

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 02/02/2026 | | |
| | 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 type="checkbox"/> January 15 <input checked="" 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 01/01/2026 01/22/2026 | | | | |
| 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) | | 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

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| | | | |
|----------------|-------------------|-------------|----------------------------|
| 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) | \$ 10,047.83 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,832.83 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 12,057.62 |
| 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**

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| | | |
|--|---|---|
| 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 | \$ 10,047.83 |
| 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 | \$ 3,832.83 |
| 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: 1/4 Rpt: 4/10 |
| 2 FILER NAME Moore , Carrie M. | | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Barbara <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413 | 7 Amount of Contribution (\$) \$260.73 |
| 8 Principal occupation / Job title (See Instructions) protocol officer | | 9 Employer (See Instructions) Dept of War |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batey, Brandy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) self-employed | | Employer (See Instructions) |
| Date 01/13/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beardon, Dean <hr/> Contributor address; City; State; Zip Code Sandia, TX 78383 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) pastor | | Employer (See Instructions) Journey Church |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergsma, Michael <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) consultant | | Employer (See Instructions) Bergsma consulting |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Corey <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087 | Amount of Contribution (\$) \$104.48 |
| Principal occupation / Job title (See Instructions) real estate broker | | Employer (See Instructions) Piper Creek Realty |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10 |
| 2 FILER NAME Moore , Carrie M. | | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/05/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Rebecca 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | 7 Amount of Contribution (\$) \$312.81 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) |
| Date 01/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Shelley Contributor address; City; State; Zip Code Corpus Christi, TX 78410 | Amount of Contribution (\$) \$104.48 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Brandt Equipment |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderone, Domenic Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | Amount of Contribution (\$) \$52.40 |
| Principal occupation / Job title (See Instructions) cosmetology | | Employer (See Instructions) Salon |
| Date 01/12/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros, Valentina Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | Amount of Contribution (\$) \$208.65 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, James Contributor address; City; State; Zip Code Corpus Christi, TX 78416 | Amount of Contribution (\$) \$52.40 |
| Principal occupation / Job title (See Instructions) owner & master electrician | | Employer (See Instructions) Landmark Electric Company |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/10 |
| 2 FILER NAME Moore , Carrie M. | | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/10/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Glenn <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | 7 Amount of Contribution (\$) \$260.73 |
| 8 Principal occupation / Job title (See Instructions) pastor | | 9 Employer (See Instructions) Glenn Holland |
| Date 01/13/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manna, John <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) contractor | | Employer (See Instructions) self |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Brandi <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404 | Amount of Contribution (\$) \$104.48 |
| Principal occupation / Job title (See Instructions) insurance agent | | Employer (See Instructions) self- employed |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittgers, Dara <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | Amount of Contribution (\$) \$5,208.65 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) |
| Date 01/05/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Minerva <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552 | Amount of Contribution (\$) \$104.48 |
| Principal occupation / Job title (See Instructions) MLO | | Employer (See Instructions) Fairway Home mortgage |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10 |
| 2 FILER NAME Moore , Carrie M. | | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/05/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Jesse <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78467 | 7 Amount of Contribution (\$) \$469.06 |
| 8 Principal occupation / Job title (See Instructions) electrician | | 9 Employer (See Instructions) Rabalais I&E Constructors |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Pamela <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411 | Amount of Contribution (\$) \$104.48 |
| Principal occupation / Job title (See Instructions) office manager | | Employer (See Instructions) Bergstrom Financial |

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: 1/3 Rpt: 8/10 | 2 FILER NAME Moore , Carrie M. | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/06/2026 | 5 Payee name Beardon, Grayson | |
| 6 Amount (\$) \$541.25 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Sandia, TX 78383 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 video -- church video |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name Cameron County Republican Women | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 1200 Central Blvd. Suite H-1 Brownsville, TX 78520 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 a table for candidate event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name FedEx | |
| Amount (\$) \$67.66 | Payee address; City; State; Zip Code 4002 SPID Corpus Christi, TX 78411 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 business cards |
| 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: 2/3 Rpt: 9/10 | 2 FILER NAME Moore , Carrie M. | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/16/2026 | 5 Payee name Holiday Inn Beach Resort | |
| 6 Amount (\$) \$228.06 | 7 Payee address; City; State; Zip Code 100 Padre Blvd South Padre Island, TX 78597 | |
| 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 Republican Women of Cameron county event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/21/2026 | Payee name Nueces County Republican Party | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 5151 Flynn Pkwy # 103 Corpus Christi, TX 78411 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 ad in program |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2026 | Payee name Office Depot | |
| Amount (\$) \$37.87 | Payee address; City; State; Zip Code 5425 SPID Corpus Christi, TX 78411 | |
| 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 paper for flyers |
| 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: 3/3 Rpt: 10/10 | 2 FILER NAME Moore , Carrie M. | 3 Filer ID (Ethics Commission Filers) 00090400 |
| 4 Date 01/13/2026 | 5 Payee name Office Depot | |
| 6 Amount (\$) \$39.86 | 7 Payee address; City; State; Zip Code 5425 SPID Corpus Christi, TX 78411 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 printing flyers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name Texas Consulting Agency | |
| Amount (\$) \$2,504.00 | Payee address; City; State; Zip Code PO Box 6526 McAllen, TX 78502 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Large street signs and yard signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name WalMart | |
| Amount (\$) \$14.13 | Payee address; City; State; Zip Code 1801 W Lincoln St Harlingen, TX 78552 | |
| 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 clip boards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |