

# 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 *Mr* FIRST *Carl* MI *F*  
NICKNAME LAST *Mooney* SUFFIX

**OFFICE USE ONLY**

Date Received

**HAND**

Date Hand-delivered or Postmarked *11/15/2012*

Receipt Amount **DELIVERED**

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
*802 Southern Hills Ct, College Station, TX 77845*

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(979) 450-3341*

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*( )*

9 REPORT TYPE

- January 15
- 30th day before election
- Runoff
- 15th day after campaign treasurer appointment (officeholder only)
- July 15
- 8th day before election
- Exceeded \$500 limit
- Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
*01/01/2012 THROUGH 06/30/2012*

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
*05/14/2011*  
 Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
*City Council, Prec 3*

13 OFFICE SOUGHT (if known)

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Karl P. Mooney*

15 ACCOUNT # (Ethics Commission Filers)

16 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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ *473.00*

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

\$ *2,963.00*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *1,297.77*

4. TOTAL POLITICAL EXPENDITURES

\$ *3,036.40*

CONTRIBUTION  
BALANCE

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

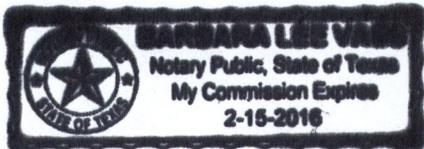
\$ *0.00*

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.

*Karl P. Mooney*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karl P. Mooney, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

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:<br><b>3</b>             |  |
| 2 FILER NAME <b>Karl P. Mooney</b>   |   | 3 ACCOUNT # (Ethics Commission filers)            |  |
| 4 Date<br><b>4-7-11</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Katherine Edwards</b>      | 7 Amount of contribution (\$)<br><b>\$100.00</b>  | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code<br><b>313 Pershing Ave, College Station, Tx 77840</b>     |   | (If travel outside of Texas, complete Schedule T) |  |
| 9 Principal occupation / Job title (See Instructions)  |   | 10 Employer (See Instructions)                    |  |
| Date<br><b>4-13-11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Danny + Linda Stridling</b>  | Amount of contribution (\$)<br><b>\$100.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>5306 Jupiter Hills Ct., College Station, Tx 77845</b> |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>4-20-11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>John + Carol Nichols</b>     | Amount of contribution (\$)<br><b>\$200.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1317 Angelina Ct., College Station, Tx 77840</b>      |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>4-25-11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Kerry + Maryvonne Cooper</b> | Amount of contribution (\$)<br><b>\$95.00</b>     | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>9201 Waterford Dr., College Station, Tx 77845</b>     |   | (If travel outside of Texas, complete Schedule T) |  |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                       |  |
| Date<br><b>4-28-11</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Jonathan Coopersmith</b>     | Amount of contribution (\$)<br><b>\$100.00</b>    | In-kind contribution description (if applicable)   |
| Contributor address; City; State; Zip Code<br><b>1811 Shadowwood, College Station, Tx 77840</b>        |   | (If travel outside of Texas, complete Schedule T) |  |
| 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1. Total pages Schedule A: 3

2. FILER NAME: Karl P. Mooney 3. ACCOUNT # (Ethics Commission filers)

|   |   |   |   |
|---|---|---|---|
| 4. Date<br><u>5-3-11</u>  | 5. Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Gary Halter</u> | 7. Amount of contribution (\$)<br><u>\$100.00</u> | 8. In-kind contribution description (if applicable) |
| 6. Contributor address; City, State; Zip Code<br><u>1204 Ashburn, College Station, TX 77840</u> |   | (If travel outside of Texas, complete Schedule T) |   |

9. Principal occupation / Job title (See Instructions) 10. Employer (See Instructions)

|  |  |   |  |
|--|--|---|--|
| Date<br><u>5-9-11</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Geo H + Laura Sigle</u> | Amount of contribution (\$)<br><u>75.00</u>       | In-kind contribution description (if applicable) |
| Contributor address; City, State; Zip Code<br><u>1524 Wayfeyer Ln, Coll. Sta. TX 77845</u> |  | (If travel outside of Texas, complete Schedule T) |  |

Principal occupation / Job title (See Instructions): Self employed Employer (See Instructions)

|  |  |   |  |
|--|--|---|--|
| Date<br><u>5-9-11</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Paul + Stacie Lambert</u> | Amount of contribution (\$)<br><u>\$250</u>       | In-kind contribution description (if applicable) |
| Contributor address; City, State; Zip Code<br><u>713 Berry Creek, Coll. Sta., TX 77845</u> |  | (If travel outside of Texas, complete Schedule T) |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|   |  |   |  |
|---|--|---|--|
| Date<br><u>5-9-11</u>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Mr + Mrs Dwight Allen</u> | Amount of contribution (\$)<br><u>150</u>         | In-kind contribution description (if applicable) |
| Contributor address; City, State; Zip Code<br><u>PO Box 10132, Coll. Sta., TX 77842</u> |  | (If travel outside of Texas, complete Schedule T) |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

|  |  |   |  |
|--|--|---|--|
| Date<br><u>5-9-11</u>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><u>Rbt. H. Goodwin</u> | Amount of contribution (\$)<br><u>\$500</u>       | In-kind contribution description (if applicable) |
| Contributor address; City, State; Zip Code<br><u>1011 Lyceum Ct., Coll. Sta., TX 77840</u> |  | (If travel outside of Texas, complete Schedule T) |  |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

Paul P. Mooney

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5-16-11

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kandy French

6 Contributor address; City; State; Zip Code

4700 Clipstone Pl, Coll. Str., TX 78745

7 Amount of contribution (\$)

500.<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Builder

10 Employer (See Instructions)

Self

Date

7-15-11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Don & Lois Helbrigel

Contributor address; City; State; Zip Code

1301 Wilshire Ct, Coll. Str., TX 78745

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Texas A&M Univ.

Date

5-9-11

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Steven & Ann Steele

Contributor address; City; State; Zip Code

15670 White's Creek Ln., CS 77845

Amount of contribution (\$)

\$2.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
1

2 FILER NAME

*Karl P. Mooney*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ *300.00*

5 Date

*3-30-11*

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

*Craig Brown*

8 Amount of pledge (\$)

*300.00*

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code  
*2801 Earl Rudder Fwy, College Station, Tx 77840*

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

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.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

*Karl P. Mooney*

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ *0.00*

5 Date of loan

6 Is lender a financial Institution?  
Y    N

7 Name of lender                       out-of-state PAC (ID#: \_\_\_\_\_)

8 Lender address;    City;    State;    Zip Code

9 Loan Amount (\$)

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 GUARANTOR INFORMATION  
 not applicable

16 Name of guarantor

17 Guarantor address;    City;    State;    Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

Is lender a financial Institution?  
Y    N

Name of lender                       out-of-state PAC (ID#: \_\_\_\_\_)

Lender address;    City;    State;    Zip Code

Loan Amount (\$)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral  
 none

GUARANTOR INFORMATION  
 not applicable

Name of guarantor

Guarantor address;    City;    State;    Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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:<br><i>1</i>   |
| 2 FILER NAME <i>Karl P. Mooney</i>   |   | 3 ACCOUNT # (Ethics Commission filers)  |
| 4 Date<br><i>5-4-11</i>  | 5 Payee name<br><i>WTAW - Bryan Broadcasting Co.</i><br>6 Payee address; City; State; Zip Code<br><i>2700 Rudder Fwy, Suite 5000, College Station, TX 77845</i> | 7 Amount (\$)<br><i>\$520.00</i>  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br><i>Advertising</i><br>(If travel outside of Texas, complete Schedule T)       |   | 9 <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held<br><i>Karl P. Mooney City Council, Place 3</i> |
| Date<br><i>5-9-11</i>  | Payee name<br><i>WTAW - Bryan Broadcasting Co.</i><br>Payee address; City; State; Zip Code<br><i>2700 Rudder Fwy, Suite 5000, College Sta, TX 77845</i>         | Amount (\$)<br><i>760.00</i>  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Advertising - radio</i><br>(If travel outside of Texas, complete Schedule T) |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held<br><i>Karl P. Mooney City Council Place 3</i>    |
| Date<br><i>5-1-11</i>  | Payee name<br><i>Copy Corner</i><br>Payee address; City; State; Zip Code<br><i>2307 Texas Ave. College Station, TX 77840</i>                                    | Amount (\$)<br><i>794.29</i>  |
| Purpose of payment (See instructions regarding type of information required.)<br><i>Fliers</i><br>(If travel outside of Texas, complete Schedule T)              |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held<br><i>Karl P. Mooney City Council Place 3</i>    |
| Date<br><i>4/19/11</i>   | Payee name<br><i>Copy Corner</i><br>Payee address; City; State; Zip Code<br><i>2307 Texas Ave, College Stn., TX 77840</i>                                       | Amount (\$)<br><i>81.40</i>   |
| Purpose of payment (See instructions regarding type of information required.)<br><br>(If travel outside of Texas, complete Schedule T)                           |   | <b>** Complete if direct expenditure to benefit C/OH **</b><br>Candidate / Officeholder name Office sought Office held  |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule G:<br><b>4</b>   | 2 FILER NAME<br><b>Karl P. Mooney</b>  | 3 ACCOUNT # (Ethics Commission Filers)  |
| 4 Date<br><b>2-26-11</b>  | 5 Payee name<br><b>Go-Daddy.com</b>  |   |
| 6 Amount (\$)<br><b>1115.91</b><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>14455 N Hayden Rd, Suite 219, Scottsdale, AZ 85260</b>      |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>           | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Web-site e-mail</b> |
| Date<br><b>3-8-11</b>   | Payee name<br><b>Office Depot</b>  |   |
| Amount (\$)<br><b>154.93</b><br><input type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br><b>1625 Roe Crest Dr., N Mankato, MN 56003</b>                   |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>               | Description (If travel outside of Texas, complete Schedule T)<br><b>Business cards</b>      |
| Date<br><b>3-26-11</b>  | Payee name<br><b>My Campaign Store</b>   |   |
| Amount (\$)<br><b>2844.15</b><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><b>PO Box 596<br/>902 E. Court Ave, Jeffersonville, IN 47130</b> |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>               | Description (If travel outside of Texas, complete Schedule T)<br><b>Campaign signs</b>      |
| Date<br><b>3-30-11</b>  | Payee name<br><b>Office Depot</b>  |   |
| Amount (\$)<br><b>164.93</b><br><input type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br><b>1625 Roe Crest Dr., N. Mankato, MN 56003</b>                  |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>               | Description (If travel outside of Texas, complete Schedule T)<br><b>Business cards</b>      |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1 Total pages Schedule G:<br><b>4</b>  |  | 2 FILER NAME<br><b>Karl P. Mooney</b>  |  | 3 ACCOUNT # (Ethics Commission Filers)   |  |
| 4 Date<br><b>3-5-11</b>  |  | 5 Payee name<br><b>Office Max</b>  |  |  |  |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>90.37</b> |  | 7 Payee address; City; State; Zip Code<br><b>410 Harvey Rd, College Station, TX 77840</b>        |  |  |  |
| 8 PURPOSE OF EXPENDITURE   |  | (a) Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>   |  | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Business cards &amp; ink</b> |  |
| Date<br><b>2-26-11</b>   |  | Payee name<br><b>The UPS Store</b>   |  |  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>55.00</b>   |  | Payee address; City; State; Zip Code<br><b>3515-B Longwire Dr., College Station, TX 77845</b>    |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br><b>Mail expenses</b>             |  | Description (If travel outside of Texas, complete Schedule T)<br><b>Mail box rental</b>              |  |
| Date<br><b>4-8-11</b>  |  | Payee name<br><b>U.S. Postal Service</b>   |  |  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>8.80</b>    |  | Payee address; City; State; Zip Code<br><b>Northgate Station, College Station, TX 77841-9800</b> |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br><b>Mail expenses</b>             |  | Description (If travel outside of Texas, complete Schedule T)<br><b>Stamps</b>                       |  |
| Date<br><b>4-5-11</b>  |  | Payee name<br><b>Walmart</b>   |  |  |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>117.93</b>  |  | Payee address; City; State; Zip Code<br><b>1815 Brothers Blvd, College Station, TX 77845</b>     |  |  |  |
| PURPOSE OF EXPENDITURE   |  | Category (See categories listed at the top of this schedule)<br><b>Advertising</b>               |  | Description (If travel outside of Texas, complete Schedule T)<br><b>Ink</b>                          |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule G:<br><b>4</b>   | 2 FILER NAME<br><b>Karl P. Mooney</b>  | 3 ACCOUNT # (Ethics Commission Filers)   |
| 4 Date<br><b>4-11-11</b>  | 5 Payee name<br><b>Office Max</b>  |  |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>127.91</b> | 7 Payee address; City; State; Zip Code<br><b>410 Harvey Rd., College Station, TX 77840</b>     |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Subject Postcards, Ink, Meeting Card</b> |
| Date<br><b>5-1-11</b>   | Payee name<br><b>Copy Corner</b>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>294.29</b>   | Payee address; City; State; Zip Code<br><b>2307 Texas Ave. S., College Station, TX 77840</b>   |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b>     | Description (If travel outside of Texas, complete Schedule T)<br><b>Fliers</b>                                   |
| Date<br><b>4-19-11</b>  | Payee name<br><b>Copy Corner</b>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>81.40</b>    | Payee address; City; State; Zip Code<br><b>2307 Texas Ave S., College Station, TX 77840</b>    |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Advertising</b>             | Description (If travel outside of Texas, complete Schedule T)<br><b>Fliers</b>                                   |
| Date<br><b>6-1-11</b>   | Payee name<br><b>Exxon Mobil</b>   |  |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended<br><b>110.00</b>   | Payee address; City; State; Zip Code<br><b>Chickbank, Phoenix, AZ</b>                          |  |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><b>Fuel</b>                    | Description (If travel outside of Texas, complete Schedule T)<br><b>Gasoline for campaigning</b>                 |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br><i>4</i>  | <b>2</b> FILER NAME<br><i>Karl P. Mooney</i>  | <b>3</b> ACCOUNT # (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>3-10-12</i>   | <b>5</b> Payee name<br><i>Office Max</i>  |   |
| <b>6</b> Amount (\$)<br><i>77.97</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><i>410 Harvey Rd, College Station, TX 77840</i>    |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | (a) Category (See categories listed at the top of this schedule)<br><i>Maintain records</i>         | (b) Description (If travel outside of Texas, complete Schedule T)<br><i>Ink &amp; paper</i> |
| Date<br><i>4.5-12</i>   | Payee name<br><i>The Eagle</i>  |   |
| Amount (\$)<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended                          | Payee address; City; State; Zip Code<br><i>1729 Briarcrest Dr, Bryan, TX 77802</i>                  |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Maintain current information</i> | Description (If travel outside of Texas, complete Schedule T)<br><i>Subscription</i>        |
| Date<br><i>4-6-12</i>   | Payee name<br><i>Office Depot</i>   |   |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                                     | Payee address; City; State; Zip Code<br><i>715 Texas Ave S, College Station, TX 77840</i>           |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)<br><i>Maintain records</i>             | Description (If travel outside of Texas, complete Schedule T)<br><i>Ink for printer</i>     |
| Date  | Payee name  |   |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                                     | Payee address; City; State; Zip Code  |   |
| PURPOSE OF EXPENDITURE  | Category (See categories listed at the top of this schedule)  | Description (If travel outside of Texas, complete Schedule T)                               |

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