

**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	FIRST	MI
	Ms.	Sharon	G.
	NICKNAME	LAST	SUFFIX
		Moses	
OFFICE USE ONLY			
Date Received			
10/3/2015			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	830 Forest Fir		
Houston Texas 77067			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	228-5389	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	Ms.	Ada	J.
	NICKNAME	LAST	SUFFIX
	Edwards		
Receipt #		Amount	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Home)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	1033 Theresa		
Houston Texas 77051			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	713	501-3786	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officerholder only)		
10 PERIOD COVERED	Month	Day	Year
		8/24	2015
THROUGH		Month	Day
			Year
			10/5/2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year		
	11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	N/A	City Council - At Large Position 5	

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

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

14 FILER NAME Sharon G. Moses 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

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.

COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GENERAL
 SPECIFIC

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$550.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$1,418.95
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 AFFIDAVIT

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

Sharon Moses

Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

SUBTOTALS - COH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Sharon G. Moses		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 550
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 FROM POLITICAL CONTRIBUTIONS	\$ 550
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 148
7	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 869
9	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**CANDIDATE / OFFICEHOLDER REPORT:
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH
ADDENDUM**

C/OH NAME Sharon G. Moses

ACCOUNT # (Ethics
Commission filers)

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Lavaughn Castillow					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/10/2015			Houston	Texas	77045	\$250.00

8 Principal occupation / Job title (See Instructions) Smooth Sailing Travel	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Cynthia C Briggs					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/15/2015			Houston	Texas	77091	\$100.00

8 Principal occupation / Job title (See Instructions) CIS	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID#)			
	Ruby Jackson					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
9/26/2015			Humble	Texas	77039	\$200.00

8 Principal occupation / Job title (See Instructions) Cages Medical Service	9 Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 Date 9/19/2015	5 Payee name Office Depot	
6 Amount (\$) 195.00	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Houston Tx 77093	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink Business Cards
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/27/2015	5 Payee name Office Depot	
6 Amount (\$) 14.03	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Houston Tx 77093	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/15/2015	5 Payee name Office Depot	
6 Amount (\$) 29.98	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Houston Tx 77093	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)
	Printing Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/1/2015	5 Payee name Parking Meter		
6 Amount (\$) 3.50	7 Payee address; City; State; Zip Code North V3 - COM901 Houston Tx 77002		
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking Fee
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 Date 10/1/2015	5 Payee name Spaghetti Warehouse	
6 Amount (\$) 8.00	7 Payee address; City; State; Zip Code 901 Commerce St Houston Tx 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense LunchCandidate Screen
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/3/2015	5 Payee name Chirist Like Graphic	
6 Amount (\$) 90.00	7 Payee address; City; State; Zip Code Missouri City-Pay Pal Missouri City Tx	
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 9/30/2015	5 Payee name City of Houston	
6 Amount (\$) 6	7 Payee address; City; State; Zip Code 900 Bagby Houston Tx 77067	
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses		3 Filer ID (Ethics Commission filers)
	Travel in District	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Parking @ COH - to obtain Finance Password
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 9/27/2015	5 Payee name Office Depot		
6 Amount (\$) 90.92	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Houston Tx 77067		

8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> <input type="checkbox"/> Ink for printing cards
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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**POLITICAL EXPENDITURES
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 Date 9/30/2015	5 Payee name Breakfast Club	
6 Amount (\$) 45.29	7 Payee address; City; State; Zip Code 3711 Travis Houston Tx 77002	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast Campaign Meeting w/Campaign Treasurer
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

4 Date 9/20/2015	5 Payee name Pappadeaux	
6 Amount (\$) 68.02	7 Payee address; City; State; Zip Code 2410 Richmond Houston Tx 77098	
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch Campaign Meeting w/Campaign Treasurer
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sharon G. Moses	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 9/30/2015	6 Payee name Reginald ChristLike Graphics	
7 Amount (\$) 147.50	8 Payee address; City; State; Zip Code Missouri City Tx	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards/Push Cards
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Sharon G. Moses	3 FilerID (Ethics Commission filers)		
4 Date 8/24/2015	5 Payee name Sharon G. Moses			
6 Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 830 Forest Fir	City; Houston	State; Tx	Zip Code 77067
8 PURPOSE OF EXPENDITURE	(a) Category Fees		(b) Description Filing Fee	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
		City Council - At Large Position 5		

4 Date 9/28/2015	5 Payee name Sharon G. Moses			
6 Amount (\$) 237.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 830 Forest Fir	City; Houston	State; Tx	Zip Code 77067
8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense		(b) Description Advertising - Push cards - door hangers	
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T	
			<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
		City Council - At Large Position 5		

4 Date 9/29/2015	5 Payee name Sharon G. Moses			
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 830 Forest Fir	City; Houston	State; Tx	Zip Code 77067

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Sharon G. Moses	3 FilerID (Ethics Commission filers)
8 PURPOSE OF EXPENDITURE	(a) Category Food/Beverage Expense	(b) Description Luncheon Screening of Candidates-Tony's Rest-Pachy
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held City Council - At Large Position 5

4 Date 9/17/2015	5 Payee name Sharon G. Moses
6 Amount (\$) 32.45	7 Payee Address; City; State; Zip Code 830 Forest Fir Houston Tx 77067
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	(b) Description Business Cards Office Depot
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held City Council - At Large Position 5

4 Date 9/6/2015	5 Payee name Sharon G. Moses
6 Amount (\$) 49.00	7 Payee Address; City; State; Zip Code 830 Forest Fir Houston Tx 77067
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category OTHER (enter a category not listed above)	(b) Description Website Fees-Social Media
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held City Council - At Large Position 5

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Sharon G. Moses	3 FilerID (Ethics Commission filers)		
4 Date 10/1/2015	5 Payee name Sharon G. Moses			
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee Address; 830 Forest Fir	City; Houston	State; Tx	Zip Code 77067
8 PURPOSE OF EXPENDITURE	(a) Category Travel in District	(b) Description Gas for traveling		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
		City Council - At Large Position 5		

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