

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

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

Jerry Mouton Campaign

COMMITTEE CAMPAIGN TREASURER NAME

Tammie Mouton

COMMITTEE CAMPAIGN TREASURER ADDRESS

DP Tx 77536

additional pages

17 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)

\$

14,000

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2750.36

CONTRIBUTION
BALANCE

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

\$

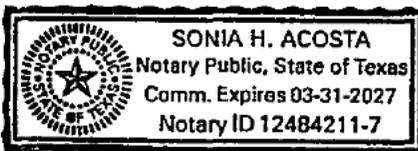
18,377.61

OUTSTANDING
LOAN TOTALS

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

\$

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.

Jerry Mouton

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jerry Mouton this the 15 day of July 2024, to certify which, witness my hand and seal of office.

Sonia H. Acosta

Signature of officer administering oath

Sonia H. Acosta

Printed name of officer administering oath

Deputy City Secretary

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 page

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

2/13/24

TSVC, Inc Political Action Committee

Contributor address, City, State, Zip Code

Blotilde, KS 66061-6456

Amount of contribution (\$)

500.⁰⁰

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 (OE)

2/13/24

DEC PAC

Contributor address, City, State, Zip Code

Ho., TX 77046

Amount of contribution (\$)

500.⁰⁰

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 (OE)

2/13/24

Hoover Slovak LLP

Contributor address, City, State, Zip Code

Ho., TX 77210

Amount of contribution (\$)

1000.⁰⁰

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 (OE)

2/13/24

Cobb Fendley PAC

Contributor address, City, State, Zip Code

Ho., TX 77048

Amount of contribution (\$)

1000.⁰⁰

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 (OE)

2/13/24

Birkley & Barfield

Contributor address, City, State, Zip Code

Ho., TX 77024

Amount of contribution (\$)

500.⁰⁰

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.

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

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (OR _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/13/24

Binkley & Barfield

500.00

6 Contributor address: City, State, Zip Code

[REDACTED]

Houston, TX 77841

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (OR _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

Mark Dessons

2500.00

Contributor address: City, State, Zip Code

[REDACTED]

Houston, TX 77099

(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 (OR _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

Ardurva

750.00

Contributor address: City, State, Zip Code

[REDACTED]

Pasadena, TX 77505

(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 (OR _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

Liebowitz, Gross, Blair & Simpson

500.00

Contributor address: City, State, Zip Code

[REDACTED]

Austin, TX 78760

(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 (OR _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

Durotech

1500.00

Contributor address: City, State, Zip Code

[REDACTED]

Houston, TX 77043

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (DE)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/13/24

Waller or Joyce Sass
6 Contributor address: City: State: Zip Code

500.00

[Redacted]

Raty, TX 77450

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (DE)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

Delpryn or Elizabeth Joh
Contributor address: City: State: Zip Code

500.00

[Redacted]

Raty, TX 77450

(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 (DE)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/13/24

EHRA Engineering PAC
Contributor address: City: State: Zip Code

500.00

[Redacted]

Hd., TX 77042

(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 (DE)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/28/24

Jack Miller
Contributor address: City: State: Zip Code

250.00

[Redacted]

Hd., TX 77077

(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 (DE)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/28/24

Joseph Slavacek
Contributor address: City: State: Zip Code

1000.00

[Redacted]

Hd., TX 77043

(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.

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		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/20/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <i>David & Sheri Walker</i>	7 Amount of contribution (\$) <i>1000.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] <i>Deer Park, TX 77536</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____ <i>Centerpoint Energy, Inc</i>	Amount of contribution (\$) <i>1000.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] <i>Ho., TX 77259</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) _____	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (DR) _____	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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 contributor <input type="checkbox"/> out-of-state PAC (DR) _____	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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.

POLITICAL EXPENDITURES

SCHEDULE F

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 F:		2 FILER NAME <i>Jerry Monte Capay</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2/13/24</i>		5 Payee name <i>Battleground @ Deer Park</i>			
6 Amount (\$) <i>1600.34</i>		7 Payee address; City; State; Zip Code <i>1600 Georgia Deer Park, TX 77536</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Catering - Food - Event</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-22-23</i>		Payee name <i>Sarah Lauer</i>			
Amount (\$) <i>1150.00</i>		Payee address; City; State; Zip Code <i>PO Box 75190 Ho, TX 77234</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Consulting - Fundraising</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY 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 EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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