

**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)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Sandie Mullins Moger			<b>OFFICE USE ONLY</b>
Date Received			10/26/2015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of address	ADDRESS / PO BOX;	APT/SUITE #;	CITY; STATE; ZIP CODE
	PO Box 1581 Houston, TX 77251		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Bert Keller			Receipt #
			Amount
			Date Processed
			Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Resident or business)	STREET ADDRESS (No PO Box Please);	APT/SUITE #;	CITY; STATE; ZIP CODE
12306 Broken Bough Dr Houston, TX 77024			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment(officeholder only)		
10 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
	9/25/2015		10/24/2015
11 ELECTION	ELECTION DATE Month    Day    Year	ELECTION TYPE	
	11/3/2015	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Council - District G	

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

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

14 FILER NAME Sandie Mullins Moger 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$15,234.32
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4	TOTAL POLITICAL EXPENDITURES	\$62,745.59
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

18 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.

Larry M. Hicks

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOT 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

\_\_\_\_\_  
Print name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

19 FILER NAME Sandie Mullins Moger		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS	SUBTOTAL
	NAME OF SCHEDULE	AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	10050
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	5184.32
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	33201.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8.	SCHEDULE F4: EXPENDITURES MADE FROM CREDIT CARD	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	29543.72
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**CANDIDATE / OFFICEHOLDER REPORT:  
NOTICE FROM POLITICAL COMMITTEE(S)**

**FORM C/OH  
ADDENDUM**

C/OH NAME Sandie Mullins Moger

ACCOUNT # (Ethics  
Commission filers)

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Sandie Mullins Moger		3	Filer ID (Ethics Commission filers)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
	10/15/2015		Gregory A. Degeorge
		6	Contributor address; City; State; Zip Code
			Houston TX 77057
		7	Amount of contributions (\$)
			\$2,500.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
	10/14/2015		Kathaleen Wall
		6	Contributor address; City; State; Zip Code
			Houston TX 77001
		7	Amount of contributions (\$)
			\$5,000.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
	9/30/2015		Greater Houston Resturant Association PAC
		6	Contributor address; City; State; Zip Code
			Houston TX 77007
		7	Amount of contributions (\$)
			\$500.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
4	Date	5	Full name of contributor <input type="checkbox"/> out of state PAC(ID# )
	10/8/2015		John Ross Wallace
		6	Contributor address; City; State; Zip Code
			Houston TX 77057
		7	Amount of contributions (\$)
			\$300.00
8	Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A1:
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2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )			
	Bruce Nichols					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
10/14/2015			Houston TX 77024			100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )			
	Tracey F. Moss					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
10/7/2015			Houston TX 77055			100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )			
	Houston Westside PAC					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
10/12/2015			Houston TX 77242			250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )			
	John G. Pohlman					
	6 Contributor address; City; State; Zip Code					7 Amount of contributions (\$)
10/7/2015			Houston TX 77008			100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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4 Date	5 Full name of contributor	<input type="checkbox"/>	out of state PAC(ID# )			
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1	Total Pages Schedule A1:
2 FILER NAME Sandie Mullins Moger		3	Filer ID (Ethics Commission filers)
10/12/2015	Beirne, Maynard & Parsons, LLP ----- 6 Contributor address;                      City;                      State;                      Zip Code Houston TX 77056	7	Amount of contributions (\$)  500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/6/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Stephanie M. Newell ----- 6 Contributor address;                      City;                      State;                      Zip Code Houston TX 77024	7	Amount of contributions (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/6/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Nolia Rohde ----- 6 Contributor address;                      City;                      State;                      Zip Code Houston TX 77077	7	Amount of contributions (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/9/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Bernard Toomey ----- 6 Contributor address;                      City;                      State;                      Zip Code Kingwood TX 77345	7	Amount of contributions (\$)  250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10/12/2015	4 Date 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# ) Anita Nelson ----- 6 Contributor address;                      City;                      State;                      Zip Code	7	Amount of contributions (\$)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule A1:

2 FILER NAME Sandie Mullins Moger

3 Filer ID (Ethics Commission filers)

10/21/2015

6 Contributor address; City; State; Zip Code

Pattison TX 77466

250.00

8 Principal occupation / Job title (See Instructions)

9 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**

The Instruction Guide explains how to complete this form.	1 Total Pages Schedule A2:
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2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
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5	Date	6 Full name of contributor Fred Welling	out of state PAC(ID# )	8	Amount of contributions (\$)	9 In-Kind contribution description
	9/25/2015	7 Contributor address;	City; State; Zip Code Houston TX 77007		1039.32	Food/beverage for fundraiser
				<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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**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 FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/5/2015	<b>5</b> Payee name University Copy Center	
<b>6</b> Amount (\$) 448.16	<b>7</b> Payee address; City; State; Zip Code 4434 University Dr, STE 170  Houston TX 77204-6042	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Campaign Materials
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/7/2015	<b>5</b> Payee name University Copy Center	
<b>6</b> Amount (\$) 854.34	<b>7</b> Payee address; City; State; Zip Code 4434 University Dr, STE 170  Houston TX 77204-6042	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Campaign Materials
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/8/2015	<b>5</b> Payee name Larry M. Hicks	
<b>6</b> Amount (\$) 405.00	<b>7</b> Payee address; City; State; Zip Code 10500 Northwest Freeway, STE 212  Houston TX 77092	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger		3 Filer ID (Ethics Commission filers)
	Accounting/Banking	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Finance Reporting
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/12/2015	5 Payee name BMAHV		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 7817 Calhoun Houston TX 77033		

8 PURPOSE OF EXPENDITURE	(a) Category Advertising Expense	<input type="checkbox"/>	(b) Description Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Events
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 9/30/2015	<b>5</b> Payee name Bison Signs	
<b>6</b> Amount (\$) 1,266.85	<b>7</b> Payee address; City; State; Zip Code 10100 Clay Road Suite G  Houston TX 77080	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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 Campaign Signs
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/6/2015	<b>5</b> Payee name Raconteur Media Company	
<b>6</b> Amount (\$) 246.11	<b>7</b> Payee address; City; State; Zip Code 101 W. 6th Street Suite 613  Austin TX 78701	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Solicitation/Fundraising 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 Email Messages
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/6/2015	<b>5</b> Payee name Beavers Media	
<b>6</b> Amount (\$) 1,500.00	<b>7</b> Payee address; City; State; Zip Code 8925 Briar Forest Dr.  Houston TX 77024	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger		3 Filer ID (Ethics Commission filers)
	Advertising Expense	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense September Retainer
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name                      office sought                      office held		

4 Date  10/6/2015	5 Payee name  What's Up Radio Program		
6 Amount (\$)  8,000.00	7 Payee address;                      City;                      State;                      Zip Code  12337 Jones Road, Suite 450  Houston TX 77070		

8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Ad
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9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name                      office sought                      office held		
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/6/2015	<b>5</b> Payee name Barfield	
<b>6</b> Amount (\$) 600.00	<b>7</b> Payee address; City; State; Zip Code 1312 Woodvine Dr.  Houston TX 77055	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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  Photography
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/4/2015	<b>5</b> Payee name GreenGo	
<b>6</b> Amount (\$) 900.00	<b>7</b> Payee address; City; State; Zip Code 117 1/2 Dresden St.  Houston TX 77012	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  Salaries/Wages/Contract Labor	(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 Signs
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/6/2015	<b>5</b> Payee name GreenGo	
<b>6</b> Amount (\$) 1,650.00	<b>7</b> Payee address; City; State; Zip Code 117 1/2 Dresden St.  Houston TX 77008	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger		3 Filer ID (Ethics Commission filers)
	Salaries/Wages/Contract Labor	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalking
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/6/2015	5 Payee name Moscarelli Media		
6 Amount (\$) 4,000.00	7 Payee address; City; State; Zip Code 1641 1/2 Cortlandt St.  Houston TX 77008		
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cable TV
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> Date 10/8/2015	<b>5</b> Payee name DiscPro	
<b>6</b> Amount (\$) 5,853.99	<b>7</b> Payee address; City; State; Zip Code 339 Greens Landing Drive  Houston TX 77038	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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  Postage
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/12/2015	<b>5</b> Payee name University Copy Center	
<b>6</b> Amount (\$) 506.07	<b>7</b> Payee address; City; State; Zip Code 4434 University Dr, STE 170  Houston TX 77204-6042	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category  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  Campaign Materials
<b>9</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought office held

<b>4</b> Date 10/13/2015	<b>5</b> Payee name Larry M Hicks, CPA	
<b>6</b> Amount (\$) 150.00	<b>7</b> Payee address; City; State; Zip Code 10500 Northwest Freeway, STE 212  Houston TX 77092	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category	(b) Description

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger		3 Filer ID (Ethics Commission filers)
	Accounting/Banking	<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting services
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

4 Date 10/21/2015	5 Payee name DiscPro		
6 Amount (\$) 6,284.90	7 Payee address; City; State; Zip Code 339 Greens Landing Drive  Houston TX 77038		
8 PURPOSE OF EXPENDITURE	(a) Category  Advertising Expense	<input type="checkbox"/>	(b) Description  Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held

**POLITICAL EXPENDITURES  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Sandie Mullins Moger		3 Filer ID (Ethics Commission filers)
4 Date  10/14/2015	5 Payee name  Piryx, Inc		
6 Amount (\$)  36.45	7 Payee address; City; State; Zip Code  580 Howard St. #402  San Francisco CA 94105		
8 PURPOSE OF EXPENDITURE	(a) Category  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  Transactions Fee	
9 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name office sought office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 10/2/2015	6 Payee name DiscPro	
7 Amount (\$) 4,605.00	8 Payee address; City; State; Zip Code 339 Greens Landing Drive  Houston TX 77038	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  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  Mailer
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A

5 Date 10/6/2015	6 Payee name Encore Printstore	
7 Amount (\$) 549.21	8 Payee address; City; State; Zip Code 21815 Katy Freeway Suite C-110  Katy TX 77450	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  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  Campaign Advertising Materials
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A

5 Date 10/23/2015	6 Payee name Campaign Now, LLC	
7 Amount (\$)	8 Payee address; City; State; Zip Code	

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
394.93	1126 S 70th Street  Milwaukee Wi 53214	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  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  Phone Calls
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A

5 Date  10/24/2015	6 Payee name  Colon and Co.
7 Amount (\$)  5,000.00	8 Payee address; City; State; Zip Code  3311 Richmond, Ste 319  Houston TX 77098

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  Consulting 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  Consulting Expense
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A

5 Date  10/24/2015	6 Payee name  Colon and Co.
7 Amount (\$)  100.00	8 Payee address; City; State; Zip Code  3311 Richmond, Ste 319  Houston TX 77098

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> Filer ID (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category  Campaign 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  Campaign Event Printing
<b>11</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A

<b>5</b> Date  10/24/2015	<b>6</b> Payee name  Colon and Co.
<b>7</b> Amount (\$)  3,750.00	<b>8</b> Payee address; City; State; Zip Code  3311 Richmond, Ste 319  Houston TX 77098
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category  Campaign Contract Labor
	(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 Event & Field Work
<b>11</b> Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger
	office sought  City Council - District G N/A

<b>5</b> Date  10/24/2015	<b>6</b> Payee name  Colon and Co.
<b>7</b> Amount (\$)  366.39	<b>8</b> Payee address; City; State; Zip Code  3311 Richmond, Ste 319  Houston TX 77098
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category
	(b) Description  <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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	Advertising Expense	<input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising Materials
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11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
	Sandie Mullins Moger	City Council - District G	N/A

5 Date	6 Payee name
10/22/2015	Sutter House Printing & Mailing

7 Amount (\$)	8 Payee address; City; State; Zip Code
7,239.28	14760 Memorial Drive, Ste 303  Houston TX 77079

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category	(b) Description
	Advertising Expense	<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Advertising Materials

11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name	office sought	office held
	Sandie Mullins Moger	City Council - District G	N/A

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 10/19/2015	6 Payee name Encore Printstore	
7 Amount (\$) 572.97	8 Payee address; City; State; Zip Code 21815 Katy Freeway Suite C-110  Katy TX 77450	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  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 Campaign Advertising Materials
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought City Council - District G N/A

5 Date 10/12/2015	6 Payee name DiscPro	
7 Amount (\$) 4,605.00	8 Payee address; City; State; Zip Code 339 Greens Landing Drive  Houston TX 77038	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  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 Campaign Advertising Materials
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought City Council - District G N/A

5 Date 10/21/2015	6 Payee name GreenGo	
7 Amount (\$)	8 Payee address; City; State; Zip Code	



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sandie Mullins Moger	3 Filer ID (Ethics Commission filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$	
2,300.00	117 1/2 Dresden Street  Houston TX 77012	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  Polling 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  Blockwalking
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A
office held		

5 Date  9/25/2015	6 Payee name  GreenGo	
7 Amount (\$)  1,200.00	8 Payee address; City; State; Zip Code  117 1/2 Dresden Street  Houston TX 77012	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category  Polling 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  Blockwalking
11 Complete ONLY if direct expendituree to benefit C/OH	Candidate / Officeholder name  Sandi Mullins Moger	office sought  City Council - District G N/A
office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

<b>1</b> Total Pages Schedule G:	<b>2</b> FILER NAME Sandie Mullins Moger	<b>3</b> FilerID (Ethics Commission filers)		
<b>4</b> Date 10/1/2015	<b>5</b> Payee name Conservative Media Properties			
<b>6</b> Amount (\$) 10,000.00	<b>7</b> Payee Address; 2211 Norfolk St. Suite 920	City; Houston	State; TX	Zip Code 77098
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category Advertising Expense	(b) Description Campaign Ad		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

<b>4</b> Date 10/7/2015	<b>5</b> Payee name Moscarelli Media, LLC			
<b>6</b> Amount (\$) 18,515.00	<b>7</b> Payee Address; 1641 1/2 Cortlandt St.	City; Houston	State; TX	Zip Code 77008
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category Advertising Expense	(b) Description Cable TV Buy		
		<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T		
		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

<b>4</b> Date 9/25/2015	<b>5</b> Payee name Costco			
<b>6</b> Amount (\$) 1,028.72	<b>7</b> Payee Address; 3836 Richmond	City; Houston	State; TX	Zip Code 77027
<input checked="" type="checkbox"/> Reimbursement from political contributions intended				
<b>8</b>	(a) Category	(b) Description		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G:	2 FILER NAME Sandie Mullins Moger	3 FilerID (Ethics Commission filers)	
PURPOSE OF EXPENDITURE	Event Expense	Food and beverage for fundraiser	
		<input type="checkbox"/>	Check if travel outside of Texas, complete Schedule T
		<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**