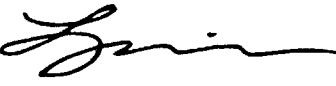




Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report




Elections Administrator
Harris County, TX

FileNo: 2022169
Received By Clerk: 01/19/2022
File Date: January 19, 2022
Office: Commissioner Pct. 2
Candidate: Mouton, Jerry
Treasurer: Mouton, Tammie
Category: Contributions And Expenditures (COH/JCOH)
Delivered By: Electronically Filed
Type: COR

Harris County No Fee

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 Filer)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Jerry
Mouton

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. BOX 665
Deer Park, TX 77563

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Tammie
Mouton

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

1118 East Angustine Dr.
Deer Park, TX 77536

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07 / 01 / 2021

THROUGH

12 / 31 / 2021

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 01 / 2022

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Mayor, Deer Park

13 OFFICE SOUGHT (if known)

County Commissioner, Pt 2

14 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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,100
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,910.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 26,283.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jerry Moulton, and my date of birth is 01/21/1966 USA
 My address is 1118 East Augustine Deer Park, TX 77536 HARRIS
 (street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 18 day of January 2022
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,200
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,916.32
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Hal 6 Contributor address; City; State; Zip Code 2613 Deertrail St. Deer Park, TX 77536	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Deer Park Rentals
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baker, Lynn Contributor address; City; State; Zip Code 309 W. Oak St Deer Park, TX 77536	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self-employed
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bechtel, Michel Contributor address; City; State; Zip Code 1333 Heights Blvd, Suite 200 Houston, TX 77008	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Bechtel Exploration Company
Date 8/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belt, Robert Contributor address; City; State; Zip Code 3210 Bingle Rd, Suite 300 Houston, TX 77055	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biscamp, Walter 6 Contributor address: City: State: Zip Code 13603 Lake Michigan Ave	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackmon, Joshua Contributor address: City: State: Zip Code 314 Rita Dr., Deer Park, TX 77536	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blair, Elizabeth Contributor address: City: State: Zip Code 4018 Bridle Place Houston, TX 77523	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Ruth Contributor address: City: State: Zip Code 2205 Limerick Ct Deer Park, TX 77536	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Col. Adrian W. Burke 6 Contributor address: City: State: Zip Code 2705 Luecia Avenue Deer Park, TX 77536	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cable, Jason Contributor address: City: State: Zip Code 2221 East Lanther Ln Deer Park, TX 77536	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Microsoft
Date 8/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cayer, Stuart Contributor address: City: State: Zip Code 493 Harborside Way Kemah, TX 77565	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/7/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cobb, Johnny + Beckie Contributor address: City: State: Zip Code 2202 E. Lanther Ln Deer Park, TX 77536	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conner, Wade + Sherry	7 Amount of contribution (\$) \$50
6 Contributor address: City: State: Zip Code 806 Phyllis St. Deer Park, TX 77536		
8 Principal occupation / Job title (See Instructions) Police Department		9 Employer (See Instructions) City of Deer Park
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corry, Steve	Amount of contribution (\$) \$50
Contributor address: City: State: Zip Code 1917 S. Everglades Dr Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Asst. Super Intendent		Employer (See Instructions) Deer Park ISD
Date 9/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Culp, Timothy	Amount of contribution (\$) \$100
Contributor address: City: State: Zip Code 519 N. 1st St La Porte, TX 77571		
Principal occupation / Job title (See Instructions) Ind.		Employer (See Instructions) Self-employed
Date 9/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DESSENS, MARK	Amount of contribution (\$) \$2500
Contributor address: City: State: Zip Code Schauhm 14019 Barryknoll Houston, TX 77079		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Schauhm & Polk
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earp, Danny + Jeannie 6 Contributor address: 1827 Lomax School Rd La Porte, TX 77571 City: State: Zip Code	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions) Oates Industries
Date 8/30/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ellard, US Contributor address: 418 E. San Augustine St. Deer Park, TX 77536 City: State: Zip Code	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Ellard Insurance Agency
Date 8/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Findley, Shawn Contributor address: 318 Lakeshore Dr. El Lago, TX 77586 City: State: Zip Code	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Master Electrician		Employer (See Instructions) Self employed
Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Daniel Contributor address: 3102 Myrtle Ranch Rd Katy, TX 77494 City: State: Zip Code	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Dan	7 Amount of contribution (\$) \$250
6 Contributor address: City: State: Zip Code 3102 Myrtle Ranch Rd Katy, TX 77494		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 9/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griffin, James	Amount of contribution (\$) \$100
Contributor address: City: State: Zip Code 2102 Ryder Ct League City, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grigg, Greg	Amount of contribution (\$) \$25
Contributor address: City: State: Zip Code 2101 Comal Springs Dr Deer Park, TX 77536		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Haight, TJ	Amount of contribution (\$) \$100
Contributor address: City: State: Zip Code 1809 S Carlbad Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Safety Manager		Employer (See Instructions) Austin Industrial
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hallisey, Pat	7 Amount of contribution (\$) \$500
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 2205 Araya League City, TX 77573		
8 Principal occupation / Job title (See Instructions) Mayor		9 Employer (See Instructions) City of League City
Date 9/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harren, Stephen	Amount of contribution (\$) \$100
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 4407 Timber Ct Pasadena, TX 77505		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hegwood, Vernon	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 6734 Cindy Ln Houston, TX 77008		
Principal occupation / Job title (See Instructions) civil engineer		Employer (See Instructions) Costello, Inc.
Date 7/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hegwood, Vernon	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ 6734 Cindy Ln Houston, TX 77008		
Principal occupation / Job title (See Instructions) civil engineer		Employer (See Instructions) Costello, Inc.
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

9/8/21

Hernandez, Susan

\$100

6 Contributor address:

City:

State:

Zip Code

10826 ElmScott Dr.
Pasadena, TX 77505

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

9/8/21

Keeney, Jon

\$500

Contributor address:

City:

State:

Zip Code

1314 Spring Cress Ln
Seabrook, TX 77586

Principal occupation / Job title (See Instructions)

Mayor

Employer (See Instructions)

Taylor Lake Village

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

9/9/21

Kirby, Bobby

\$25

Contributor address:

City:

State:

Zip Code

6411 Rodrigo St
Houston, TX 77007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

8/24/21

Lodge, John

\$500

Contributor address:

City:

State:

Zip Code

5001 Oates Rd
Houston, TX 77013

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

Lodge Lumber

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

9/9/21

Lopez, Shanna

6 Contributor address:

City:

State:

Zip Code

12102 Pinelands Park Lane
Humble, TX 77346

\$25

8 Principal occupation / Job title (See Instructions)

Account Manager

9 Employer (See Instructions)

Waste Management

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

8/13/21

McMahon, Mike

Contributor address:

City:

State:

Zip Code

3602 East Blvd
Deer Park, TX 77536

\$25

Principal occupation / Job title (See Instructions)

Minister

Employer (See Instructions)

Monument Baptist Church

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

9/8/21

Meador, Ben

Contributor address:

City:

State:

Zip Code

722 Fairmont Rkwy
Pasadena, TX 77504

\$250

Principal occupation / Job title (See Instructions)

Chairman & CEO

Employer (See Instructions)

Meador Staffing Services

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

9/9/21

Morgan, John

Contributor address:

City:

State:

Zip Code

1213 Park Green
Deer Park, TX 77536

\$50

Principal occupation / Job title (See Instructions)

Administrative

Employer (See Instructions)

RT Houston

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moulton, Dane 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 5629 East Lake Oliver Ln Dana, LA 70647	7 Amount of contribution (\$) \$50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Netles, David Contributor address: _____ City: _____ State: _____ Zip Code: _____ 1609 Wyngate Dr. Deer Park, TX 77536	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patterson, Bill Contributor address: _____ City: _____ State: _____ Zip Code: _____ 2309 W Lonesome Dove Dr. Deer Park, TX 77536	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 7/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peters, Carol Contributor address: _____ City: _____ State: _____ Zip Code: _____ 3427 Tree Ln Kingwood, TX 77339	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piatt, Michelle	7 Amount of contribution (\$) \$50
6 Contributor address; City; State; Zip Code 2702 Haleys Comet Ct Deer Park, TX 77536		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Judy Allen
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Piper, Joe	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1102 Dutch St Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Media Production Coordinator		Employer (See Instructions) City of Deer Park
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Regan, Tiffany	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 1909 South Everglades Deer Park, TX 77536		
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Deer Park ISD
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khome, James	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 2601 Ryder Court League City, TX 77573		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rock, Jolene + Gift 6 Contributor address; City; State; Zip Code 1826 Widdicombe Ct Ft Worth, TX 76008	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) White Oak engineers + planners
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sammelmann, Frank Contributor address; City; State; Zip Code 318 Reta Dr. Deer Park, TX 77536	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sinor, Ral Contributor address; City; State; Zip Code 2521 Magnolia in Deer Park, TX 77536	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Deer Park
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Wayne + Brenda Contributor address; City; State; Zip Code 122 N. Burnett Dr Baytown TX 77520	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
9/1/21	Smith, Sylva 86 Murphy Farm Rd Huntsville, TX 77320	\$2500
6 Contributor address: City: State: Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Landscaper		Self-employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
12/19/21	Sumner, William 12321 Zion Rd Tomball, TX 77375	\$250
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
N/A		N/A
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
9/19/21	Taylor, Rydn 1148 Arington Houston, TX 77008	\$1500
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		T&T Construction
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
9/9/21	Thompson, Jon 2721 Dow Circle Beer Park, TX 77536	\$100
Contributor address: City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Financial Advisor		CBSF
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tyer, Kevin	7 Amount of contribution (\$) \$50
	6 Contributor address; City; State; Zip Code 2703 Hunting Valley Ln Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Traf - IQ
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilson, Larry	Amount of contribution (\$) \$500
	Contributor address; City; State; Zip Code 37.7 Panamva St. Pasadena, TX 77504	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wolfer, Eric	Amount of contribution (\$) \$100
	Contributor address; City; State; Zip Code 4258 Noble Oak Trail Houston, TX 77059	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NASA
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Woodward, Barry	Amount of contribution (\$) \$1000
	Contributor address; City; State; Zip Code 126 W Texas Ave Baytown, TX 77529	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Commercial Tire

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Hoover Slovacek LLP 6 Contributor address; City; State; Zip Code 5051 Westheimer Rd. Suite 1200 Houston, TX 77056	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Taylor Revocable Trust Contributor address; City; State; Zip Code 2812 Dow Circle Deer Park, TX 77536	Amount of contribution (\$) \$1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Daniel Gonzalez Contributor address; City; State; Zip Code 3102 Myrtle Beach Ranch Katy, TX 77494	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Daniel Gonzalez Contributor address; City; State; Zip Code 3102 Myrtle Beach Ranch Katy, TX 77497	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS LAWN & SPRINKLER Co. 6 Contributor address: 6328 Alder Houston, TX 77081 City: State: Zip Code	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McDonough, Ranney Contributor address: City: State: Zip Code	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray, Robin Contributor address: 2146 Park Valley Dr. Katy, TX 77450 City: State: Zip Code	Amount of contribution (\$) \$3500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Jerry Mouton		3 Filer ID (Ethics Commission Filers)	
4 Date 9/8/2022		5 Payee name Sprint2Print			
6 Amount (\$) \$879.53		7 Payee address; City; State; Zip Code 8748 Clay Rd. Ste. 300, Houston TX 77080			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Yard Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/17/2022		Payee name Harris County Republican Primary			
Amount (\$) \$1,250.00		Payee address; City; State; Zip Code 8588 Katy Freeway, Suite 445, Houston, TX 77024			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee		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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 9	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 7/26/202	6 Payee name Nationbuilder	
7 Amount (\$) \$15.3	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/17/202	Payee name Nationbuilder	
Amount (\$) \$6.7	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME Jerry Mouton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 8/24/202		6 Payee name Nationbuilder			
7 Amount (\$) \$12.5		8 Payee address, City; State; Zip Code PO Box 811428, Los Angeles, CA 90081			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/26/202		Payee name Nationbuilder			
Amount (\$) \$49.3		Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing Fee	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/27/202	6 Payee name Nationbuilder	
7 Amount (\$) \$24.8	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/31/202	Payee name Nationbuilder	
Amount (\$) \$24.8	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/1/202	6 Payee name Nationbuilder	
7 Amount (\$) \$2.5	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/7/202	Payee name Nationbuilder	
Amount (\$) \$122.8	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/9/202	6 Payee name Nationbuilder	
7 Amount (\$) \$135.3	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/10/202	Payee name Nationbuilder	
Amount (\$) \$85.8	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/13/202	6 Payee name Nationbuilder	
7 Amount (\$) \$63.7	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/14/202	Payee name Nationbuilder	
Amount (\$) \$12.5	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:		2 FILER NAME Jerry Mouton		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 9/15/202		6 Payee name Nationbuilder			
7 Amount (\$) \$74.1		8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Processing Fee	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
Date 9/17/202		Payee name Nationbuilder			
Amount (\$) \$49.3		Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description Processing Fee	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/22/202	6 Payee name Nationbuilder	
7 Amount (\$) \$49.3	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/17/202	Payee name Nationbuilder	
Amount (\$) \$45.3	Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Jerry Mouton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/22/202	6 Payee name Nationbuilder	
7 Amount (\$) \$12.5	8 Payee address; City; State; Zip Code PO Box 811428, Los Angeles, CA 90081	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		