

**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) 00089841 | 2 Total pages filed: 12 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Harold | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Savant Moore | SUFFIX | Date Received ELECTRONICALLY FILED 02/03/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 1712 Benson St. Houston, TX 77020 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Harold | MI | | | |
| | NICKNAME | LAST Moore | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 1712 Benson St. Houston, TX 77020 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (808) 726-5247 | | | | | |
| 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 01/01/2026 | Day | Year | Month 01/22/2026 | Day | Year |
| 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) Comptroller | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

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| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Savant Moore, Harold (Mr.) | | 14 Filer ID (Ethics Commission Filers) 00089841 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | 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. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | 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) | | \$ 365.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 771.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 2,766.00 |
| 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.

Mr. Harold Savant 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 12

| | | |
|---|--------------------|----------------------------|
| 18 FILER NAME | 19 Filer ID | (Ethics Commission Filers) |
| Savant Moore, Harold (Mr.) | 00089841 | |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 365.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ | 0.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 385.99 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 385.99 |
| 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: 1/2 Rpt: 4/12 |
| 2 FILER NAME Savant Moore, Harold (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 Date 01/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonseca, Xavier | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/08/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Frances | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Galveston, TX 77550 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurvetson, Karla | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Los Altos, CA 94022 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knutson, Melissa | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Washington, DC 20011 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLellan, Jerrilyn | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Fredericksburg, TX 78624 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/12</p> |
| <p>2 FILER NAME Savant Moore, Harold (Mr.)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00089841</p> |
| <p>4 Date 01/01/2026</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Anais 6 Contributor address; City; State; Zip Code Houston, TX 77373</p> | <p>7 Amount of Contribution (\$) \$50.00</p> |
| <p>8 Principal occupation / Job title (See Instructions)</p> | | <p>9 Employer (See Instructions)</p> |
| <p>Date 01/08/2026</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Frederick Contributor address; City; State; Zip Code Prairie View, TX 77446</p> | <p>Amount of Contribution (\$) \$25.00</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 01/01/2026</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310</p> | <p>Amount of Contribution (\$) \$25.00</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> |

LOANS**SCHEDULE E**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 6/12 |
| 2 FILER NAME Savant Moore, Harold (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? | 8 Lender address; City; State; Zip Code | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal occupation | | 21 Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 7/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 Date 01/06/2026 | 5 Payee name Chevron | |
| 6 Amount (\$) \$127.02 | 7 Payee address; City; State; Zip Code 15742 TX-421 Kountze, TX 77625 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel – fuel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/08/2026 | Payee name Go Daddy | |
| Amount (\$) \$23.99 | Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and email services |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/12/2026 | Payee name Go Daddy | |
| Amount (\$) \$9.99 | Payee address; City; State; Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and email services |
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 8/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 Date 01/15/2026 | 5 Payee name Pizza Hut | |
| 6 Amount (\$) \$21.65 | 7 Payee address; City; State; Zip Code 1454 Lockwood Dr Space C Houston, TX 77020 | |
| 8 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 Campaign meals |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/15/2026 | Payee name Pizza Hut | |
| Amount (\$) \$4.43 | Payee address; City; State; Zip Code 1454 Lockwood Dr Space C Houston, TX 77020 | |
| 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 Campaign meals |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/12/2026 | Payee name Shell Oil | |
| Amount (\$) \$107.20 | Payee address; City; State; Zip Code 5440 I-10 Houston, TX 77020 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel – fuel |
| Complete ONLY 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|---|-------------|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 9/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089841 | |
| 4 Date 01/13/2026 | 5 Payee name Shell Oil | | |
| 6 Amount (\$) \$91.71 | 7 Payee address; City; 5440 I-10 Houston, TX 77020 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign travel – fuel | |
| 9 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: 1/3 Rpt: 10/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 CREDIT CARD ISSUER | Name of financial institution Bank of Texas | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$127.02 | (b) Date of Charge 01/06/2026 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Chevron | | (b) Payee address; City, State, Zip Code 15742 TX-421 Kountze, TX 77625 |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel | | (b) Description Campaign travel- fuel |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$9.99 | (b) Date of Charge 01/12/2026 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Communications | | (b) Description Website and email services |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$107.20 | (b) Date of Charge 01/12/2026 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Shell Oil | | (b) Payee address; City, State, Zip Code 5440 I-10 Houston, TX 77020 |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel | | (b) Description Campaign travel- fuel |
| | | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

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: 2/3 Rpt: 11/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$91.71 | (b) Date of Charge 01/13/2026 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Shell Oil | | (b) Payee address; City, State, Zip Code 5440 I-10 Houston, TX 77020 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | (b) Description Campaign travel- fuel <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$4.43 | (b) Date of Charge 01/15/2026 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Pizza Hut | | (b) Payee address; City, State, Zip Code 1454 Lockwood Dr Space C Houston, TX 77020 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | (b) Description Campaign meals <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$23.99 | (b) Date of Charge 01/08/2026 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Go Daddy | | (b) Payee address; City, State, Zip Code 14455 N Hayden Rd Scottsdale, AZ 85260 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | (b) Description Website and email services <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

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: 3/3 Rpt: 12/12 | 2 FILER NAME Savant Moore, Harold (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089841 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$21.65 | (b) Date of Charge 01/15/2026 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Pizza Hut | | (b) Payee address; City, State, Zip Code 1454 Lockwood Dr Space C Houston, TX 77020 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | (b) Description Campaign meals |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought |
| | | | Office held |