RONALD

SEMI-ANNUAL REPORT JULY 15, 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethios Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST Ronald	MI	OFFICE USE ONLY CAMERUN COLOTY Date Received MENT OF ELECTIONS &
	Ronnie	LAST Moore	SUFFIX	VOTER REGISTRATION
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	x; APT / SUITE #; C	city; state; zip code i, Texas 78578	JUL 08 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 459-2054	EXTENSION	Date Hand-defivered or Date Postmarker
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. NICKNAME	FIRST Ana LAST	мі Laura suffix	Receipt # Amount \$ Date Processed
	Lori	Moore		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU e Lane Laguna Vista,	,	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(956)	459-2053	EATENSION	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	X July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 26 / 2024	THROUGH 07	Day Year 15 / 2024
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known) Cameron County C	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEL(S)	COMMITTEE TYPE	COMMITTEE NAME	***************************************	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ron	ald Moore	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,225.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,748.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true puired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate 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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	n	
My name is Ronald N	Moore, and my date of birth is _	July 29, 1069 .
My address is 202 Or	ange Lane, Laguna Vista	x, 78578_, U.S.A
	(street) (city) (st	ate) (zip code) (country)
Executed in Cameron	County, State of <u>Texas</u> , on the <u>08</u> day of <u>July</u>	
	(month)	(year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
	Ronald Moore		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,225.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 1,748.52	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

4 Date 5 02/10/2024 6 1		City;	-)	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)	
02/10/2024 6 1	Flora Badillo Contributor address; 06 Port Road	City;		,,,,,	7 Amount of contribution (\$)	
6	Contributor address; 06 Port Road	City;			\$40.00	
8 Principal occupation	on / Job title (See Instructions)					
*******			9 Empl	oyer (See Instruc	itions)	
Date	Full name of contributor				Amount of contribution (\$)	
02/10/2024 ····	Contributor address; P.O. Box 4322	city; Brownsville	State;	Zip Code 78521	\$60.00	
Principal occupatio	n / Job title (See Instructions)		Empl	oyer (See Instruc	i tions)	
Date	Full name of contributor)	Amount of contribution (\$)	
03/11/2024	Contributor address; City; State; Zip Code 11103 Jacob Crossing Dr. Richmond TX 77406				\$25.00	
Principal occupation	n / Job title (See Instructions)		Emple	oyer (See Instruc	l tions)	
Date	Full name of contributor		C (ID#:)		Amount of contribution (\$)	
04/16/2024 ···· P.	Contributor address; O. Box 1598	_{City;} Weatherford	State;	Zip Code 76086	\$100.00	
Principal occupation	n / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)	

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

Principal occupation / Job title (Secontributor additional occupation / Job title (Sec	ontributor	State; Zip Code TX 77577 9 Employer (See Instruction PAC (ID#:	\$1,000.00 ptions) Amount of contribution (\$)
Principal occupation / Job title (Secontributor ad Contributor ad	Onzalez Idress; City; 203 Liverpool Des Instructions) Ontributor	State; Zip Code TX 77577 9 Employer (See Instruct PAC (ID#	\$1,000.00 ctions) Amount of contribution (\$)
6 Contributor ad 3626 CR 2 Principal occupation / Job title (See Contributor ad	dress; City; 203 Liverpool es Instructions) ontributor	State; Zip Code TX 77577 9 Employer (See Instruction PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (Secondary Contributor additional C	ee Instructions) Ontributor	State; Zip Code Employer (See Instruc	Amount of contribution (\$)
Date Full name of co	ontributor out-of-state f dress; City; e Instructions)	State; Zip Code Employer (See Instruction Code)	Amount of contribution (\$)
Principal occupation / Job title (See	dress; City; e Instructions) intributor	State; Zip Code Employer (See Instruc	tions)
Principal occupation / Job title (Sec	e Instructions) Intributor	Employer (See Instruc	
Date Full name of co	ntributor out-of-state P	PAC (IDM)	
Contributor add			Amount of contribution (\$)
Contributor add			
Principal occupation / Job title (See	tress; City;	State; Zip Code	
	nstructions)	Employer (See Instruc	tions)
Date Full name of co	ntributor 🔲 out-of-slate P.	AC (ID#)	Amount of contribution (\$)
Contributor add	tress; City;	State; Zip Code	
Principal occupation / Job title (See	Instructions)	Employer (See Instruc	tions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

T	he Instruction Guide explains how to complete this for	m.	1 Total pages Sched	fule A2:
2 FILER NAM	IE .		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;		Check if travel outs	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:		Amount of Contribution \$	 In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	 - de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI)	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
				·
		***************************************	· · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; St	ate; Zip Code		! - -
				I	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		
				Check if travel outsi	l. de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	***************************************
	Date	Full name of pledgor	,	Amount of Pledge \$	In-kind contribution description
	***************************************	Pledgor address; City; St	ate; Zip Code		
					de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	***************************************	Pledgor address; City; State	; Zip Code		
				Check if travel outside	de of Texas. Complete Schedule T.
I	Principal occupa	ation / Job title (See Instructions)	Employer (See	L	
		ATTACH ADDITIONAL CODIES			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers	
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	lateral	15 Check if personal fur account (See Instruc	ids were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor .		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	•		

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

SCHEDULE F1

		EXPENDITURE CATE	GORIES I	FOR BOX 8(a)	***************************************	***************************************	
AdvertIsIng Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhie Food/Beverage Expense Polling Exper By Gift/Awards/Memorials Expense Printing Expe		rpense /ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	rment & Related Exp	ense	
1 Total pages Schedule F1:	2 FILER N	NAME Ronald Moore			3 Filer ID (Ethics	s Commission File	rs)
4 Date 01/29/2024	5 Payeen	^{ame} Walmart					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
\$27.93	3500 \	West Alton Gloor Blvd.		Brownsville	TX	78520	
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fo	od / Beverage Expense	Beverage Expense Sodas, Wa			iter, Paper Plates, Utensils	
	(c)	Check if travel outside of Texas, Complete S	Ichedule T.	Check if Austir	ı, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
02/03/2024		Sam's					
Amount (\$)	Payee a	dress;		City;	State;	Zip Code	
\$80.94	3570 W	est Alton Gloor Blvd		Brownsville	TX	78520	
	Category	/ (See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Fo	od / Beverage Expense		Hot Dogs, Ketc	hup, Mustered	l, Chips, Picl	kles
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
02/05/2024		Amazon					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code	
\$19.38	4301 V	West Military Hwy		McAllen	TX	78503	
	Category	(See Categories listed at the top of this so	chedule)	Description			
PURPOSE OF EXPENDITURE	Ev	ent Expense		Table Covers and Ornaments			
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held	

SCHEDULE F1

ii iiie reduesied iui	ormation is not applicable, DO NOT in	iciuae t	nis page in the re	port.		
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokler/Politics Credit Card Payment	Faes Office Over Food/Beverage Expense Polling Exp By Gift/Awards/Memorials Expense Printing Exp			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 c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Ronald Moore			3 Filer ID (Ethic	s Commission Filers)	
4 Date 02/07/2024	5 Payee name Fiesta Graphics & Er	nbroide	ery			
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
\$254.38	205 Paredes Line Rd Brownsville			TX	78521	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description				10000000	
PURPOSE OF EXPENDITURE	Printing Expense			Signs		
	(c) Check if travel outside of Texas, Complete Sch	edule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete ONLY if direct			Office sought		Office held	
Date	Payes name	·				
02/10/2024	Walmart					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$47.84	1401 Texas 100		Port Isabel	TX	78578	
	Category (See Categories listed at the top of this sch	edule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Power Cords,	Coolers, Ice			
	Check if travel outside of Texas. Complete Sch	edule T	Check If Austin, TX officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name				The Control of the Co	
02/15/2024	Well's Fargo Bank					
Amount (\$)	Payee address;		City;	State:	Zip Code	
\$10.00	1800 Texas 100		Port Isabel	TX	78578	
	Category (See Categories listed at the top of this sch	edule)	Description	······································		
PURPOSE OF EXPENDITURE	Accounting / Banking		Monthly Fee			
Ţ	Check if travel outside of Taxas, Complete Sche	otule T.	Check if Austin,	TX, officeholder flying	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	***************************************	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out O'D betrict Other (enter a category not listed above)			
O'OUR SHIDT BYTHER		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME Ronald Moore			3 Filer ID (Ethic	s Commission Filers)
4 Date 02/21/2024	5 Payee nan	Facebook				,
6 Amount (\$)	7 Payee add	ress;		City;	State;	Zip Code
\$27.49	1 Hacker Way Menlo Park			CA	94025	
8	(a) Category	(See Calegories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense Advertisin			ng Boost		
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office				n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name		Office sought Office held		
Date	Payee nam	0				
02/21/2024		Facebook				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
\$12.89	1 Hacke	er Way		Menlo Park	CA	94025
	Category (See Categories listed at the top of this s	chedule}	Description		,
PURPOSE OF EXPENDITURE	Adv	erstising Expense		Advertisir	ng Boost	
		neck if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought Office held		
Date	Payee nam	18				
03/06/2024	·	Facebook				
Amount (\$)	Payee add	eas;		City;	State;	Zip Code
\$39.62	1 Hacke	r Way		Menlo Park	CA	94025
	Category (5	ee Categories listed at the top of this so	zhedule)	Description		
PURPOSE OF EXPENDITURE	Advers	stising Expense		Advertising Boost		
Ī	Ch	eck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	. TX, officeholder living	i ëxpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate	a / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Accounting/reanking Fees Office Ov Consulting Expense Food/Beverage Expense Polling E Contributions/Donations Made By Gift/Awards/Memoriats Expense Printing E			pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense	
1 Total pages Schedule F1:	2 FILER NAME Ronald Moore			3 Filer ID (Ethic	s Commission Filers)	
4 Date 03/15/2024	5 Payee name Well's Fargo Bank	·				
6 Amount (\$)	7 Payee address;	······································	City;	State;	Zip Code	
\$10.00	1800 Texas 100		Port Isabel	TX	78578	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Accounting / Banking	Monthly Fees				
	(c) Check if travel outside of Texas. Complete Sci	hedule T.	Check If Austir	n, TX, officeholder livin	g expense	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		Office held	
Date	Payee name				***************************************	
03/21/2024	Facebook					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$3.79	1 Hacker Way		Menlo Park	CA	94025	
	Category (See Categories listed at the top of this sci	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense		Advertising Boost			
j	Check if travel outside of Texas, Complete Sch	redule T	T Check if Austin TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held			
Date	Payee name					
03/28/2024	•					
	Facebook					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$25.54	1 Hacker Way		Menlo Park	CA	94025	
	Category (See Categories listed at the top of this sch	edule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense		Advertisi	ing Boost		
	Check if travel outside of Texas, Complete Sch	edule T	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 O	F THIS S	CHEDULE AS NEE!	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politics Credi Card Payment		Fees Office Overthe Food/Beverage Expense Polling Expense Printing Expense		Transportation Equ Travel in District Travel Out Of Distri		
CHARLOGUE BYREEL	The instruction Guide explains how to complete this form.					
1 Total pages Schedule F1;	2 FILER NAME Ronald Moore 3 Filer ID (Ethics Commission					
4 Date 04/08/2024	5 Payee name Facebook					
6 Amount (\$)	7 Payee address; City, State; Zip Code					
\$20.25	1 Hacker Way	94025				
8	(a) Category (See Categories listed at the top of this s	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	The same of the sa	Advert	ising Boost		
	(c) Check if travel outside of Taxas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder fivin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	implete QNLY if direct Candidate / Officeholder name Office sought Office held					
Date	Payes name			X-111-1	-	
04/15/2024	Well's Fargo Bank					
Amount (\$)	Payee address;		City;	State;	Zìp Code	
\$10.00	1800 Texas 100		Port Isabel	TX	78578	
	Category (See Categories listed at the top of this sci	hedule)	Description			
PURPOSE Accounting / Banking EXPENDITURE			Monthly Fees			
	Check if trevel outside of Texas, Complete Sch	nedule T.	dule T. Check if Austin. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought Office held			
Date	Payee name					
05/15/2024	Well's Fargo Bank					
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$10.00	1800 Texas 100		Port Isabel	TX	78578	
	Category (See Categories listed at the top of this sch	redule)	Description			
PURPOSE OF EXPENDITURE	Accounting / Banking Monthly			Fees		
Ī	Check if travel outside of Texas, Complete Sche	edule T.	Check If Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held	
77.4	ATTACH ADDITIONAL COPIES O	F THIS SC	HEDULE AS NEE	DED		

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 **Event Expense** Loan Repayment/Relmbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Selaries/Wages/Contract Labor Travel Dut Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) 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) Ronald Moore 4 Date 5 Payee name 06/03/2024 Ana Laura & Ronald Moore 6 Amount (\$) 7 Payee address; City: State; Zip Code \$1,000.00 202 Orange Lane Laguna Vista TΧ 78578 (a) Category (See Categories listed at the top of this achedule) A (b) Description PURPOSE Loan Repayment / Reimbursement Monetary OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2024 Well's Fago Bank Amount (\$) Payee address; City; State; Zip Code \$10.00 1800 Texas 100 Port Isabel TX 78578 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Accounting / Banking Monthly Fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check If Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Célégory (See Celegories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Taxas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

		EXPENDITUR	E CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transpor Travel In Travel O	District ut Of District	g Expense ent & Related Expense not listed above)
1 Total pages Schedule F2:							ommission Filers)	
							-	
4 TOTAL OF UNITER	MIZED UN	PAID INCURRE	D OBLIG	ATION	S	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	tical			
10	(a) Categor	y (See Categories listed at t	the top of this so	chedule)	(b) Description			
PURPOSE OF Expenditure								
	(c)	Check if travel outside of Texas	s. Complete Sch	edule T.	Check if Au	stin, TX, officel	holder living e	xpense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		didate / Officeholder	name	O	fice sought		Office hel	d
Date	Payee i	name						
Amount (\$)	Payee	address;		· · · · · · · · · · · · · · · · · · ·	City;		State;	Zip Code
TYPE OF EXPENDITURE	F	Political		Non-Pol	tical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at th	he tap of this sc	hedule)	Description		,	
		Check if travel outside of Texa	as. Complete Sci	nedule T.	Check if Au	ıstin, TX, office	eholder living e	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		didate / Officeholder r	name	Ot	fice sought		Office hel	d
	ATTAC	H ADDITIONAL CO	OPIES OF	THIS SO	HEDULE AS NE	EDED	***************************************	

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	E	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; Cit	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	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	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District
Contributions/Donations Made E Candidate/Officeholder/Politic		Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF Expenditure			
	(c) Check if travel outside of Yexas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY 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	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEI	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Foot/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)			
	T _	The Instruction Guide explain	ns how to comp	lete this form.			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule) (b)	Description			
	(c)	Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austir	istin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office	e sought		Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	hedule) E	Description			
	c	neck if travel outside of Texas. Complete Sch	edule T.	Check if Austin	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name	Office	sought	(Office held	
Date	Business	name					
Amount (\$)	Business	address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule) [Description			
	Cr	eck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/Oh		te / Officeholder name	Office	sought	(Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS SCHE	DULE AS NEEI	DED		

SCHEDULE !

2 FILER NAME 5 Payee name 7 Payee address; a) Category (See instructions for examples of acceptable categories.)	City (b) Description (Se	3 Filer ID (Ethic	
Payee address; a) Category (See instructions for examples of acceptable	(b) Description (Se	**************************************	
a) Category (See instructions for examples of acceptable	(b) Description (Se	**************************************	
a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se	e instructions regarding typ	e of information
Payee name			
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions regarding typ	e of informatioл
Payee name			V
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type	of information
Payee name			
Payee address;	City	State	Zip Code
Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type	of information
	Category (See instructions for examples of acceptable categories.) Payee name Payee address; Category (See instructions for examples of acceptable categories.) Payee address; Category (See instructions for examples of acceptable categories.)	Category (See instructions for examples of acceptable required.) Payee name Payee address; City Category (See instructions for examples of acceptable categories.) Payee address; City Category (See instructions for examples of acceptable required.) Payee address; City Category (See instructions for examples of acceptable required.)	Category (See instructions for examples of acceptable categories.) Payee name Category (See instructions for examples of acceptable categories.) Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type required.) Payee address; City State Category (See instructions for examples of acceptable categories.) Payee address; City State Category (See instructions for examples of acceptable categories.)

INTEREST, CREDITS, GAINS, REFUNDS, AND

CONTRIBUTIONS RETURNED TO FILER SCHEDULE K If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	- 11110111111111111	ii io not a	pplicable, DO NO	include this pag	ge in the report.		
The Ins	struction Gu	ide explair	ns how to complete	this form.	1 Total pages Schedule T:		
2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
4 Name of Contribute	or / Corporation	on or Labor	Organization / Pledgo	r / Payee			
5 Contribution / Expe	nditure repor	led on:					
Schedule A	r—-	chedule B	Cohedula D/N				
Schedule F			Schedule B(J)		Schedule D Schedu	ule F1	
	2	chedule F4	Schedule G	Schedule H	Schedule COH-UC Schedu	ule B-SS	
7 Name of person(s) traveling							
	8 Depar	ture city or	name of departure loca	ation	111		
	9 Destin	ation city o	r name of destination l	ocation			
10 Means of transports	 ation	11 Purp	nee of travel (including	t name of conference	e, seminar, or other event)		
-			ose or naver fureidants) name or comerence	, seminar, or other event)		
Name of Contributo	r / Corporatio	n or Labor (Organization / Pledgor	/ Payee			
Contribution / Exper	nditure reporte	ed on:					
Schedule A2	2 Sc	Schedule B. Sebadule RAN Contests on Contests					
Schedule F2	Sc	Schedule F4 Schedule G Schedule H Schedule F1					
Dates of travel	Name	of person(s			Schedu	ile B-SS	
D400 0, 1.4. 1.	1 40011.00	Or personic) traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transporta	ıtion	Purpo	ose of travel (including	name of conference,	, seminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	/ Payee			
Contribution / Expend	diture reporte	d on:					
Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule E		
Schedule F2	Sched	ule F4	Schedule G	Schedule H	Schedule D Schedule F Schedule COH-UC Schedule E		
Dates of travel	Name o	f person(s)	traveling				
İ	Departu	re city or na	ame of departure locati	ion			
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	Destinat	ion city or r	name of destination loc	cation			
Means of transportati	ion	Purno	- of two of lines stines				
	ion:	ruipo	se or travel (including r	name of conference,	seminar, or other event)		
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1 C/O	H NAME 2 Filer ID (Ethics Commission Filers)
3 SIG	NATURE
desi	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that inating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any paign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
4 FILE	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Ch	ck only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Che	ck only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	EHOLDER nplete this section <i>only</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder