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	MS / MRS (MR) FIRST MI	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX	Date Received		
	Mosar	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	DEC 09 2019		
ADDRESS Change of Address	Marchall 1x >S620	HARRISON COUNTY ELECTIONS OFFICE		
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	Da		
OFFICEHOLDER PHONE	903) 472-0148	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS (MRS) MI SONTA MI	Receipt # Amount \$		
NAME	NICKNAME AST SUFFIX	Date Processed		
	Harley.	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	Zonte Prilie 3419 Landa C	And 75620		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 203-8108			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	Sth day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month THROUGH July	Day Year LOZO		
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	E		
12 OFFICE	OFFICE HELD (if any) HANNISON Country Coustable Constant	in County		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		r ID (Ethics Commission Filers)			
Darit	Moore				
16 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 OF 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.				
	GENERAL COMMITTEE NAME COMMITTEE ADDRESS SPECIFIC				
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	R			
	3419 Couls Cone 256	270 Marshell			
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
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	\$			
18 AFFIDAVIT					
	I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15, Election Code.				
ELIZ FROM JETU MY FOR	ZABETH A WYATT Notary Public State of Texas ID # 1149076-3 Wim. Expires 02-12-2023	or Officeholder			
Sworn to and subscribed before me, by the said, this the					
day of, 20, to certify which, witness my hand and seal of office.					
Elinal	welly att Flizabeth A wyart	notary			
Signature of officer	administering oath Printed name of officer administering oath T	itle of officer administering oath			

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
	Auide explains how to complete this form.	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) PIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STAJE; ZIP CODE	JUL 15 2016
Change of Address	Monshall (x 25620	HARRISON COUNTY ELECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 903 93472-0148	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	NICKNAME LAST LONE 56TO	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 903-2688108	to (sine 7 State
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month THROUGH THROUGH THROUGH	Day Year 1 15 2016
11 ELECTION	BLECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known care)	able
	GO TO PAGE 2	8

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 File			er ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS	у.		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
	medi antercontrata	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
ELIZA	BETH A. WYATT lotary Public tate of Texas . Expires 02-12-2019	Signature of Candida	ate or Officeholder		
Sworn to and subso	cribed before me,	by the said	, this the		
day of					
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath		
		1/25			