

**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			
10/25/2015			
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 (1033 Theresa)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
	Houston Texas 77051		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	501-3786	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/5/2015		10/26/2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	11/3/2015		
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)	\$725.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$766.85
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	725
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	766.85
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	0
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	0
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	0
10.	SCHEDULE H: PAYMENT 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

**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:
2 FILER NAME Sharon G. Moses		3	Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID#)	7	Amount of contributions (\$)
	6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# N/A)	7	Amount of contributions (\$)
	Cynthia Briggs		
10/6/2015	6 Contributor address; City; State; Zip Code Houston Texas 77091		\$100.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) CIS	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# N/A)	7	Amount of contributions (\$)
	Boyo Movers		
10/11/2015	6 Contributor address; City; State; Zip Code Stafford Texas 77477		\$25.00
8 Principal occupation / Job title (See Instructions) Mover		9 Employer (See Instructions) Moyo Movers	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# N/A)	7	Amount of contributions (\$)
	Barry Goodman		
10/19/2015	6 Contributor address; City; State; Zip Code Austin Texas 78732		\$500.00
8 Principal occupation / Job title (See Instructions) Professional		9 Employer (See Instructions) Goodman Corp	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# N/A)		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Sharon G. Moses

3 Filer ID (Ethics Commission filers)

Aaron & Doranna Longino

7 Amount of contributions (\$)

10/23/2015

6 Contributor address; City; State; Zip Code

Humble Texas 77346

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Nurse

Aetna

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 10/5/2015	5 Payee name Office Depot	
6 Amount (\$) 32.45	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Housron Texas 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 10/6/2005	5 Payee name Office Depot	
6 Amount (\$) 23.38	7 Payee address; City; State; Zip Code 10724 Eastex Freeway Houston Texas 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 10/8/2015	5 Payee name Christ-Like Graphics	
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code Missouri City - Pay Pal Missouri City	
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)
	Printing Expense	<input type="checkbox"/> <input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Business/Push Cards
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

4 Date 10/10/2015	5 Payee name FedEX		
6 Amount (\$) 16.19	7 Payee address; City; State; Zip Code 315 N Sam Houston Parkway E. Houston Texas 77060		

8 PURPOSE OF EXPENDITURE	(a) Category Printing Expense	<input type="checkbox"/> <input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense Laminating Badges/Clips
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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 10/17/2015	5 Payee name Houston Church News		
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code COGIC Church for Ad Houston Texas		
8 PURPOSE OF EXPENDITURE	(a) Category Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad for church paper	
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

4 Date 10/19/2015	5 Payee name Ppal xpense frm Contribution		
6 Amount (\$) 14.80	7 Payee address; City; State; Zip Code Pay Pal On Line Texas		
8 PURPOSE OF EXPENDITURE	(a) Category Pal Pal 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 Reduced frm \$500.00 contribution	
	9 Complete ONLY if direct expendituree to benefit C/OH Candidate / Officeholder name office sought office held		

4 Date 10/11/2015	5 Payee name Ppal xpense frm Contribution		
6 Amount (\$) 1.03	7 Payee address; City; State; Zip Code Pay Pal On Line Texas		
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)
	Pal Pal Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reduced frm \$25.00 contribution
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/9/2015	5 Payee name MJWJ Radio		
6 Amount (\$) 105.00	7 Payee address; City; State; Zip Code 6260 Westpark Houston Texas 77057		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense On Line Radio Advertising
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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 10/6/2015	5 Payee name Campaign Partner	
6 Amount (\$) 49.00	7 Payee address; City; State; Zip Code Pay Pal for Website On Line Texas	
8 PURPOSE OF EXPENDITURE	(a) Category Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Hosting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

4 Date 10/12/2015	5 Payee name Star Stop	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code 111 Rankin Road Houston Texas 77090	
8 PURPOSE OF EXPENDITURE	(a) Category Candidate Screening Mtg	(b) Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel
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