

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Fred NICKNAME LAST Moses	MI N SUFFIX	<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p style="color: blue; font-size: 1.2em; margin: 0;">RECEIVED</p> <p style="color: red; font-size: 1.5em; margin: 5px 0 0 0;">APR 6 2023</p> <p style="color: blue; font-size: 0.8em; margin: 0;">COLLIN COLLEGE CHIEF OF STAFF</p> </div> <p style="font-size: 0.8em; margin-top: 5px;">Date Received</p> <p style="font-size: 0.8em; margin-top: 5px;">Date Hand-delivered or Delivered <input checked="" type="checkbox"/> <del>Postmarked</del></p> <table style="width: 100%; font-size: 0.8em; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged <b>4-6-23 10:48am</b></td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged <b>4-6-23 10:48am</b>	
Receipt #	Amount \$								
Date Processed									
Date Imaged <b>4-6-23 10:48am</b>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 4609 Huffman Court	APT / SUITE #; Plano	CITY; TX	STATE; TX	ZIP CODE 75093				
<input type="checkbox"/> Change of Address									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 345 -1965	EXTENSION						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Michael	MI						
	NICKNAME	LAST Watson	SUFFIX						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2904 Markham Drive		CITY; Plano	STATE; TX	ZIP CODE 75075				
8 CAMPAIGN TREASURER PHONE	AREA CODE (469 )	PHONE NUMBER 744 - 6533	EXTENSION						
9 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year 01/18/2023		THROUGH	Month Day Year 03/27/2023					
11 ELECTION	ELECTION DATE Month Day Year 05/06/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS							
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

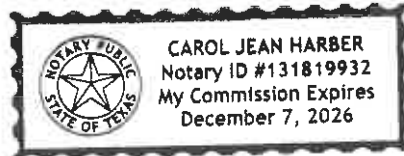
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1200
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$3882.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$-2682.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

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 6<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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1200
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 type="checkbox"/> <b>SCHEDULE F1</b> : POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$1154.49
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2727.94
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

13. Schedule T

14. Form C/OH - FR

# 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.		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>Fred Moses</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>3/09</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Paul Huang</b> <hr/> <b>6</b> Contributor address:      City;      State;      Zip Code 422 Ridgewood                      Richardson TX      75080	<b>7</b> Amount of contribution (\$) \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) President		<b>9</b> Employer (See Instructions) Richland Real Estate
Date 3/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Stan Sewell</b> <hr/> Contributor address;                      City;                      State;      Zip Code 1208 Serenade Circle                      Plano                      TX      75075	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Andre Morris.</b> <hr/> Contributor address;                      City;                      State;      Zip Code <b>6209 Timbercrest                      SACHE, TX      75048</b>	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Pallet Company
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <hr/> Contributor address;                      City;                      State;      Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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<br>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.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME <b>Fred Moses</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$0</b>
<b>5</b> Date 3/16/2023	<b>7</b> Payee name First Graphic Service, Inc.	
<b>8</b> Amount (\$) \$1154.49	<b>9</b> Payee address; 229 Garvon Street	City: Garland State: TX Zip Code 75040
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description 4' x 4' Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name: Fred Moses	Office sought Trustee, Collin College, Place 1 sought & held are
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE **G**

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4 1	<b>3</b> FILER NAME Fred Moses	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/23	<b>4</b> Payee name: Lauren Williams	
<b>6</b> Amount (\$)2150  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 501 Wyoming Drive Murphy TX 75094	
<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 Web Design
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fred Moses	Office sought Trustee, Collin College, Place 1
	Office held Same as sought	
Date 3/4	Payee name Dirty Cheap Signs	
Amount (\$)577.97  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista Tx 78645	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses	Description 4' x4' Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Fred Moses	Office sought Trustee, Collin College, Place 1
	Office held Same as sought	
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	