OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST MI Pastor Michael | OFFICE USE ONLY |
| NAME | nickname last suffix Moore | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1412 Lindsey Fort Worth TX 76105 | CSO REC'D FEB 20 '25 AM10:27 |
| 6 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 584-661 | Date Hand-delivered or Date Postmarked Receipt # Amount \$ |
| 6 CAMPAIGN TREASURER NAME | Ms / MRS / MR FIRST MI Ms. Nakeesha | Date Processed |
| | NICKNAME LAST SUFFIX Richmond | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1412 Lindsey Fort Worth | TX 76105 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 504-1919 | |
| 9 REPORT TYPE | January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified Reporting Limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 12 / 20 / 2024 THROUGH 12 / | Day Year / 31 / 2024 |
| 11 ELECTION | ELECTION DATE Month Day Year The primary Runoff Description Special | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known FW Council D5 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO COMMITTEE TYPE COMMITTEE NAME | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| Additional Pages | GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| | GO TO PAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 16 C/OH NAME Pastor Michael 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 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | * o | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ ₀ | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ o | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS | ST DAY \$0 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD | THE \$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. | | | | |
| 1 s | M. D. In | | | |
| | Signature of Ca | andidate or Officeholder | | |
| | | | | |
| | | | | |
| | Please complete either option belov | v: | | |
| | | | | |
| (1) Affidavit | JANNETTE GOODALL Notary ID #129046183 My Commission Expires July 2, 2028 | | | |
| NOTARY STAMP/SEAL | | | | |
| Sworn to and subscribed before me by Michael Moove this the 20 day of February, | | | | |
| 20 <u>35</u> , to certify which, witness my hand and seal of office. | | | | |
| Signature of officer administer | Janette Gooday | Title of officer administering oath | | |
| Signature of officer administra | ring oath Printed name of officer administering oath OR | Title of officer administering oath | | |
| (2) Unsworn Declarati | | | | |
| | | | | |
| WT 1000 - | , and my date of birth is | ·· | | |
| iviy address is | (street) (city) (| state) (zip code) (country) | | |
| Executed in | County, State of, on theday of(month | | | |
| | Signature of Candi | date/Officeholder (Declarant) | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME Pastor Michael Moore 20 Filer ID (Ethic | | nmission Filers) |
|---|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |
| | | |