DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00090056

2 Total pages filed: 7

3 FILER NAME

MS / MRS / MR	FIRST	MI
Mr.	Michael W.	

NICKNAME	LAST	SUFFIX
	Moore	

4 FILER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 823

Andrews, TX 79714

5 FILER PHONE

AREA CODE PHONE NUMBER EXTENSION

(432) 524-9653

6 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [X] 8th day before election
- [ ] Runoff

7 PERIOD COVERED

Month Day Year: 09/27/2025 THROUGH Month Day Year: 10/25/2025

8 ELECTION

ELECTION DATE: Month Day Year: 11/04/2025

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [X] Special

9 FILER ACTIVITY

(Attach lists on plain paper to complete this report if necessary.)

1. Candidates
(Identify by name or, if applicable, classify by party.)
   - A. Supported
   - B. Opposed

2. Measures
(Describe by date and location of election and nature of issue.)
   - A. Supported: Ballot ID:ESD Prop A Election Date:2025-11-04 Desc:Creation of the Andrews ESD No.1
   - B. Opposed

3. Officeholders Assisted
(Identify by name or, if applicable, classify by party.)

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 10/27/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

GO TO PAGE 2

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME		**11** Filer ID (Ethics Commission Filers)	
Moore, Michael W. (Mr.)		00090056	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$**	0.00
	2. TOTAL POLITICAL EXPENDITURES	**$**	164.69

13 AFFIDAVIT

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

Mr. Michael W. Moore

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

SUBTOTALS - DCE

FORM DCE

COVER SHEET PG 3

14 FILER NAME	**15** Filer ID (Ethics Commission Filers)
Moore, Michael W. (Mr.)	00090056

16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE F1: POLITICAL EXPENDITURES	**$**
2. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
3. ☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 164.69

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 4/7	Moore, Michael W. (Mr.)		00090056
4 CREDIT CARD ISSUER	Name of financial institution: Discover Card	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**

6 PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $2.00	(b) Date of Charge: 10/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name: Meta/FB	(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Ads	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $18.00	(b) Date of Charge: 10/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Meta/FB	(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Ads	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $20.00	(b) Date of Charge: 10/15/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Meta/FB	(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Ads	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 5/7	**2** FILER NAME Moore, Michael W. (Mr.)		**3** Filer ID (Ethics Commission Filers) 00090056
4 CREDIT CARD ISSUER	Name of financial institution see previous	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**

6 PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged $21.00	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Meta/FB		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged $27.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Meta/FB		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged $2.00	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Meta/FB		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description FB Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 6/7	Moore, Michael W. (Mr.)		00090056
4 CREDIT CARD ISSUER	Name of financial institution: see previous	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**

6 PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $10.69	(b) Date of Charge: 10/09/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name: Meta/FB		(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description: Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $16.00	(b) Date of Charge: 10/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Meta/FB		(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description: Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged: $23.00	(b) Date of Charge: 10/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name: Meta/FB		(b) Payee address; City, State, Zip Code: 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense		(b) Description: Ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 4/4 Rpt: 7/7	**2** FILER NAME Moore, Michael W. (Mr.)		**3** Filer ID (Ethics Commission Filers) 00090056
4 CREDIT CARD ISSUER	Name of financial institution see previous	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**
6 PAYMENT ☐ Expenditure from corporate funds	(a) Amount Charged $25.00	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Meta/FB	(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held