### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST VICTORIA NICKNAME LAST MOYOUR	SUFFIX	OFFICE USE ONLY  Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	address / PO BOX; APT / SUITE # 363	CITY; STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 854-5359	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST WILLIE NIGENAME MOTOGAN	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); PAPT / S 3608 Camden Lan Pasadena TX 7752	UITE #; CITY; STATE;	ZIP CODE		
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (7/3) 822-8391	EXTENSION			
REPORT TYPE	July 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	0A 26 2019 THROUGH 07 45 2019				
11 ELECTION	ELECTION DATE  Month  Day,  Year  Off  General  Special				
12 OFFICE	Board of Truste Position 7	13 OFFICE SOUGHT (if know	vn)		
	go то	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

4 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)	
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME		
7 CONTRIBUTION TOTALS			POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 500.00	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$ 362.63	
	4. TOTAL POLITICAL EXPENDITURES		\$ 1874,28	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ -0 -	
8 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me	
(* PUR)	SUSAN CROFT Notary Public STATE OF TEXA y Comm. Exp. 04/0	under Title 15, Election Olde.	rgan	
***************************************	Notary ID# 48037	1-5 Signature of Car	ndidate or Officeholder	
AFFIX NOTARY STAI		by the said Vickie Morgan	, this the 15 H	
day of July	, 20 19	, to certify which, witness my hand and seal of office		
Man	Croft	Susan Croft	Notary	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **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 Gitt/Awards/Memorials Expense Legal Services 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)

Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Rayee name 4 Date 0 2019 6 Amount (\$) 7 Payee address; Beamer 511.65 11555 (b) Description
Check if travel outside of Texas. Complete Schedule T. ories listed at the top of this schedule) PURPOSE tisement Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Office held Candidate / Officeholder name Office sought Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense

Forms provided by Texas Ethics Commission

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

vission www.ethics.state.tx.us

Office sought

Candidate / Officeholder name

Revised 9/8/2015

Office held