# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	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 OFFICE USE ONLY  MS/MRS/MR Date Propried
NAME	NICKNAME LAST SUFFIX Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  APR 0 3 2024
ADDRESS  Change of Address	2131 N Collin St unit 433 Arlington Texas 760111  APR 0 3 2024  BY: MWasning
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817) 932 5361
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Receipt # Amount \$  April Williams Moore Date Processed
	NICKNAME LAST SUFFIX  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	E.,
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817) 932.5341
	(817) 932:5361
9 REPORT TYPE	January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)
	July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year  O   / 16 / 2024 THROUGH 04 / 06 / 2024
11 ELECTION	ELECTION DATE ELECTION TYPE
	Month Day Year Primary Runoff Other Description
* 1 T 1 A	05 / 04 / 2024 X General Special
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Artington School Board Place 3
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME
Additional Pages	GENERAL COMMITTEE ADDRESS
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
-	COMMITTEE CAMPAIGN TREASURER ADDRESS
n X	GO TO PAGE 2

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Williams 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)	\$			
e 1 1 - 1 1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,088'00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,867.99			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 220.01			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	anipwe	elle mone			
	Signature of Car	ndidate or Officeholder			
	Signature of Car	ididate of Officeroider			
9 -					
	Please complete either option below	:			
-					
1 1	Michelle Vasquez				
1	Notary Public, State of Texas				
(1) Affidavit	Notary ID 134497098 My Commission Exp. 08-08-2027				
(1) Allidavit	My OUTHINSSION EXP. 00-00-2027				
NOTARY STAMP/SEA	AL .				
Sworn to and subscribed	before me by April Williams Moore this the	3 day of April.			
20 of to certify	which, witness my hand and seal of office				
V W World	Vashunc Michelle Vasquez	Correction abov.			
Signature of officer administe		Title of officer administering oath			
Managara Angaran	OR				
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is					
Visit Approximation and the second a	(street) (city) (s	tate) (zip code) (country)			
Executed in	County, State of, on the day of(month)	, 20			
	(month)	(year)			
	Signature of Candida	ate/Officeholder (Declarant)			

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	April Williams Moore	20 Filer ID (Ethics Commission Filers)	)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT, AMOUN	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,088	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 838	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 286-	39
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 1,86	7.99
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 FUN	s 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 CO	NTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$ 181.	00

state

#### SCHEDULE A1

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

	The	nstruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	Date	5 Full name of contributor out-of-state PAC (ID#:	,	7 Amount of contribution (\$)				
		6 Contributor address; City; S	tate; Zip Code					
8	Principal occup	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)				
	Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; S		Amount of contribution (\$)				
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)							
	Date		tate; Zip Code	Amount of contribution (\$)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)				
	Date		State; Zip Code	Amount of contribution (\$)				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)				
		ATTACH ADDITIONAL CODIES OF						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

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in the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guid	The Instruction Guide explains how to complete this form.					
2 FILER NAME			3 Filer	ID (Ethics Commission Filers)		
6 Contributor	nte Dangel address; City:	C (ID#:)  State; Zip Code	10	unt of contribution (\$)		
8 Principal occupation / Job title (	See Instructions)	9 Employer (See Instruc Retire				
Date Full name of BVC	an Rouse	C (ID#:)	Amo	ount of contribution (\$)		
Contributor	address; City;	State; Zip Code		5.00		
Principal occupation / Job title (S	Gee Instructions) Consultant	Employer (See Instruc	tions)			
Date Full name of Darry	•	C (ID#:)	Amo	ount of contribution (\$)		
Contributor	address; City;	State; Zip Code		55.00		
Principal occupation / Job title (S		Employer (See Instruc	tions)			
Date Full name of Shir (	- Odi-on-state PA	C (ID#:)		unt of contribution (\$)		
2 Contributor	address; City;	State; Zip Code		10.00		
Principal occupation / Job title (S	See Instructions)	Employer (See Instruc	•			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						
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If the requested information	If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Gu	The Instruction Guide explains how to complete this form.					
2 FILER NAME			3 File	r ID (Ethics Commission Filers)		
4 Date 5 Full name of V (	the Allen	AC (ID#:) State; Zip Code		ount of contribution (\$)		
8 Principal occupation / Job title Refrec	-	9 Employer (See Instruct Retired	ctions)			
1 AIII	ndoly Hughes	AC (ID#:) State; Zip Code		25,00		
Principal occupation / Job title (	See Instructions)	Employer (See Instruc	ctions)			
l l	Gilmore	State; Zip Code		ount of contribution (\$)		
Principal occupation / Job title (	•	Employer (See Instruc				
184.	siness Dunner	Busines	s Oun	es		
Date Full name of Contributor	f contributor out-of-state Pr drea Watson address; City;	AC (ID#:) State; Zip Code		count of contribution (\$)		
				20		
Principal occupation / Job title (	See Instructions) Ledical Assistant	Employer (See Instruc	ctions)			
lf contributor i	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
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if the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide	The Instruction Guide explains how to complete this form.					
2 FILER NAME			3 File	r ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor as	Horton	C (ID#:) State: Zip Code		ount of contribution (\$)		
8 Principal occupation / Job title (S		9 Employer (See Instruc				
<u> Isusi</u>	MUSC DUNN	Business	Ou	ner		
Date Full name of c	via Goden	C (ID#:)		ount of contribution (\$)		
2.25.24 Sor	ddress; City;	State; Zip Code		\$ 25.00		
Principal occupation / Job title (Se	ee Instructions) (lyst	Employer (See Instruct				
Date Full name of c	contributor out-of-state PAG	C (ID#:)		ount of contribution (\$)		
2 24 Mara	,	State; Zip Code	\$	25.00		
Principal occupation / Job title (Se		Employer (See Instruct	_ '			
Realt	W	Bysiness	Ow	ver		
Date Full name of o	contributor out-of-state PAI	C (ID#:)		ount of contribution (\$)		
2.294 Franco		State; Zip Code	4	20.00		
Principal occupation / Job title (Se		Employer (See Instruct	,			
<u> Isysine</u>	ss Owner	Busines	8	Junes		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						
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If the requested information is not applicable, DO NOT include this page in the report.						
The Instru	The Instruction Guide explains how to complete this form.					pages Schedule A1:
2 FILER NAME					3 Filer	ID (Ethics Commission Fiters)
	ull name of contributo		AC (IE	#:)	7 Amo	unt of contribution (\$)
3,4.24 60	ontributor address;	Miller John		State: Zip Code		\$25.00
8 Principal occupation	Job title (See Instru Eacher	ections)	9	Employer (See Instruct	lions)	
	ull name of contributo Antel H		AC (IE	#:)	Amo	unt of contribution (\$)
3.4.24	ontributor address;	City;	••••	State; Zip Code	4	[D.00
Principal occupation /	Job title (See Instruc	•		Employer (See Instruct	ions)	
	ull name of contributo	r out-of-state P		#:)	Amo	ount of contribution (\$)
3-4-24	ontributor address;	City;		State: Zip Code	\$	205.00
Principal occupation /	Job title (See Instruc Rund	ctions)		Employer (See Instruct Retried	tions)	
	Il name of contributo	001-01-31010 17			Amo	unt of contribution (\$)
A /14 //1	Charletton	City;		) State; Zip Code	\$	145.00
Principal occupation /	Job title (See Instruc	ctions)		Employer (See Instruct	tions)	
lf co	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					
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#### SCHEDULE A1

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

							•
The	Instruction Guid	de explains how to	complete th	is fo	orm.	1 Tot	al pages Schedule A1:
2 FILER NAME						3 File	er ID (Ethics Commission Filers)
3.15.24	5 Full name of Chay 6 Contributor s	dra Ma			O#:) State; Zip Code	7 Am	sount of contribution (\$)
8 Principal occu	pation / Job title (	See Instructions)	ef	9	Employer (See Instruc	tions)	
Date	Full name of		out-of-state P			Am	nount of contribution (\$)
3.19.24	Contributor a	address;	City;		onations State; Zip Code	\$	140.00
		donations d	non eve	<u>^t</u>			
Principal occup	eation / Job title (S	ee Instructions)			Employer (See Instruc	tions)	
Date	Full name of	contributor	out-of-state P/	VC (IC	#:)	Am	nount of contribution (\$)
	Contributor a	ddress;	City;		State; Zip Code		
Principal occup	pation / Job title (S	ee Instructions)			Employer (See Instruc	tions)	
Date	Full name of	contributor	out-of-state P/	AC (ID	#:)	Am	sount of contribution (\$)
	Contributor a	iddress;	City;	••••	State; Zip Code		
Principal occup	pation / Job title (S	ee Instructions)			Employer (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.							
Forms provided by T	exas Ethics Comm	Reset F	orm	s.sta	Reset Page	)	Revised 1/1/2024

# 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	n.	1 Total pages Schedule A2:		
2 FILER NAME	April Williams Moore		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
3-6-24	Full name of contributor out-of-state PAC (ID#:  Patrick Osbone  7 Contributor address: City: State;	Zip Code	8 Amount of 9 In-kind contribution Contribution \$   description		
	Arlington TX 76013		Check if travel outside of Texas, Complete Schedule T.		
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's p	orincipal occupation (FOR JUDICIAL)		ntor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's e	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date .	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of   In-kind contribution   Contribution \$   description		
		T	Check if travel outside of Texas. Complete Schedule T.		
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's p	principal occupation (FOR JUDICIAL)	Contribu	ntor'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	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	HIS SCHEDI	ILE AS NEEDED		

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

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

	If the reques	sted information is not a	pplicable, DO NOT in	clude this page	in the report.		
	The	Instruction Guide explain	s how to complete this	form.	1 Total pages Schedule B:		
2	FILER NAME				3 Filer ID (Ethics (	Commission Filers)	
4	TOTAL OF	UNITEMIZED PLED	GES		\$		
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description	
		7 Pledgor address;		ate; Zip Code		 	
					Check if travel outs	I. side of Texas. Complete Schedule T.	
10	Principal occu	pation / Job title (See Instru	ctions)	11 Employer (See	Instructions)		
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description	
		Pledgor address;	City; St	ate; Zip Code		 	
					Check if travel outs	I. side of Texas. Complete Schedule T.	
	Principal occup	etion / Job title (See Instruc	etions)	Employer (See	Instructions)		
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	I In-kind contribution description	
		Pledgor address;	City; St	ate; Zip Code		[ [ [	
					Check if travel outs	ide of Texas. Complete Schedule T.	
	Principal occup	pation / Job title (See Instru	ctions)	Employer (See	Instructions)		
	Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	l In-kind contribution description	
		Pledgor address;	City; State	; Zip Code		 	
					Check if travel outs	l. side of Texas. Complete Schedule T.	
	Principal occup	eation / Job title (See Instruc	ctions)	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.	1 Total pages Schedule A2:		
2 FILER NAME April Williams Moore		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date  6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Contribution \$	9 In-kind contribution description Sign Poles de of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	~	FOR NON-JUDICIA	AL)(See Instructions)	
Ketired	<u>.</u>	<i>letired</i>		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	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#:  Raul Gomalez  Contributor address; City; State;	Zip Code	Amount of Contribution \$	In-kind contribution I description I JArd Stakes I Sign de of Texas. Complete Schedule T.	
Principal occupation /-Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	itor'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)				

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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 explain	s how to complete thi	s form.	1 Total pages Scheo	dute B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLED	GES		\$	
5 Date	6 Full name of pledgor	ut-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address;	City; S	ate; Zip Code	•	I I I
			-	<u> </u>	I. side of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instru	actions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:_	· · · · · · · · · · · · · · · · · · ·	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; S	tate; Zip Code	•	! !
				Check if travel outs	. side of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instruc	etions)	Employer (See	e Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	I In-kind contribution description
			tate; Zip Code		 
				Check if travel outs	I. side of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instru	ctions)	Employer (See	e Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:_		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; Stat	e; Zip Code	•	 
				Check if travel out	l side of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					

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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 April Williams Moore	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$			
5 Date  6 Full name of contributor out-of-state PAC (ID#:	236   Sign Poles  Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)  General Moto (			
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 out-of-state PAC (ID#:	Amount of Contribution \$\frac{1 \text{In-kind contribution description}}{\text{description}}\$\]  Zip Code  Total Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Returned	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.

#### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

Date   Full name of pledgor   out-of-state PAC (ID#:	If the reque	ested information is not applicable, DO NOT include this pag	je in the report.
4 TOTAL OF UNITEMIZED PLEDGES  5 Date  6 Full name of pledgor   out-of-state PAC (IDE:	The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
5 Date 6 Full name of pledgor   out-of-state PAC (IDIF:	2 FILER NAME	<b>:</b>	3 Filer ID (Ethics Commission Filers)
T Pledgor address: City: State: Zip Code  Check if travel outside of Texas. Complete Schedule T  10 Principal occupation / Job title (See Instructions)  Date  Full name of pledgor   out-of-state PAC (IDIF:	4 TOTAL OF	UNITEMIZED PLEDGES	\$
7 Pledgor address; City: State: Zip Code  Check if travel outside of Texas. Complete Schedule T  10 Principal occupation / Job title (See Instructions)  Date  Full name of pledgor	5 Date	6 Full name of pledgor	= 1
Date   Full name of pledgor   out-of-state PAC (ID#:			
Date Full name of pledgor out-of-state PAC (ID#:			I. Check if travel outside of Texas. Complete Schedule T.
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 out-of-state PAC (ID#:	10 Principal occ	upation / Job title (See Instructions)  11 Employer (See	ee Instructions)
Check if travel outside of Texas. Complete Schedule T.  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ In-kind contribution description  Pledgor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor   out-of-state PAC (ID#:	Date	Full name of pledgor	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor		Pledgor address; City; State; Zip Code	
Date  Full name of pledgor out-of-state PAC (ID#:)  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 out-of-state PAC (ID#:)  Pledgor address;  City; State; Zip Code			I. Check if travel outside of Texas. Complete Schedule T.
Pledge \$   In-kind contribution description  Pledge \$   Pledge \$	Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Pledgor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedule Temployer (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor	Date	Full name of pledgor	- I III kina contribution
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor out-of-state PAC (ID#:			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor out-of-state PAC (ID#:			Chack if travel outside of Tayes Complete Schedule T
Pledge \$   description	Principal occ	upation / Job title (See Instructions) Employer (Se	· · · · · · · · · · · · · · · · · · ·
Pledgor address; City; State; Zip Code	Date		
Check if travel outside of Texas. Complete Schedule T			
			Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Principal occu	pation / Job title (See Instructions) Employer (See	ee 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

Check if Austin, TX, officeholder living expense

Office held

Office sought

#### 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 3 Filer ID (Ethics Commission Filers) April Williams Moore 5 Payee name Tom Thumb 7 Payee address; 2755 N Collins St 6 Amount (\$) State: Zip Code 44,04 Allington Tr 76006 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Mest & Greet Event Expense **PURPOSE EXPENDITURE** (c) 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 expenditure to benefit C/OH AISD School Board PL 3 Self April Williams Moore Self April Williams Moore Payee address; City; State; Zip Code 2131 N Collins St Unit 433 Arlington Tx 76011 Category (See Categories listed at the top of this schedule) Description Reimburger Personal Loan 3.20.24 Amount (\$) **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 Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE**

Check if travel outside of Texas. Complete Schedule T

ATTACH ADDITIONAL CODICE OF THIS COHEDING AS NEEDED

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Check if Austin, TX, officeholder living expense

Office held

Office sought

If the requested information is not applicable, DO NOT include this page in the report.				
EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense Printing Expense	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Ason ( Williams A	100re	3 Filer ID (Ethics Commission Filers)	
4 Date 2-25-24	5 Payee name Go Daddy			
6 Amount (\$)	7 Payee address:	City;	State; Zip Code	
\$44.53	Tempe Anzona			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Gis dade	dy domam ri14aisd·com	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2.27.24	Print Place			
Amount (\$) 139'43	Payee address; 1130 Ave It East Annapor Texas 71	City:	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	A CONTRACTOR OF THE CONTRACTOR	
PURPOSE OF EXPENDITURE	praiting expense	Rack	Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX. officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  April Williams Moore	Office sought AISD So	Office held Chool Board PL3	
Date 2.27-24	Payee name Webador Website			
Amount (\$)	Payee address;	City;	State; Zip Code	
45,00	Endhoven, Noord	Brabant	, Netherlands	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description WCbador	website priltaisdorg	

Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL CODIES OF THIS SCHEDILLE AS MEEDED

Candidate / Officeholder name

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

# 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 F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:		1	3 Filer ID (Ethics Commission Filers)		
		Meore			
4 Date 3,6,24	5 Payee name Patriot Print				
6 Amount (\$) 262,50	7 Payee address: 106 A.E. Petsche Ct & Atlanston TX	city: Stc 120	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	yard.	signs		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  April Williams Moore A	Office sought HSD School	Office held Board Place 3		
Date	Payee name		<del></del>		
3.21.24	Patriot Print				
Amount (\$)	Payee address: 106 A.E. Petsche Ct Ste Arlungbo Texas	2 120 <sup>City;</sup>	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Road	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX. officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name  Appropriate Williams Moore	Office sought AISO Sch	office held Face 3		
Date	Payee name				
3.18.24	Patrot Print				
Amount (\$) 2 64.10	Payee address; 106 A.E. Petsche Ct St Anington Toxas	e 120°	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	•		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard	signs		

Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL CODIES OF THIS SCHEDILLE AS MEEDED

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Check if Austin, TX, officeholder living expense

Office held

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Food/ By Gift/Av al Committee Legal	Expense Beverage Expense wards/Memorials Expense Services Instruction Guide explai	Office Overhe Polling Exper Printing Exper Salaries/Wag	ense es/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NAME A OVIL	Williams	Moore	ی	3 Filer ID (Ethics	Commission Filers)
4 Date 23 Jan 24	5 Payee name	Williams	Moc	re - Pn	int Place. C	om
6 Amount (\$) 142,44 Reimbursement from political contributions intended	7 Payee address; 2131 N Unit 43		Texa	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Ca Advertising	etegories listed at the top of this set of the top	schedule) (H	Pack (	cards	
	(c) Check if to	ravel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / 0	Officeholder name	Of	fice sought		Office held
Pate Fun 24	Payee name	ni Villiams	Moa	e- F	Print Place	Com
Amount (\$)  94,18  Reimbursement from political contributions intended	Payee address; 2131 M Unit 47	V Collins St 33 Arlington	Tx	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Advertising	ategories listed at the top of this  EXPCNSC  COGN Reputyment  ravel outside of Texas. Complete S	<b>E</b>	Description  Yard S  Check if Austin	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	O	ffice sought		Office held
H mas 24	Payee name	Williams N	16ore	- lirge	ent Print	ing
Amount (\$)  49.77  Reimbursement from political contributions intended	Payee address; 2131 N unit 4	Collins St 33 Arlington	TX 76	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Advertising	ategories listed at the top of this  Explicitly  Locus Rep  ravel outside of Texas. Complete S	nyment	Description 2 Posters Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		ffice sought		Office held
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#### **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 Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER** The Instruction Guide explains how to complete this form. 1 TOTAL PAGES **2 FILER NAME** 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution **5 CREDIT CARD ISSUER** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid **6 PAYMENT** 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (b) Description (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE Political** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY if direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT PAYEE** (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Г **Political** Non-Political (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 (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** PAYEE (a) Payee name (b) Payee address; City, State, Zip Code (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE Political** Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH

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#### **LOANS**

#### SCHEDULE E

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

·			
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	April Williams M	,core	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$ 142.44
5 Date of loan 1 · 23 · 24	7 Name of lender □ out-of-state F	PAC(IDH:)	9 Loan Amount (\$) 142.44
6 Is lender a financial Institution?	8 Lender address; City; Z131 N Collins of Wi	State; Zip Code + 433	10 Interest rate
Y (N)	Arlington Tx 760	, -	11 Maturity date
12 Principal occupation	on / Job title (See Instructions) Rea (+o/	13 Employer (See Instructions)  BUSINESS (	)uner
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor  Self April W  18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
not applicable	Y	24	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan  2 · 1 · 24	Name of lender out-of-state f		Loan Amount (\$) 94.18
Is lender a financial Institutjeq?	Lender address; City; 2(3) N CollinsS+	State; Zip Code	Interest rate
Y (N)	Arlington Tx 76	•	Maturity date
Principal occupation	on / Job title (See Instructions) Realtor	Employer (See Instructions) By Sc Ness	Owner
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	 ion (See Instructions)	Employer (See Instructions)	L
	ATTAOLIABBITIONAL	UED OF THIS COURTY TO A COURTY	
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If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### **LOANS** SCHEDULE E

ii the requested		I include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
April Williams Moore			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 49.77
5 Date of loan	7 Name of lender out-of-state f		9 Loan Amount (\$)
3.4.24	self April W	lliams Moore	49:11
6 Is lender a financial Institution?	8 Lender address; City; ZI 31 N Colling It Un	State; Zip Code	10 Interest rate
× (b)	Arlington TX 76011	W 455	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	_
	Realtor	1 Sysu	riss Owner
14 Description of Colla	ateral	Check if personal funaccount (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	•	19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable	, , , , , , , , , , , , , , , , , , ,		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
• .	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal fun account (See Instruct	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
•	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation (See Instructions) Employer (See Instructions)			
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	

#### INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

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#### 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 Sched	dule K:		
2 FILER NAME	April Williams Moore	3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Name of person from whom amount is received		8 Amount (\$)		
3.20.24	April Williams Moore  6 Address of person from whom amount is received; City; Sta  2131 N Collins Unit 433  Artington TX 76006	te; Zip Code	\$181.00		
	7 Purpose for which amount is received Check if	political contribution	returned to filer		
	Reimbursement personal loan	11			
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code	al in a low that		
	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; Stat	te; 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; Sta	ate; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
	1.00	1 =			
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## 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 Instr	uction 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 / Pledge	or / Payee		
E Contribution / Europe					
5 Contribution / Expend					
Schedule A2	Scho	edule B Schedule B(J	) Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name o	person(s) traveling			
	8 Departu	re city or name of departure lo	cation		
	9 Destinat	ion city or name of destination	location		
10 Means of transportat	tion	11 Purpose of travel (including	ng name of conference,	seminar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledge	or / Payee		
Contribution / Expend	diture reported	lon:			
l <del></del>	_		<del> </del>		
Schedule A2	Sche	edule B Schedule B(J	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s) traveling		,	
Departure city or name of departure location					
	Destination city or name of destination location				
Means of transporta	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor	/ Corporation	or Labor Organization / Pledge	or / Payee		
Contribution / Expend	diture reported	lon:			
l —	<u> </u>	_	<b>— </b>		
Schedule A2	Schedu	lle B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	•	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s) traveling			
	Departu	re city or name of departure lo	cation		
	Destinat	ion city or name of destination	location		
Means of transporta	tion	Purpose of travel (includi	ng name of conference,	seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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