

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) 00090400		2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Carrie M.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026		
	NICKNAME LAST SUFFIX Moore				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 4402 Hamlin Dr. Corpus Christi, TX 78411		Date Hand-delivered or Date Postmarked		
			Receipt # Amount		
			Date Processed		
			Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Susie				
	NICKNAME LAST SUFFIX Sullivan				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7434 Lake Superior Corpus Christi , TX 78413				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 290-5332				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025				
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) State Board Of Education District 2		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 10

13 C / OH NAME	Moore , Carrie M.	14 Filer ID	(Ethics Commission Filers)
		00090400	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 309.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,840.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 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.

Carrie M. Moore

Signature of Candidate or Officeholder

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 Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 10

18 FILER NAME Moore , Carrie M.	19 Filer ID (Ethics Commission Filers) 00090400
---	---

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,150.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 309.55
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
2 FILER NAME Moore , Carrie M.		3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bearden, Dean <hr/> 6 Contributor address; City; State; Zip Code Sandia, TX 78383	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) pastor		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colwell, Sheila <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, Pat <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) administration		Employer (See Instructions)
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Erin <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
2 FILER NAME Moore , Carrie M.		3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Lori <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions)
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, John <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leimbach, Deborah <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lugo, Stacy <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacNamara, Phillip <hr/> Contributor address; City; State; Zip Code Dallas, TX 75231	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
2 FILER NAME Moore , Carrie M.		3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malinek, Teresa 6 Contributor address; City; State; Zip Code Port Lavaca, TX 77979	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milby, Laura Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milby, Rick Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milyasevich, Kathy Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Carrie Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
2 FILER NAME Moore , Carrie M.		3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosco, Dit <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najera, Cindy <hr/> Contributor address; City; State; Zip Code Lakeway , TX 78738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) David Weekey Homes
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsson, Natalie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestch, Tara <hr/> Contributor address; City; State; Zip Code Fredricksberg, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) employed at:		Employer (See Instructions) Mom's for Liberty
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resley, Daniel <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
2 FILER NAME Moore , Carrie M.		3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickertsen, William <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogerson, Marie <hr/> Contributor address; City; State; Zip Code Malabar, FL 32950	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) employed at:		Employer (See Instructions) Leadership Institute
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sales, George James <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) San Patricio county attorney
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slape, Christi <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) employed at:		Employer (See Instructions) Mom's for Liberty

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 F1: Sch: 1/2 Rpt: 9/10	2 FILER NAME Moore , Carrie M.	3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/22/2025	5 Payee name Hampton Inn & Suites	
6 Amount (\$) \$153.25	7 Payee address; City; State; Zip Code 10 W Expy 83 McAllen, TX 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense travel for Hidalgo ballot draw
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Harland Clarke	
Amount (\$) \$34.30	Payee address; City; State; Zip Code 15955 La Cantera Prkwy San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ordering checks for new bank account
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name Pappadeaux	
Amount (\$) \$26.00	Payee address; City; State; Zip Code 1610 W Expy 83 Pharr, TX 78577	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch in Hidalgo while there for the ballot draw
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 F1: Sch: 2/2 Rpt: 10/10	2 FILER NAME Moore , Carrie M.	3 Filer ID (Ethics Commission Filers) 00090400
4 Date 12/15/2025	5 Payee name United State Post Office	
6 Amount (\$) \$96.00	7 Payee address; City; State; Zip Code 4801 Everhart Rd Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense got a PO Box for campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held