

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Felix MORA JR.</i> NICKNAME LAST SUFFIX	<div style="border: 2px solid black; padding: 5px;"> <p align="center">OFFICE USE ONLY</p> <p align="center">Filed For Record Date Received <i>8:20</i> o'clock <i>PM</i></p> <p align="center">FEB 02 2010</p> <p align="center"><i>[Signature]</i></p> <p align="center">Elections Administration, Travis Co., Tx</p> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date imaged</td> </tr> </table>		Receipt #	Amount	Date Processed		Date imaged	
Receipt #	Amount								
Date Processed									
Date imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>410 W. Hise Fairburns, TX 78355</i>								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 325-2013</i>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Felix MORA JR.</i> NICKNAME LAST SUFFIX								
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>410 W. Hise Fairburns, TX 78355</i>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(361) 325-2013</i>								
9 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 18 / 10 2 / 02 / 10</i>								
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 02 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>District Clerk</i>							
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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. *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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 237,64

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Felix Mora Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Felix Mora Jr., this the 2 day of February, 20 10, to certify which, witness my hand and seal of office.

Teresa A. Silvas

Signature of officer administering oath

Teresa A Silvas

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Felix Mora JR</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2-02-10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable) <i>(If travel outside of Texas, complete Schedule T)</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Felix Mora JR.</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-18-10</i>	5 Payee name <i>Sunset Graphics</i>	7 Amount (\$) <i>\$100.00</i>
6 Payee address; City; State; Zip Code <i>FALPARRIAS, TX 78355</i>		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>1-21-10</i>	Payee name <i>McIntyre Lumber Ace Hardware</i>	Amount (\$) <i>\$26.79</i>
Payee address; City; State; Zip Code <i>113 N. ST MARY ST FALPARRIAS, TX 78355</i>		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>1-27-10</i>	Payee name <i>Walmart</i>	Amount (\$) <i>\$46.97</i>
Payee address; City; State; Zip Code <i>FALPARRIAS, TX 78355</i>		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date <i>2-01-10</i>	Payee name <i>FALPARRIAS PETS</i>	Amount (\$) <i>\$20.00</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Felix MORA JR

3 ACCOUNT # (Ethics Commission filers)

4 Date

1-25-10

5 Payee name

Sunset Graphics

7 Amount (\$)

1840.00

6 Payee address; City; State; Zip Code

FAIRBANKS, TEXAS 78355

8 Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

9 **** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 <i>Felix Mora Jr</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1-18-10</i>	5 Payee name <i>Sunset Graphics - Signs</i> 6 Payee address; City; State; Zip Code <i>Fairburns, TEXAS</i>	8 Amount (\$) <i>\$190.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date <i>1-21-10</i>	Payee name <i>McIntyre Lumber Ace Hardware</i> Payee address; City; State; Zip Code <i>113 N. ST. Mary Street FAIRBURNS, TEXAS 78355</i>	Amount (\$) <i>\$26.79</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date <i>1-27-10</i>	Payee name <i>Wal-Mart</i> Payee address; City; State; Zip Code <i>Fairburns, TEXAS 78355</i>	Amount (\$) <i>\$46.97</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date <i>1-25-10</i>	Payee name <i>Sunset Graphics - Signs</i> Payee address; City; State; Zip Code <i>Fairburns, TEXAS 78355</i>	Amount (\$) <i>\$40.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date <i>2-01-10</i>	Payee name <i>Fairburns Facts</i> Payee address; City; State; Zip Code <i>Fairburns, TEXAS 78355</i>	Amount (\$) <i>\$20.00</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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