CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form	1 Filer	ID(Ethics Comr	mission filers)	2 Total pages filed
3 CANDIDATE /	MS/MRS/MR F	IRST	MI		OFFIC	E USE ONLY
OFFICEHOLDER	S	Sandie			Date Received	
NAME	NICKNAME L	AST	SUFFIX		10/5/2015	
	Ν	/ullins Moger	r			
4 CANDIDATE /	ADDRESS / PO BOX; A	APT/SUITE #; CIT	Y; STATE;	ZIP CODE		
OFFICEHOLDER	PO Box 1581					
MAILING					Date Hand-delivered	d or Date Postmarked
ADDRESS	Houston TX 77251					
Change of address						
5 CANDIDATE /	AREA CODE P	HONE NUMBER	EXTENSI	ION		
OFFICEHOLDER	(832) 687-7654					
PHONE						
6 CAMPAIGN	MS/MRS/MR F	IRST	MI		Receipt #	Amount
TREASURER	E	Bert			Date Processed	
NAME	NICKNAME L	AST	SUFFIX		Date Imaged	
	k	Keller				
7 CAMPAIGN	STREET ADDRESS (No PO Box Please)	,	APT/SUI	TE # ;	CITY; STATE;	ZIP CODE
TREASURER	12306 Broken Bough					
ADDRESS						
(Residence)	Houston TX 77024					
8 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSI	ION		
TREASURER PHONE	(713) 304-9312					
	January 15 X 30th day before	e election	nal repport (Attacl	h C/OH - FR)	Exceeded \$500 limit	
9 REPORT TYPE		alaatian 🗖 bu		_		
	July 15 8th day before	election			15th day after campaign tr	easurer appointment(officeholder only)
10 PERIOD	Month Day	Year			Month Da	ay Year
COVERED	7/1/2015		THROUG	θH	9/24/	2015
11 ELECTION	ELECTION DATE	ELECTIO	N TYPE			
	Month Day Year			l _ <i>"</i>		
	11/3/2015	Primary		Runoff	X General	Special
12 OFFICE	OFFICE HELD (if any)	I	1:	3 OFFICE SOUG	GHT (if known)	
				City Coun	ncil - District G	

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

FORM C/OH

COVER SHEET PG 2

14 FILER NAME Sandie	e Mullins Moger		15 Filer ID (Ethics Co	ommission Filers)
	expenditures may have	political contributions accepted or political exp been made without the candidate's or officehor receive notice of such expenditures.	enditures made by political committees to support Ider's knowledge or consent. Candidates and or	rt the candidate / officeholder. These fficeholders are required to report this
16 NOTICE	COMMITTEE TYPE	COMMITTEE NAME		
FROM	_			
POLITICAL	GENERAL	COMMITTEE ADDRESS		
COMMITTEE(S)				
	SPECIFIC			
			<i>1</i> .	
		COMMITTEE CAMPAIGN TREASURER NAM	ΝE	
additional pages		COMMITTEE CAMPAIGN TREASURER ADD	DRESS	
17 CONTRIBUTION	1 TOTAL POLITIC	AL CONTRIBUTIONS OF \$50 OR NS, OR GUARANTEES OF LOANS	LESS (OTHER THAN	¢
TOTALS				\$
	2 TOTAL POLITIC	AL CONTRIBUTIONS		\$35,484.53
	(OTHER THAN I	PLEDGES, LOANS, OR GUARANT	EES OF LOANS)	φ00,+0+.00
EXPENDITURE	3 TOTAL POLITIC	AL EXPENDITURES OF \$100 OR	LESS, UNLESS ITEMIZED	
TOTALS				\$
	4 TOTAL POLITIC	AL EXPENDITURES		
				\$41,772.75
CONTRIBUTION		AL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY	
BALANCE	OF REPORTING	FPERIOD		\$35,149.56
OUTSTANDING LOAN	6 TOTAL PRINCIP	AL AMOUNT OF ALL OUTSTAND	ING LOANS AS OF THE	
TOTALS	LAST DAY OF T	HE REPORTING PERIOD		\$0.00
18 AFFIDAVIT				
			ar, or affirm, under penalty of perjury	
			is true and correct and includes all i ed by me under Title 15, Election Co	
			Bert Kelle	r
			Signature of Candidate	or Officeholder
AFFIX NOT STAMP / SE	AL ABOVE			
Sworn to and subscribed	before me, by the said	1	, this the	day
of	, 20	, to certify which, witne	ss my hand and seal of office.	
Signature of officer admin	nistering oath	Print name of officer adminis	stering oath Title of offic	cer administering oath

SUBTOTALS - COH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME Sandie Mullins Moger 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 31790 1 2 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3694.53 SCHEDULE B: PLEDGED CONTRIBUTIONS 3 SCHEDULE E: LOANS 4 SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 5 20738.05 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6 14081 SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLICITAL CONTRIBUTIONS 7 8 SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 6953.7 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 9 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 10 SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER 11

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

C/OH NAME Sandie Mullins Moger

FORM C/OH ADDENDUM

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.

NEIAR	Y POLITICAL CONTR	IBUTION	IS			SCHEDULE A1
nstruction	Guide explains how to complete	this form.			1 T	otal Pages Schedule A1:
ER NAME	Sandie Mullins Moger				3 Filer	ID (Ethics Commission filers)
Date	5 Full name of contributor	out of state	PAC(ID#)			
	Mary Akin				7	Amount of contributions (\$)
	6 Contributor address;	City;	State;	Zip Code		
/31/2015		Houston	TX 77077			\$50.00
Principal oc	cupation / Job title (See Instructions)		9 Employe	er (See Instruc	tions)	
Date	5 Full name of contributor	out of state	PAC(ID#)		[
	Ralph Akin				7	Amount of contributions (\$)
	6 Contributor address;	City;	State;	Zip Code		
/31/2015		Houston	TX 77077	,		\$100.00
Principal oc	Lupation / Job title (See Instructions)		9 Employe	er (See Instruc	tions)	
	nstruction ER NAME Date /31/2015 Principal oc Date /31/2015	Instruction Guide explains how to complete ER NAME Sandie Mullins Moger Date 5 Full name of contributor Mary Akin 6 Contributor address; /31/2015 Principal occupation / Job title (See Instructions) Date 5 Full name of contributor 6 Contributor address; 6 Contributor address;	Instruction Guide explains how to complete this form. ER NAME Sandie Mullins Moger Date 5 Full name of contributor Mary Akin 6 Contributor address; /31/2015 City; Houston Principal occupation / Job title (See Instructions) Date 5 Full name of contributor Out of state Ralph Akin 6 Contributor address; City; Houston	Instruction Guide explains how to complete this form. ER NAME Sandie Mullins Moger Date 5 Full name of contributor Mary Akin 6 Contributor address; 731/2015 Principal occupation / Job title (See Instructions) 9 Employee Date 5 Full name of contributor 0 out of state PAC(ID#) Ralph Akin 6 Contributor address; City; S Full name of contributor 0 out of state PAC(ID#) Ralph Akin 6 Contributor address; City; State; Houston TX 77077	Instruction Guide explains how to complete this form. ER NAME Sandie Mullins Moger Date 5 Full name of contributor Mary Akin 6 Contributor address; 731/2015 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date 5 Full name of contributor 0ut of state PAC(ID#) Ralph Akin 6 Contributor address; City; State; Zip Code /31/2015	Important for the state of

8	Principal occu	pation / Job title (See Instructions)		9 Employer ((See Instructi	ons)
4	Date	5 Full name of contributor BAC-PAC	out of state F	PAC(ID#)		7 Amount of contributions (\$)
	8/14/2015	6 Contributor address;	City; Houston	State;	Zip Code	\$500.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer ((See Instructi	ons)
4	Date	5 Full name of contributor Joan Bain	out of state F	PAC(ID#)		7 Amount of contributions (\$)
	9/19/2015	6 Contributor address;	City; Houston	State; TX 77024	Zip Code	\$100.00
8	Principal occu	pation / Job title (See Instructions)		9 Employer ((See Instruction	ons)
4	Date	5 Full name of contributor	out of state F	PAC(ID#)		5 of 41

SCHEDULE	A1
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The Instruction G	Buide explains how to complete	this form.		1 Total Pages Schedule A1:
2 FILER NAME \$	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Beirne Maynard Parsons			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/4/2015		Houston	TX 77056	500.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	Ltions)
4 Date	5 Full name of contributor Catherine Brock	out of state	PAC(ID#)	7 Amount of contributions (\$)
8/28/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77227	- 100.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor John Brock	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/3/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	- 250.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Chris Canonico	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/14/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401	- 250.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor Anne Clutterbuck	out of state	PAC(ID#)	7 Amount of contributions (\$)

SCHEDULE A	1
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The Instruction	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/15/2015		Houston	TX 77005	250.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	 PAC(ID#_)	Г
	Jessica Colon		,	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/10/2015		Houston	TX 77098	5.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	 xtions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Vicki Crum			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/9/2015		Houston	TX 77027	500.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	xtions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Linda Dewhurst			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/1/2015		Houston	TX 77056	100.00
8 Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	L

SCHEDULE A1

The Instruction	Guide explains how to complet	te this form.		1 Total Pages Schedule A1:
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Patricia Dewhurst			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Houston	TX 77024	100.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Patricia Dewhurst			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/22/2015		Houston	TX 77024	500.00
9/22/2013		Tiouston	17 11024	500.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Jessica Foy Donnelly			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/2/2015		Houston	TX 77077	50.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Gwendolyn O Emmett			7 Amount of contributions (\$)
	6 Contributor oddrogo	Citra	State: Zin Code	
7/14/2015	6 Contributor address;	City; Houston	State; Zip Code	200.00
1/14/2013		riousion	17 11005	200.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
1	•			

SCHEDULE	A1
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The Instruction	Guide explains how to complet	e this form.		1 Total Pages Schedule A1:
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Gwendolyn O Emmett			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/15/2015		Houston	TX 77005	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Evergreen Commercial Realty	out of state	PAC(ID#)	7 Amount of contributions (\$)
0/15/2015	6 Contributor address;	City; Bellaire	State; Zip Code TX 77401	-
9/15/2015		Bellaire	1X 77401	100.00
8 Principal oc	ccupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
4 Date	5 Full name of contributor Janiece Ferguson	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/22/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77030	- 10.00
8 Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Cheryl L Foster			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/22/2015		Houston	TX 77055	250.00
8 Principal or	ccupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Holloway Frost			7 Amount of contributions (\$)

SCHEDULE A	1
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uide explains how to complete	e this form.		1 Total Pages Schedule A1:
andie Mullins Moger			3 Filer ID (Ethics Commission filers)
6 Contributor address;	City;	State; Zip Code	
	Houston	TX 77001	5,000.00
pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
5 Full name of contributor	out of state	PAC(ID#)	
Group 1 Automotive, Inc PAC			7 Amount of contributions (\$)
6 Contributor address;	City;	State; Zip Code	
	Houston	TX 77024	500.00
pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
5 Full name of contributor	out of state	PAC(ID#)	
Walter Goff			7 Amount of contributions (\$)
6 Contributor address;	City;	State; Zip Code	
	Houston	TX 77056	250.00
pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
5 Full name of contributor	out of state	PAC(ID#)	
Pam Goodson			7 Amount of contributions (\$)
6 Contributor address;	City;	State; Zip Code	
	Houston	TX 77079	100.00
pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	andie Mullins Moger 6 Contributor address; 6 Contributor address; pation / Job title (See Instructions) 5 Full name of contributor Group 1 Automotive, Inc PAC 6 Contributor address; pation / Job title (See Instructions) 5 Full name of contributor Walter Goff 6 Contributor address; pation / Job title (See Instructions) 5 Full name of contributor Walter Goff 6 Contributor address; pation / Job title (See Instructions) 5 Full name of contributor Pation / Job title (See Instructions) 5 Full name of contributor Pam Goodson	6 Contributor address; City; Houston pation / Job title (See Instructions) 5 Full name of contributor Group 1 Automotive, Inc PAC 6 Contributor address; City; Houston pation / Job title (See Instructions) 5 Full name of contributor out of state Walter Goff 6 Contributor address; City; Houston pation / Job title (See Instructions) 5 Full name of contributor Goodson 5 Full name of contributor Out of state Walter Goff 6 Contributor address; City; Houston pation / Job title (See Instructions) 5 Full name of contributor out of state Pam Goodson 6 Contributor address; City; Houston	andie Mullins Moger 6 Contributor address; City; State; Zip Code houston TX 77001 pation / Job title (See Instructions) 9 Employer (See Instruct 5 Full name of contributor out of state PAC(ID#) Group 1 Automotive, Inc PAC 6 Contributor address; City; State; Zip Code Houston TX 77024 pation / Job title (See Instructions) 9 Employer (See Instruct pation / Job title (See Instructions) 9 Employer (See Instruct 5 Full name of contributor out of state PAC(ID#) Walter Goff out of state PAC(ID#) 6 Contributor address; City; State; Zip Code Houston TX 77056 pation / Job title (See Instructions) 9 Employer (See Instructions) 5 Full name of contributor out of state PAC(ID#) Pam Goodson 9 Employer (See Instructions) 5 Full name of contributor out of state PAC(ID#) 9 Employer (See Instructions) 9 Employer (See Instructions) 6 Contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 6 Con

RY POLITICAL	CONTRIBUTIO	NS	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total Pages Schedule A1:	
2 FILER NAME S	andie Mullins Moger			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Hall Attorneys PC		х. <i>У</i>	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Austin	TX 78701	500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state P	PAC(ID#)	
	David T Hedges			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/14/2015		Houston	TX 77019	50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
	Carolyn Hodges			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/16/2015		Houston	TX 77056	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	L tions)
4 Date	5 Full name of contributor	out of state F		
4 Dale	Ryk Holden			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/9/2015		Houston	TX 77077	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I tions)
4 Date	5 Full name of contributor	out of state F	PAC(ID#)	
I	I			11 of 41

SCHEDULE	A1
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	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Pam Holm			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/10/2015		Houston	TX 77057	100.00
3 Principal oct	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
L Date	5 Full name of contributor Larry D Johnson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Houston	TX 77056	1,000.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor Albert Keller	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/14/2015		Houston	TX 77057	250.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor Rita Knowles	out of state	PAC(ID#)	7 Amount of contributions (\$)
		Out of state	State; Zip Code	7 Amount of contributions (\$)
Date 9/22/2015	Rita Knowles			7 Amount of contributions (\$)
9/22/2015	Rita Knowles	City;	State; Zip Code	50.00

SCHEDULE	A1
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ne Instruction	Guide explains how to comple	te this form.		1 Total Pages Schedule A1:
FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	-
9/4/2015		Houston	TX 77042	500.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Meg Lancaster			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Houston	TX 77077	50.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Mary Landrum			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/14/2015		Houston	TX 77024	100.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Antoinette Lawrence			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/13/2015		Houston	TX 77069	100.00
Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instru	ctions)

SCHEDULE A1

The Instruction	Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Nancy Lerner			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/8/2015		Houston	TX 77024	500.00
8 Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Katherine K Macintyre			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/22/2015		Houston	TX 77098	100.00
8 Principal oco	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
				alons)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Anne K McCulloch			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/20/2015		Houston	TX 77057	100.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Linda McIngvale	_		7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/17/2015		Houston	TX 77042	2,500.00
				_,
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	mons)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
				1

SCHEDULE	A1
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he Instruction	Guide explains how to compl	lete this form.		1 Total Pages Schedule A1:
FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Mace Meeks			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/10/2015		Houston	TX 77055	250.00
Principal oc	ccupation / Job title (See Instructions))	9 Employer (See Instruc	ctions)
Date	5 Full name of contributor	out of state	PAC(ID#)	
	Kendall Miller			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/14/2015		Houston	TX 77056	5,000.00
Principal oc	ccupation / Job title (See Instructions))	9 Employer (See Instrue	ctions)
				ctions)
Principal oc Date	5 Full name of contributor Gary Moss		9 Employer (See Instruction 2 PAC(ID#)	7 Amount of contributions (\$)
	5 Full name of contributor	out of state	PAC(ID#)	
	5 Full name of contributor Gary Moss		PAC(ID#)	
Date 9/16/2015	5 Full name of contributor Gary Moss	City; Houston	PAC(ID#) State; Zip Code	7 Amount of contributions (\$) - 250.00
Date 9/16/2015	5 Full name of contributor Gary Moss 6 Contributor address;	City; Houston	PAC(ID#) State; Zip Code TX 77027	7 Amount of contributions (\$) - 250.00
Date 9/16/2015 Principal oc	5 Full name of contributor Gary Moss 6 Contributor address; ccupation / Job title (See Instructions)	City; Houston	9 Employer (See Instrue	7 Amount of contributions (\$) - 250.00
Date 9/16/2015 Principal oc	5 Full name of contributor Gary Moss 6 Contributor address; ccupation / Job title (See Instructions)	City; Houston	9 Employer (See Instrue	7 Amount of contributions (\$) - 250.00 ctions)
Date 9/16/2015 Principal oc	5 Full name of contributor Gary Moss 6 Contributor address; ccupation / Job title (See Instructions) 5 Full name of contributor Gary Moss	City; Houston	PAC(ID#) State; Zip Code TX 77027 9 Employer (See Instruct PAC(ID#)	7 Amount of contributions (\$) - 250.00 ctions)
Date 9/16/2015 Principal oc Date 9/23/2015	5 Full name of contributor Gary Moss 6 Contributor address; ccupation / Job title (See Instructions) 5 Full name of contributor Gary Moss	Out of state City; Houston	PAC(ID#) State; Zip Code TX 77027 9 Employer (See Instruct PAC(ID#) State; Zip Code	7 Amount of contributions (\$) - 250.00 ctions) 7 7 Amount of contributions (\$) - 250.00
Date 9/16/2015 Principal oc Date 9/23/2015	5 Full name of contributor Gary Moss 6 Contributor address; ccupation / Job title (See Instructions) 5 Full name of contributor Gary Moss 6 Contributor address;	<pre>out of state City; Houston) City; Houston) City; Houston)</pre>	PAC(ID#) State; Zip Code TX 77027 9 Employer (See Instruct PAC(ID#) State; Zip Code TX 77027	7 Amount of contributions (\$) - 250.00 ctions) 7 7 Amount of contributions (\$) - 250.00

SCHEDULE	A1
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The Instruction (Guide explains how to complet	1 Total Pages Schedule A1:		
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
8/31/2015		Houston	TX 77077	1,000.00
8 Principal occ	L cupation / Job title (See Instructions)		9 Employer (See Instruc	Litions)
4 Date	5 Full name of contributor	out of state		
4 Date	Sandie Mullins Moger			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
7/7/2015		Houston	TX 77251	5,000.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	I
	Patricia Harless Campaign			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/11/2015		Spring	TX 77379	250.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Cathy Patton			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/22/2015		Houston	TX 77024	100.00
8 Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)

SCHEDULE A1

The Ins	struction G	uide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILE	R NAME S	andie Mullins Moger			3 Filer ID (Ethics Commission filers)
4 [Date	5 Full name of contributor	out of state	PAC(ID#)	
		Nancy Pressler			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
9/	6/2015		Houston	TX 77056	100.00
8 F	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 C	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Carol Prince			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
9/1	11/2015		Houston	TX 77024	100.00
8 F	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 [[]	Date	5 Full name of contributor	out of state	PAC(ID#)	
		John Rickle			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
8/2	26/2015		Houston	TX 77024	500.00
8 F	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 C	Date	5 Full name of contributor	out of state	PAC(ID#)	
		Beverly Roberts			7 Amount of contributions (\$)
		6 Contributor address;	City;	State; Zip Code	
9/	/3/2015		Houston	TX 77079	100.00
8 F	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	stions)
4 [Date	5 Full name of contributor	out of state	PAC(ID#)	
I		I		· · · ·	1

SCHEDULE	A1
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The Instructior	n Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 FILER NAM	E Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Randy Robinson			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/22/2015		Katy	TX 77494	100.00
8 Principal o	Compation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor Melissa Rowell	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/15/2014		Houston	TX 77065	25.00
8 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Nancy J Scott	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/14/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77077	100.00
8 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor Walter Smith	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77057	100.00
8 Principal o	occupation / Job title (See Instructions)		9 Employer (See Instruc	L ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Martha Ann Snyder			7 Amount of contributions (\$)

SCHEDULE	A1
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The Instruction (Guide explains how to complete	1 Total Pages Schedule A1:		
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	6 Contributor address;	City;	State; Zip Code	
9/22/2015		Houston	TX 77019	100.00
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#_)	
	Kathleen A Spencer			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
8/31/2015		Houston	TX 77077	50.00
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	tions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Chase Untermeyer			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/14/2015		Houston	TX 77024	250.00
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	itions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	William Van Pelt			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77002	100.00
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instruc	Lettions)

SCHEDULE A1

				-
The Instruction	Guide explains how to comple	ete this form.		1 Total Pages Schedule A1:
2 FILER NAME	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Lois Vanwart			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/6/2015		Houston	TX 77024	100.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	• PAC(ID#)	1
4 Date	Milton H West			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/14/2015		Houston	TX 77065	50.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	-			
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Eleanor S White			7 Amount of contributions (\$)
		0		
	6 Contributor address;	City;	State; Zip Code	
9/14/2015		Houston	TX 77043	100.00
0 Dringingligg	cupation / Job title (See Instructions)		9 Employer (See Instruc	tiono)
8 Principal oc	cupation / Job title (See instructions)		9 Employer (See Instruc	cuons)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
	Ken Williams			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/7/2015		Houston	TX 77057	250.00
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
4 Date	5 Full name of contributor	out of state	PAC(ID#)	
			· · ·	1

SCHEDULE	A1
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The Instructio	on Guide explains how to compl	ete this form.		1 Total Pages Schedule A1:
2 FILER NAM	IE Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
	Welcome Wilson			7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	-
9/14/2015		Houston	TX 77057	500.00
8 Principal	occupation / Job title (See Instructions))	9 Employer (See Instru-	ctions)
4 Date	5 Full name of contributor Welcome Wilson	out of state	PAC(ID#)	7 Amount of contributions (\$)
	6 Contributor address;	City;	State; Zip Code	
9/24/2015		Houston	TX 77027	250.00
3 Principal	occupation / Job title (See Instructions))	9 Employer (See Instru	ctions)
4 Date	5 Full name of contributor Beverly Wooley	out of state	PAC(ID#)	7 Amount of contributions (\$)
9/11/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	- 100.00
3/11/2013		ribustori	17 17030	100.00
3 Principal	occupation / Job title (See Instructions)		9 Employer (See Instru-	ctions)
4 Date	5 Full name of contributor Fred Zeidman	out of state	PAC(ID#)	7 Amount of contributions (\$)
0/04/2015	6 Contributor address;	City;	State; Zip Code	-
9/24/2015		Houston	TX 77019	500.00
8 Principal	occupation / Job title (See Instructions)		9 Employer (See Instru	ctions)
4 Date	5 Full name of contributor Carolyn Hodges	out of state	PAC(ID#)	7 Amount of contributions (\$)
				21 of 41

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1
The Instruction G	Guide explains how to complete	e this form.		1 Total Pages Schedule A1:
2 FILER NAME \$	Sandie Mullins Moger			3 Filer ID (Ethics Commission filers)
9/24/2015	6 Contributor address;	City; Houston	State; Zip Code TX 77056	250.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	ATTACH ADDITIC	NAL COPIES	OF THIS SCHEDUL	E AS NEEDED
	If contributor is out-of-state PA	C, please see in	struction guide for addition	nal reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

CONTRIE	BUTIONS						
The Instruction Guide explains how to complete this form.					1 Total Pages Schedule A2:		
2 FILER NAM	2 FILER NAME Sandie Mullins Moger					ssion filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITIC	AL CONTRIBU	TIONS	\$			
5 Date	Date 6 Full name of contributor out of state PAC(ID#)						
	Elizabeth Biar			8	Amount of contributions (\$)	9 In-Kind contribution description	
	7 Contributor address;	City;	State; Zip Code	-			
9/10/2015		Houston	TX 77024		90.00	Food and beverages for campaign event	
					Check if travel outs Schedule T	ide of Texas, complete	
10 Principal	occupation / Job title (See Instructions)		11 Employer (See Instr	uction	s)		
5 Date	6 Full name of contributor	out of state	PAC(ID#)				
	Nolia Rhode			8	Amount of contributions (\$)	9 In-Kind contribution description	
	7 Contributor address;	City;	State; Zip Code	-			
8/31/2015		Houston	TX 77077		60.00	Food and beverages for campaign event	
					Check if travel outs Schedule T	ide of Texas, complete	
10 Principal	occupation / Job title (See Instructions)		11 Employer (See Instr	uction	s)		
5 Date	6 Full name of contributor	out of state	PAC(ID#)				
	Kathleen Falcona			8	Amount of contributions (\$)	9 In-Kind contribution description	
	7 Contributor address;	City;	State; Zip Code	-			
8/31/2015		Houston	TX 77077		60.00	Food and beverages for campaign event	
					Check if travel outs Schedule T	ide of Texas, complete	
10 Principal	occupation / Job title (See Instructions)		11 Employer (See Instr	uction	s)		

SCHEDULE A2

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

CC	ONTRIBUT	FIONS					
The	The Instruction Guide explains how to complete this form.					Total Pages Scl	hedule A2:
2 F	ILER NAME S	andie Mullins Moger			3 Fi	iler ID (Ethics Commi	ssion filers)
4 T	OTAL OF UNI	TEMIZED IN-KIND POLITIC	AL CONTRIBU	TIONS	\$		
5	Date	6 Full name of contributor	out of state	PAC(ID#)			
		Cindy Miller			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	9/14/2015		Houston	TX 77056		2934.53	Food and beverages for campaign event
			Check if travel outside of Texas, complete Schedule T				
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	iction	IS)	
5	Date	6 Full name of contributor	out of state	PAC(ID#)			
		Rajada Fleming			8	Amount of contributions (\$)	9 In-Kind contribution description
		7 Contributor address;	City;	State; Zip Code			
	9/8/2015		Houston	TX 77027		550.00	Food and beverages for campaign event
						Check if travel outsi Schedule T	de of Texas, complete
10	Principal occu	pation / Job title (See Instructions)		11 Employer (See Instru	iction	is)	
		ATTACH ADDITI	ONAL COPIES	OF THIS SCHEDUL	E A	S NEEDED	
		If contributor is out-of-state PA	AC, please see ins	truction guide for addition	nal r	eporting requirement	nts

SCHEDULE A2

	The Instruction Guide	e explains how to c	omplete this form.
1 Total pages Schedule F1:	² FILER NAME Sandie Mul	lins Moger	3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name		
8/20/2015	ABC Voter Contact		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code
2,415.00	7941 Katy Freeway, Suite	300	
	Houston TX 77024		
B PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
		Check if	travel outside of Texas, complete Schedule T
		Check if	Austin, TX, officeholder living expense
	Advertising Expense		Voter lists
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	office held
expendituree to benefit C/OH			
1 Date	5 Payee name		
7/31/2015	Beavers Media		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code
1,050.00	8925 Briar Forest Dr		
	Houston TX 77024		
B PURPOSE OF EXPENDITURE		(b) Description	
			travel outside of Texas, complete Schedule T
			Austin, TX, officeholder living expense
	Consulting Expense		Communications consulting
Complete ONEX & direct	Condidate / Office had a second	office excelut	office hald
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held
4 Date	5 Payee name		
9/1/2015	Beavers Media	Stata	Zin Codo
		Ntoto.	

9/1/2015	Beavers Media				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
1,500.00	8925 Briar Forest	Dr			
	Houston TX 770	24			
8 PURPOSE OF EXPENDITURE	(a) Category		(b) Description	L	

SCHEDULE F1	
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The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Sandie Mullir	ns Moger	3 Filer ID (Ethics Commission filers)		
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Communications c	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		
4 Date	5 Payee name				
7/1/2015	Beavers Media				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
750.00	8925 Briar Forest Dr Houston TX 77024				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
	Consulting Expense	Check if travel outside of Te Check if Austin, TX, officeho Communications c	older living expense		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held		

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide e		complete this form	
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	s Moger		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
8/20/2015	City of Houston			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
500.00	901 Bagby			
	Houston TX 77002			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	١	
		Check if	travel outside of T	exas, complete Schedule T
		Check if	Austin, TX, officeh	nolder living expense
	Fees		Filing fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	(office held
4 Date	5 Payee name			
9/22/2015	Daughters of Liberty			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
750.00	8706 Andante	elale,	p 0000	
100.00				
	Houston TX 77040			
8 PURPOSE OF EXPENDITURE		(b) Descriptior)	
				exas, complete Schedule T
				nolder living expense
	Contributions/Donations		Fashion show awa	
	Made By			
	Candidate/Officeholder/Politi cal Committee	1		
9 Complete ONLY if direct	Candidate / Officehoder name	office sought	(office held
expendituree to benefit C/OH				
4 Date	5 Payee name			
9/4/2015	DiscPro Printing + Graphics	3		
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
3,465.11	339 Greens Landing			
	Houston TX 77038			

(b) Description

	The Instruction Guide e	explains how to complete this form	n.
1 Total pages Schedule F1:	² FILER NAME Sandie Mullin	s Moger	3 Filer ID (Ethics Commission filers)
	Printing Expense	Check if travel outside of Te Check if Austin, TX, officeho Campaign mailer	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held
4 Date	5 Payee name		
8/22/2015	GreenGo 2020		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
500.00	117 1/2 Dresden St Houston TX 77000		
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Sign placement	
 9 Complete ONLY if direct expendituree to benefit C/OH 	Candidate / Officehoder name	office sought o	office held

	The Instruction Guide	explains how to	complete this fo	orm.
1 Total pages Schedule F1:	² FILER NAME Sandie Mulli	ins Moger		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			-
9/4/2015	GreenGo 2020			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,141.19	117 1/2 Dresden St			
	Houston TX 77000			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio	'n	
		Check	if travel outside of	Texas, complete Schedule T
		Check	if Austin, TX, offic	eholder living expense
	Advertising Expense		Sign placement	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/12/2015	GreenGo 2020			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
1,514.00	117 1/2 Dresden St			
	Houston TX 77000			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Descriptio		
				Texas, complete Schedule T
		Check		eholder living expense
	Salaries/Wages/Contract Labor		Blockwalkers	
9 Complete ONLY if direct	Candidate / Officehoder name	office sought		office held
expendituree to benefit C/OH	Candidate / Onicenduel Hame	Unice Sought		
4 Date	5 Payee name			
9/19/2015	Harris County Republican	Partv		
			7 's 0 s ds	
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	

(b) Description

Houston TX 77008

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	Moger	3 Filer ID (Ethics Commission filers)	
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officehc BBQ sponsor	•	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought of	ffice held	
4 Date	5 Payee name			
9/21/2015	Harris County Republican Pa	arty		
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
500.00	7232 Wynnwood Houston TX 77008			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
	Contributions/Donations Made By Candidate/Officeholder/Politi cal Committee	Check if travel outside of Te Check if Austin, TX, officeho Pizza sponsor for e		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	ffice sought of	ffice held	

	The Instruction Guide	explains how to	complete this fo	rm.
1 Total pages Schedule F1:	² FILER NAME Sandie Mulli	ins Moger		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
7/9/2015	Piryx, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
8.20	580 Howard Street			
	#402			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	1	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	eholder living expense
	Accounting/Banking		Campaign credit	card processing fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
experiaturee to benefit C/OTT				
4 Date	5 Payee name			
8/8/2015	Piryx, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
39.80	580 Howard Street			
	#402			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	1	
		Check if	travel outside of	Texas, complete Schedule T
		Check if	Austin, TX, office	eholder living expense
	Accounting/Banking		Campaign credit	card processing fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
8/24/2015	Piryx, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
20.05	580 Howard Street			
	#402			

(b) Description

San Francisco CA 94105

8 PURPOSE OF EXPENDITURE (a) Category

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	Moger	3 Filer ID (Ethics Commission filers)		
	Accounting/Banking	Check if Austin, TX, officeh	exas, complete Schedule T older living expense ard processing fees		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		
4 Date	5 Payee name				
8/31/2015	Piryx, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
8.20	580 Howard Street				
	#402				
	San Francisco CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if Austin, TX, officeh			
	Accounting/Banking	Campaign credit c	ard processing fees		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held		

8 PURPOSE OF EXPENDITURE (a) Category

	The Instruction Guide	explains how to c	omplete this for	m
1 Total pages Schedule F1:	² FILER NAME Sandie Mulli	ns Moger		3 Filer ID (Ethics Commission filers)
4 Date	5 Payee name			
9/3/2015	Piryx, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
20.05	580 Howard Street			
	#402			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if t	travel outside of T	exas, complete Schedule T
		Check if J	Austin, TX, officel	nolder living expense
	Accounting/Banking		Campaign credit o	card processing fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/7/2015	Piryx, Inc.			
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
20.05	580 Howard Street			
	#402			
	San Francisco CA 94105			
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description		
		Check if t	travel outside of T	exas, complete Schedule T
		Check if J	Austin, TX, officel	nolder living expense
	Accounting/Banking		Campaign credit o	card processing fees
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought		office held
4 Date	5 Payee name			
9/10/2015	Piryx, Inc.		7	
6 Amount (\$)	7 Payee address; City;	State;	Zip Code	
20.75	580 Howard Street			
	#402			
	San Francisco CA 94105			

(b) Description

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	Moger	3 Filer ID (Ethics Commission filers)			
	Accounting/Banking	Check if Austin, TX, officeh	exas, complete Schedule T older living expense ard processing fees			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held			
4 Date	5 Payee name					
9/16/2015	Piryx, Inc.					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
20.05	580 Howard Street					
	#402					
	San Francisco CA 94105					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Accounting/Banking	Check if Austin, TX, officeh	exas, complete Schedule T older living expense ard processing fees			
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought c	office held			

	The Instruction Guide	explains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger 3 Filer ID (Ethics Commission filers)				
4 Date	5 Payee name				
9/23/2015	Piryx, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip	Code		
20.05	580 Howard Street				
	#402				
	San Francisco CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if trave	l outside of Texas, complete Schedule T		
		Check if Aust	n, TX, officeholder living expense		
	Accounting/Banking	Cam	paign credit card processing fees		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		
4 Date	5 Payee name				
9/24/2015	Piryx, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip	Code		
100.55	580 Howard Street				
	#402				
	San Francisco CA 94105				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description			
		Check if trave	l outside of Texas, complete Schedule T		
		Check if Aust	n, TX, officeholder living expense		
	Accounting/Banking	Cam	paign credit card processing fees		
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought	office held		
4 Date	5 Payee name				
7/31/2015	Raconteur Media Company	у			

7/31/2015	Raconteur Media Company				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
625.00	101 W. 6th Street				
	Suite 613				
	Austin TX 7870	1			
8 PURPOSE OF EXPENDITURE	(a) Category		(b) Description	on	

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	Moger	3 Filer ID (Ethics Commission filers)			
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Social media ads				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought o	ffice held			
4 Date	5 Payee name					
9/17/2015	Raconteur Media Company					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
4,000.00	101 W. 6th Street Suite 613 Austin TX 78701					
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description				
	Advertising Expense	Check if travel outside of Te Check if Austin, TX, officeho Social media ads				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name	office sought o	ffice held			

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME Sandie Mullins	-	<u> </u>	3 Filer ID (Ethics Commission filers)	
4 Date	5 Payee name				
7/7/2015	Raconteur Media Company				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
1,000.00	101 W. 6th Street				
	Suite 613				
	Austin TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n		
		Check i	f travel outside of	Texas, complete Schedule T	
		Check i	f Austin, TX, office	holder living expense	
	Advertising Expense		Social media ads	3	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought		office held	
4 Date	5 Payee name				
7/31/2015	Vision America				
6 Amount (\$)	7 Payee address; City;	State;	Zip Code		
500.00	902 SE Stallings Dr				
	Nacogdoches TX 75964				
8 PURPOSE OF EXPENDITURE	(a) Category	(b) Description	n		
		Check i	f travel outside of	Texas, complete Schedule T	
		Check i	f Austin, TX, office	holder living expense	
	Contributions/Donations		Tickets to event		
	Made By Candidate/Officeholder/Politi				
	cal Committee				
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officehoder name c	office sought		office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

_	NPAID INCURRED		SCHEDULE
		The Instruction Guide explains how	v to complete this form.
1	Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
4	TOTAL OF UNITEMIZED UNPA	ID INCURRED OBLIGATIONS	\$
5	Date	6 Payee name	
	9/22/2015	Conservative Media Properties	
7	Amount (\$)	8 Payee address; City; S	tate; Zip Code
	10,000.00	2211 Norfolk St	
		Suite 920	
		Houston TX 77098	
9	TYPE OF EXPENDITURE	X Political	Non-Political
10	PURPOSE OF EXPENDITURE	(a) Category (b)	Description
			Check if travel outside of Texas, complete Schedule T
			Check if Austin, TX, officeholder living expense
		Advertising Expense	Ad in Texas Conservative Review
11		Candidate / Officehoder name	office sought office held
	expendituree to benefit C/OH		
5	Date	6 Payee name	
	8/20/2015	DiscPro Printing + Graphics	
7	Amount (\$)	8 Payee address; City; S	tate; Zip Code
	2,881.00	339 Greens Landing	
		Houston TX 77038	
9	TYPE OF EXPENDITURE	X Political	Non-Political
10	PURPOSE OF EXPENDITURE	(a) Category (b)	Description
		۱	Check if travel outside of Texas, complete Schedule T
			Check if Austin, TX, officeholder living expense
		Printing Expense	Post cards
11		Candidate / Officehoder name	office sought office held
	expendituree to benefit C/OH		
5	Date	6 Payee name	
	9/21/2015	GreenGo 2020	

U	INPAID INCURRED OBLIGATIONS						SCHEDUL	E F2
			The Instruction Guide	explains h	now	to complete this form.		
1	Total pages Schedule F2:	2	FILER NAME Sandie Moger	Mullins		3 Filer ID (Ethics Commission file	ers)	
4	TOTAL OF UNITEMIZED UNPA	ID IN	CURRED OBLIGATIONS			\$		
	1,200.00		117 1/2 Dresden St					
			Houston TX 77000					
9	TYPE OF EXPENDITURE	X	Political			Non-Political		
10	PURPOSE OF EXPENDITURE	(a) C	Category		(b) [Description		
					Γ	Check if travel outside of Texas, comp	lete Schedule T	
						Check if Austin, TX, officeholder living	expense	
			Salaries/Wages/Contra Labor	act	L	Blockwalkers		
11	Complete ONLY if direct	Can	didate / Officehoder name			office sought	office held	
	expendituree to benefit C/OH							

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POLITICAL EXPENDITURES

POLITICAL EXPENDITURES SCHEDULE G							
MADE FROM PERSONAL FUNDS							
The Instruction Guide explains how to complete this form.							
1 Total Pages Schedule G:	² FILER NAME Sandie Mullins Moger	3 FilerID (Ethics Commiss	sion filers)				
4 Date	5 Payee name						
7/18/2015	Bison Signs						
6 Amount (\$)	7 Payee Address;	City; State;	Zip Code				
2,686.49	10100 Clay Road	Houston TX	77080				
X Reimbursement from	Suite G						
political contributions							
intended							
8	(a) Category	(b) Description					
PURPOSE OF	Advertising Expense	Yard signs					
EXPENDITURE		Check if travel outside o	of Texas, complete Schedule T				
		Check if Austin, TX, offi					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH							
4 Date	5 Payee name						
8/18/2015	DiscPro Printing + Graphics						
6 Amount (\$)	7 Payee Address;	City; State;	Zip Code				
4,158.98	339 Greens Landing	Houston TX	77038				
X Reimbursement from							
political contributions							
intended							
8	(a) Category	(b) Description					
PURPOSE OF	Printing Expense	Campaign Mailer					
EXPENDITURE		Check if travel outside c	of Texas, complete Schedule T				
		Check if Austin, TX, offi					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held				
expenditure to benefit C/OH		e noo oo ugin					
4 Date	5 Payee name						
9/17/2015	Westside Tennis & Fitness						
6 Amount (\$)	7 Payee Address;	City; State;	Zip Code				
108.23	1200 Wilcrest Dr	Houston TX	77042				
X Reimbursement from							
political contributions							
intended							
8	(a) Category	(b) Description					
I	I	I					

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 Sandie Mullins Moger	3 FilerID (Ethics Commission filers)					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food and beverage service for campaign event					
		Check if travel outside of Texas, complete Schedule T					
		Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held					

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