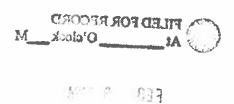
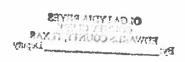
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Allen	MI R.	OFFICE USE ONLY
NAME	NICKNAME	LAST <b>Moody</b>	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 707		CITY; STATE; ZIP CODE	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	( 830 )	683-7028	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST <b>Allen</b>	мі {- R.	Date Processed
INAME	NICKNAME	LAST Moody	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / SI	,	STATE; ZIP CODE
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	( 830 )	683-7028		
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year / 29 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any) Edwards Co	unty Attorney	13 OFFICE SOUGHT (if known Edwards County A	•
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
Ì		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME Allen R. Moody		16 Filer ID (Ethics Commission F	ilers)
17 CONTRIBUTION TOTALS	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)	\$	-0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$	-0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	-0-
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	-0-
I	wear, or affirm, under penalty of perjury, that the accompanying report is true uried to be reported by me under Title 15, Election Code.	and correct and includes all inf	ormation
	Signature of Car	<b>loods</b>	
	Please complete either option below	<b>:</b> :	
(1) Affidavit	2		
NOTARY STAMP/SEAL		м	
	before me by this the	day of	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administer	ing oath
	OR		
(2) Unsworn Declaration			
My name is Allen R. My address is 205 Sou	Moody, and my date of birth is, Rocksprings, To	X , 78880 , USA	
Executed in Edwards	County, State of Texas , on the day of	tate) (zip code) (country  , 20 24  (year)	)
	Signature of Candid	late/Officeholder (Declarant)	

### SUBTOTALS - C/OH

	FILER NAME  20 Filer ID (Ethics Continued in the property of t	mmission	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		UBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	-0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	-0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	-0-
4.	4. SCHEDULE E: LOANS		-0-
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		-0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	-0-
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		-0-
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		-0-
9.	SCHEDULE GEPOLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	-0-
10	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		-0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	-0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	-0-







FEB 8 2024

COUNTY CLERK
EDWARDS COUNTY, TEXAS
By: When the Benny

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Allen	мі R.	OFFICE USE ONLY		
I AVIANT	NICKNAME LAST Moody	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		prings, Tx 78880			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	( 830 ) 683-7028	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Mr. Allen	мі В.			
NAME			Date Processed		
	Moody	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S  205 S. Sweeten St. Rock	csprings, Tx 78880	STATE; ZIP CODE		
(Residence or Business)	200 0. 0 0000011 01. 11001				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	( 830 ) 683-7028				
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)		
9	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 01 / 01 / 24	THROUGH 02	Day Year / 26 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
TE ELECTION	Month Day Year Primary	Runoff Other Description			
	03 / 05 / 24 General	Special			
12 OFFICE	OFFICE HELD (if any) Edwards County Attorney	13 OFFICE SOUGHT (If known Edwards County A			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
001111111111111111111111111111111111111	COMMITTEE TYPE   COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME			
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	GO TO PAGE 2				

JAIIII AIGI	TENTANCE INC.			
15 C/OH NAME	LEN RAY Moody	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	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)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-		
•	4. TOTAL POLITICAL EXPENDITURES	\$ 1265.99		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	<sup>T DAY</sup> \$ 090		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ -0-		
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
	4	1 1		
	AHA (V	100/		
	Signature of Car	ndidate or Officeholder		
	Signature of Car	ididate of Officerioider		
	•			
	Please complete either option below	:		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the _	day of		
	which, witness my hand and seal of office			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
,				
My name is ALLEN RAY MOODY and my date of birth is April 18, 1957				
My address is 205 Sou	My address is 205 South Sweeten St. Rocksprings Tx 78880 USA			
, 0.00.000 10		tate) (zip code) (country)		
Executed in Edwards		uary 24		
LACOULEU III	County, State of on the day of	(year)		
		/ body		
	Signature of Candid	ate/Officeholder (Declarant)		

### SUBTOTALS - C/OH

19	ALLEN RAY Moody	20 Filer ID (Ethics Co.	mmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		S	-0-
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	-0-
3	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	-0-
4.	SCHEDULE E; LOANS		\$	-0-
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	-0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	-0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	-0-
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	-0-
9.	SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	1265.99
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	-0-
11 5	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	-0-
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	-0-

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

Event Expense Fees Food/Beverage Expense Grif/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)

Credit Card Payment	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule G:	2 FILER NAME ALLEN RAY MOODY		3 Filer ID (Ethics	Commission Filers)	
4 Date 02/03/2024	5 Payee name Hevenor Lumber & Hardware				
6 Amount (\$)	7 Payee address;	City;	State	Zip Code	
6.77  Reimbursement from political contributions intended	PO Box 174	Camp Wood	Tx	78833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising	(b) Description Zip ties for sig	ns		
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living e	xpense	
9 Complete ONLY if direct	Candidate / Officeholder name Allen Ray Moody	Office sought	County	Office held  Attorney	
expenditure to benefit C/OH		County Attorney	County	Alloriey	
Date 02/09/2024	1-Stop Advertising & Printing				
Amount (\$)	Payee address;	City	State;	Zip Code	
595.38  Reimbursement from political contributions intended	404 Junction Hwy	(errville	Тх	78028	
BURBOSE	Category (See Categories listed at the top of this schedule				
PURPOSE OF EXPENDITURE	Advertising	Political signs			
	Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/0	OH ALLEN RAY MOODY	County Attorney County Atto		Attorney	
Date	Payee name				
02/23/24	Herring Printing				
Amount (\$)	Payee address;	City	State	Zip Code	
461.45 Reimbursement from political contributions intended	615 Water St.	Kerrville	Tx	78028	
OURDOOF	Category (See Categories listed at the top of this schedule				
PURPOSE OF EXPENDITURE	Advertising	Mail Out Post	cards		
	Check if travel outside of Texas Complete Schedule T	Check if Austir	n, TX, officeholder living e	expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OH	ALLEN RAY MOODY	County Attorney	County	/ Attorney	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEED	DED		

Forms provided by Texas Ethics Com-

**Reset Form** 

CS.S

**Reset Page** 

Revised 1/1/2024

# 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District 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. 2 FILER NAME Total pages Schedule G 3 Filer ID (Ethics Commission Filers) ALLEN RAY MOODY 4 Date 02/26/2024 **United States Postal Service** 7 Pavee address: 6 Amount (\$) Zip Code City; State: 163.62 102 West Bandera St. Rocksprings TX 78880 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Postage for Mail Out Postcard Advertising OF EXPENDITURE (c) Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Allen Ray Moody	Office sought  County Attorney		
Date 02/26/2024	Payee name United States Postal Service			
Amount (\$) 38.77 Reimbursement from political contributions intended	Payee address; 25594 S. Highway 55	city; Barksdale	State; TX	Zip Code 78828
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising	Postage for Mail		
Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedule T  Candidate / Officeholder name  OH ALLEN RAY MOODY	Office sought  County Attorney		Office held  Attorney

<sup>1</sup> Payee name Date Zip Code Amount (\$) Payee address; City. State: Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** K1 ... OF **EXPENDITURE** Check if Austin, TX officeholder living expense

Check if travel outside of Texas Complete Schedule T. Check if Austin, TX officeholder

Complete ONLY if direct

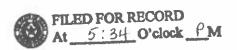
Candidate / Officeholder name

Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

expenditure to benefit C/OH

Office held



FEB 2 7 2024

OLGA LYDIA REYES

COUNTY CLERK

EDWARDS COUNTY, TEXAS

By: Depaty

#### **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Allen R. NAME Date Received LAST SUFFIX NICKNAME Moody 4 CANDIDATE / APT / SUITE #; ZIP CODE ADDRESS / PO BOX: CITY: STATE: **OFFICEHOLDER** MAILING Rocksprings, Tx 78880 PO Box 707 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (830) 683-7028 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Allen R. Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Moody STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY STATE ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** Rocksprings, Tx 78880 205 S. Sweeten St. (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (830) 683-7028 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Month Day Year COVERED 24 <sup>-</sup> 24 02 01 01 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Other Description General Special 05 / 24 03 / OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE **Edwards County Attorney Edwards County Attorney** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

15 C/OH NAME ALLEN RAY MOODY		16 Filer ID (Ethics C	ommission Filers)	
17 CONTRIBUTION TOTALS	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)	\$	-0-	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	-0-	
	4. TOTAL POLITICAL EXPENDITURES	\$	1063.60	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ /	A -090	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	-0-	
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and inc	cludes all information	
(1) Affidavit	Signature of Candidate or Officeholder  Please complete either option below:			
NOTARY STAMP/SEAL				
	before me by this the	day of	,	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ring oath Printed name of officer administering oath	Title of office	er administering oath	
	OR			
(2) Unsworn Declaration	on			
My name is ALLEN R My address is 205 Sou  Executed in Edwards	uth Sweeten St. Rocksprings T	x 7880 state) (zip code) uary 20 24	(country)	
	Signature of Candi	dele/Officeholder (De	clarant)	

## SUBTOTALS - C/OH

	ER NAME  N RAY MOODY  20 Filer ID (Ethics Co	mmissio	n Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1,0	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	-0-
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	-0-
3	SCHEDULE B; PLEDGED CONTRIBUTIONS	\$	-0-
4	SCHEDULE E: LOANS	\$	-0-
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	-0-
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	-0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	-0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	-0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	1063.60
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	-0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	-0-
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	-0-

# 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Forms provided by Texas Ethics Com

Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services

**Reset Form** 

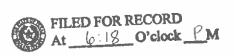
Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ALLEN RAY MOODY 4 Date 5 Payee name 02/03/2024 Hevenor Lumber & Hardware 7 Pavee address: 6 Amount (\$) State: Zip Code City: 6.77 Tχ 78833 PO Box 174 Camp Wood Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Zip ties for signs Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T (c) Candidate / Officeholder name Office held Office sought Complete ONLY if direct County Attorney Allen Ray Moody County Attorney expenditure to benefit C/OH Pavee name Date 02/09/2024 1-Stop Advertising & Printing Amount (\$) Payee address; Zip Code City; State: 595.38 404 Junction Hwy Kerrville Tx 78028 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Political signs Advertising EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct County Attorney expenditure to benefit C/OH ALLEN RAY MOODY County Attorney Payee name Date Herring Printing 02/23/24 Payee address; Amount (\$) State: Zip Code City: 461.45 Kerrville Tx 78028 615 Water St. Reimbursement from political contributions behnetni Description Category (See Categories listed at the top of this schedule) PURPOSE Mail Out Postcards Advertising OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T Office held Office sought Candidate / Officeholder name Complete ONLY if direct County Attorney expenditure to benefit C/OH ALLEN RAY MOODY County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Revised 1/1/2024



OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COUNTY, TEXAS
By: Deputy