / Job title (See Instructions)  
**President**

Employer (See Instructions)  
**AHTS, Inc**

Date  
**04/20**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**Linda James**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**1218 Ashford Lane Plano 75002**

Principal occupation / Job title (See Instructions)  
**Office Manager**

Employer (See Instructions)  
**TES**

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. <b>5</b>
2 FILER NAME <b>Fred Moses</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <b>James White</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 22 Hillister TX 77624</b>		
8 Principal occupation / Job title (See Instructions) <b>Executive Director</b>		9 Employer (See Instructions) <b>Funeral Service Commission</b> ✓
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel in District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: XXXXXXXXXXXX	<b>2</b> FILER NAME <b>Fred Moses</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/11	<b>5</b> Payee name Dirt Cheap Signs	
<b>6</b> Amount (\$) \$899.90	<b>8</b> Payee address: 6706 Lohman Ford Road	City: Lago Vista State: TX Zip Code 78645
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description 18" x 24" Yard Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Fred Moses	Office sought Office held Trustee, Collin College both sought & held
Date 04/10	Payee name Bullet Graphics Center	
Amount (\$) 772.91	Payee address: 850 Central Pkwy East Suite 130	City: Plano State: TX Zip Code 75074
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisizing Expenses	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Fred Moses	Office sought Office held Trustee, Collin College both sought & held
Date 04/07	Payee name Harland Clarke	
Amount (\$) 21.00	Payee address: PO Box 660073	City: Dallas State: TX Zip Code 75266
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking	Description Checks drawn from Regions Bank account
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Fred Moses	Office sought Office held Trustee, Collin College both sought & held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages <b>Schedule F1:</b> <b>2</b>	<b>2</b> FILER NAME <b>Fred Moses</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/12, 14, 20, 26</b>	<b>5</b> Payee name <b>Anedot</b>	
<b>6</b> Amount (\$) <b>total 28.50</b> <del>27.20</del>	<b>7</b> Payee address; City; State; Zip Code <b>electronic system for making campaign contributions online</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Accounting / Banking</b>	<b>(b)</b> Description <b>transaction service fees</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/2024</b>	Payee name <b>Bullet Graphics Center</b>	
Amount (\$) <b>466.02</b>	Payee address; City; State; Zip Code <b>850 Central Parkway East Plano, TX Suite 130 75074</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expenses</b>	Description <b>Push Cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | 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 F4: <b>2</b>	2 FILER NAME <b>Fred Moses</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>0</b>

6 Date <b>04/19</b>	6 Payee name <b>The Stix Icehouse</b>		
7 Amount (\$) <b>879.40</b>	8 Payee address: <b>301 Eldorado Parkway</b>	City: <b>Mckinney</b>	State: Zip Code <b>75069</b>

9 TYPE OF EXPENDITURE  
 Political       Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Fund Raising</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH  
 Candidate / Officeholder name: **Fred Moses for Collin College Trustee, PL 1**  
 Office sought: **OFFICE SOUGHT + HELD SAME**  
 Office held: **OFFICE SOUGHT + HELD SAME**

Date <b>04/28</b>	Payee name <b>OH Taste &amp; See Foods and Catering, LLC</b>		
Amount (\$) <b>1,120.39</b>	Payee address: <del>123 Street</del> <b>1414 Nighthawk Dr.</b>	City: <del>Frisco TX</del> <b>Little Elm, TX</b>	State: Zip Code <b>75068</b>

TYPE OF EXPENDITURE  
 Political       Non-Political

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Fund Raising</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH  
 Candidate / Officeholder name: **same as above**  
 Office sought: **same as above**  
 Office held: **same as above**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F4: <b>2</b>	2 FILER NAME <b>Fred Moses</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <b>0</b>
5 Date <b>04/02</b>	6 Payee name <b>Mustang Strategies, LLC</b>	
7 Amount (\$) <b>4,000</b>	8 Payee address: <b>8745 Gary Burns Dr Suite <del>100</del> 160</b>	City: State: Zip Code <b>Frisco, TX 75034</b>
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign Management</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>same as previous</b>	Office sought: Office held:
Date <b>04/16</b>	Payee name <b>Mustang Strategies, LLC</b>	
Amount (\$) <b>10,456.95</b>	Payee address: <b>8745 Gary Burns Dr Suite 160</b>	City: State: Zip Code <b>Frisco, TX 75034</b>
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Targeted mailers</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

x

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <u>1</u>
2 FILER NAME <u>Fred Moses</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>04/20</u>	5 Name of person from whom amount is received <u>Regions Bank</u>	8 Amount (\$) <u>0.01</u>
	6 Address of person from whom amount is received; City; State; Zip Code	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>Interest earned on checking account</u>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED