

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 Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Mrs. April Williams Moore			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2131 N Collum St Unit 433 Arlington Texas 76011		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 932 5361		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
April Williams Moore			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	// //		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 932.5361		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	01	16	2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
05 / 04 / 2024		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Arlington School Board Place 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received

RECEIVED

APR 03 2024

BY: M. Washburn

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>April Williams Moore</i>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,088.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,867.99</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>220.01</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

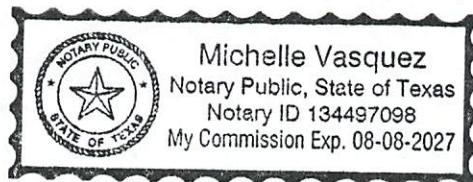
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

April Williams Moore

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *April Williams Moore* this the *3* day of *April*, 20*24*, to certify which, witness my hand and seal of office.
Michelle Vasquez *Michelle Vasquez* *Coordinator*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>April Williams Moore</i>	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,088
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 838.87
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 286.39
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,867.99
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	\$ 286.39
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	\$ 181.00

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#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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.

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 2.8.24	5 Full name of contributor out-of-state PAC (ID#: _____) Bonnie Dangel 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 2.12.24	Full name of contributor out-of-state PAC (ID#: _____) Brian Rouse Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) N/A
Date 2.12.24	Full name of contributor out-of-state PAC (ID#: _____) Darryl Owens Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 55.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2.21.24	Full name of contributor out-of-state PAC (ID#: _____) Shirley Fitzgerald Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) AISA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 2-21-24	5 Full name of contributor Yvette Allen out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted]	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 2-27-24	Full name of contributor Gwendoly Hughes out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) A1SD
Date 2-23-24	Full name of contributor Zoe Gilmore out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
Date 2-23-24	Full name of contributor Andrea Watson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted]	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Medical Assistant		Employer (See Instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$)
2-25-24	Jo Horton 6 Contributor address; City; State; Zip Code [REDACTED]	\$55.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Business Owner		Business Owner
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
2-25-24	Sonia Gordon Contributor address; City; State; Zip Code [REDACTED]	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Analyst		Fed EX
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
2-26-24	Margarita Resto Contributor address; City; State; Zip Code [REDACTED]	\$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Realtor		Business Owner
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$)
2-29-24	Francois Kerret Contributor address; City; State; Zip Code [REDACTED]	\$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owner		Business Owner

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 3.4.24	5 Full name of contributor Chandra Miller Johnson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) AISD
Date 3.4.24	Full name of contributor Aniel Hall out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD
Date 3.4.24	Full name of contributor Merna Roberson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$205.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3.24.24	Full name of contributor Charlitta Cummings out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$165.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>3-25-24</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Chandra Mason</i>	7 Amount of contribution (\$) <i>\$53.00</i>
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) <i>Navy Chief</i>		9 Employer (See Instructions) <i>USN</i>
Date <i>3-19-24</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Meet & Greet Donations</i>	Amount of contribution (\$) <i>\$140.00</i>
Contributor address; City; State; Zip Code <i>Small donations from event in bowl</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3-6-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Osborne</i>	8 Amount of Contribution \$ <i>90.00</i>	9 In-kind contribution description <i>Yardsign stakes</i>
7 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Arlington TX 76013</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Therapist</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Business Owner</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (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.

PLEGGED 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 form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>20 Feb 24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger DeFrang</i>	8 Amount of Contribution \$ <i>235.60</i>	9 In-kind contribution description <i>Sign Poles</i>
7 Contributor address; City; State; Zip Code <i>[Redacted] Arlington TX 76013</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>22 Feb 24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Raul Gonzalez</i>	Amount of Contribution \$ <i>90.00</i>	In-kind contribution description <i>Yard Stakes Sign</i>
Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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PLEGGED 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 form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>3-24-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eric Perego</i>	8 Amount of Contribution \$ <i>236</i>	9 In-kind contribution description <i>Sign Poles</i>
7 Contributor address; City; State; Zip Code <i>Arlington TX 76013</i>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Loan Officer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>General Motor</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>3-26-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Defrang</i>	Amount of Contribution \$ <i>187.27</i>	In-kind contribution description <i>Signs r prayer Breakfast ticket</i>
Contributor address; City; State; Zip Code <i>Arlington Tx 76013</i>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Retired</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (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

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PLEGGED 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 form.		1 Total pages Schedule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.	
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>April Williams Moore</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3-21-24</i>	5 Payee name <i>Tom Thumb</i>	
6 Amount (\$) <i>44.04</i>	7 Payee address; City; State; Zip Code <i>2755 N Collins St Arlington TX 76006</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>Meet & Greet Refreshments</i>
	(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 <i>April Williams Moore AISD School Board PL 3</i>		
Date <i>3-20-24</i>	Payee name <i>Self April Williams Moore</i>	
Amount (\$) <i>181.00</i>	Payee address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington TX 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment / Reimburse</i>	Description <i>Reimburse personal loan</i>
	(c) <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
	(c) <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		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>April Williams Moore</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-25-24</i>	5 Payee name <i>Go Daddy</i>	
6 Amount (.\$) <i>\$44.53</i>	7 Payee address: City: State: Zip Code <i>Tempe Arizona</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Go daddy domain april4aisd.com</i>
	(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 <i>April Williams Moore</i>	Office sought <i>PL 3</i>
Date <i>2-27-24</i>	Payee name <i>Print Place</i>	
Amount (\$) <i>139.43</i>	Payee address: City: State: Zip Code <i>1130 Ave H East Arlington Texas 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Rack Cards</i>
	<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 <i>April Williams Moore</i>	Office sought <i>PL 3</i>
Date <i>2-27-24</i>	Payee name <i>Webador website</i>	
Amount (\$) <i>45.00</i>	Payee address: City: State: Zip Code <i>Enthoven, Noord Brabant, Netherlands</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>webador website april4aisd.org</i>
	<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

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental 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 | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>April Williams Moore</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3.6.24</i>	5 Payee name <i>Patriot Print</i>	
6 Amount (\$) <i>262.50</i>	7 Payee address: City: State: Zip Code <i>106 A.E. Petsche Ct Ste 120 Arlington Tx</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Yard signs</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>April Williams Moore</i>	Office sought <i>ATSD School Board Place 3</i>
Date <i>3.21.24</i>	Payee name <i>Patriot Print</i>	
Amount (\$) <i>601.00</i>	Payee address: City: State: Zip Code <i>106 A.E. Petsche Ct Ste 120 Arlington Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Road Signs</i>
	<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 <i>April Williams Moore</i>	Office sought <i>ATSD School Board Place 3</i>
Date <i>3.28.24</i>	Payee name <i>Patriot Print</i>	
Amount (\$) <i>264.10</i>	Payee address: City: State: Zip Code <i>106 A.E. Petsche Ct Ste 120 Arlington Texas</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard signs</i>
	<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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <i>April Williams Moore</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>23 Jan 24</i>	5 Payee name <i>April Williams Moore - Print Place .com</i>	
6 Amount (\$) <i>142.44</i> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington, Texas 76011</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense / Loan Repayment</i>	(b) Description <i>Rack cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1 Feb 24</i>	Payee name <i>April Williams Moore - PrintPlace.com</i>	
Amount (\$) <i>94.18</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington Tx 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Loan Repayment</i>	Description <i>Yard signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4 mar 24</i>	Payee name <i>April Williams Moore - Urgent Printing</i>	
Amount (\$) <i>49.77</i> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <i>2131 N Collins St unit 433 Arlington Tx 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense / Loan Repayment</i>	Description <i>2 Posters</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution		
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.		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

LOANS

SCHEDULE E

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 E:
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <i>0</i>		\$ <i>142.44</i>
5 Date of loan <i>1.23.24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Self - April Williams Moore</i>	9 Loan Amount (\$) <i>142.44</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington Tx 76011</i>	10 Interest rate <i>-</i>
		11 Maturity date <i>-</i>
12 Principal occupation / Job title (See Instructions) <i>Realtor</i>		13 Employer (See Instructions) <i>Business Owner</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor <i>Self - April Williams Moore</i>	19 Amount Guaranteed (\$) <i>142.44</i>
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>2.1.24</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Self April Williams Moore</i>	Loan Amount (\$) <i>94.18</i>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington Tx 76011</i>	Interest rate <i>-</i>
		Maturity date
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Business Owner</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>49.77</i>
5 Date of loan <i>3.4.24</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>self April Williams Moore</i>	9 Loan Amount (\$) <i>49.77</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>2131 N Collins St Unit 433 Arlington TX 76011</i>	10 Interest rate <i>—</i>
		11 Maturity date <i>—</i>
12 Principal occupation / Job title (See Instructions) <i>Realtor</i>		13 Employer (See Instructions) <i>Business Owner</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME <i>April Williams Moore</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-20-24</i>	5 Name of person from whom amount is received <i>April Williams Moore</i>	8 Amount (\$) <i>\$181.00</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>2131 N Collins Unit 433 Arlington TX 76006</i>	
	7 Purpose for which amount is received <i>Reimbursement personal loan</i>	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	Purpose for which amount is received Check if political contribution returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
	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

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 T:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Reset Form

Reset Page