

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 Mr.	FIRST Jerry	MI D	OFFICE USE ONLY		
	NICKNAME	LAST moss	SUFFIX	Date Received <i>fw</i> RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE; ZIP CODE , Llano, TX 78643		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (PHONE NUMBER	EXTENSION	ADMINISTRATOR Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ms	FIRST Deana	MI R	Receipt # Amount \$		
	NICKNAME	LAST Kenner	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: CITY, STATE; ZIP CODE 14, Llano, TX 78643					
8 CAMPAIGN TREASURER PHONE	AREA CODE (PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day 11	Year 2025	Month 1	Day 15	Year 2026
11 ELECTION	ELECTION DATE Month 5 Day 26 Year 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Llano County Commissioner Pct 4	13 OFFICE SOUGHT (if known) Llano County Commissioner Pct 4				
14 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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Jerry Don Moss		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 27-	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 42 00.00	
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 3378.07	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 848.93	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 400-	

18 SIGNATURE 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.



Signature of Candidate or Officeholder



Please complete either option below:
KATHY SHAFFER
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 12/07/28
NOTARY ID 8007188

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jerry Don Moss this the 15 day of JANUARY, 20 20 to certify which, witness my hand and seal of office.

Kathy Shaffer Signature of officer administering oath

KATHY SHAFFER Printed name of officer administering oath

Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) _____ (year) _____

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
Jerry Don Moss		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2900 -
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1300 -
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 400 -
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 750 -
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 2628.07
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 18 3
2 FILER NAME Jerry Don moss			3 Filer ID (Ethics Commission Filers)
4 Date 1/16/26	5 Full name of contributor John Ables	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100 -
6 Contributor address; 711 Llano		City: TX State: Zip Code 78643	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 1/8/26	Full name of contributor Nancy Etheredge	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100 -
Contributor address; City: Llano State: TX Zip Code 78643			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/7/26	Full name of contributor Linda Stevens	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100 -
Contributor address; City: Llano State: TX Zip Code 78643			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/25	Full name of contributor Robert Kelsey, Jr.	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200 -
Contributor address; City: Llano State: TX Zip Code 78643			
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			
2 FILER NAME Jerry Don Moss		1 Total pages Schedule A1 2 of 3	
4 Date 12/18/25	5 Full name of contributor L Kay Stuart	7 Amount of contribution (\$) \$200 -	
6 Contributor address: 1	City: Llano State: TX Zip Code: 78643		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/17/25	Full name of contributor Kathy Shaffer	Amount of contribution (\$) \$100 -	
Contributor address: 1	City: Llano State: TX Zip Code: 78643		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/25	Full name of contributor Cindy Powers	Amount of contribution (\$) \$1000 -	
Contributor address: 1	City: Valley Spring State: TX Zip Code: 76885		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/25	Full name of contributor David Willmann	Amount of contribution (\$) \$100 -	
Contributor address: 1	City: Llano State: TX Zip Code: 78643		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>3 2 3</i>
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/16/25</i>	5 Full name of contributor <i>Ronald D. Abshier</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$500 -</i>
	6 Contributor address: <i>, Bluffton TX 78607</i>	City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>1/10/26</i>	Full name of contributor <i>Jim Foster</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 500 -</i>
	Contributor address: <i>Uvalo TX 78643</i>	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address:	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address:	City: _____ State: _____ Zip Code	
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 181
2 FILER NAME Jerry Don Moss		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ D
5 Date 1/16/26	6 Full name of contributor Robert Kelsey, Jr.	<input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of Contribution \$ \$1300 -
7 Contributor address; _____	City: Llano	State: TX	Zip Code 78643	9 In-kind contribution description signs
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date _____		Full name of contributor _____	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$ _____
Contributor address; _____		City: Llano	State: TX	In-kind contribution description _____
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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

If the requested information is not applicable, **DO NOT** include this page in the report.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1081	2 FILER NAME: Jerry Don Moss	3 Filer ID (Ethics Commission Filers)	
4 Date: 12/4/25	5 Payee name: Llano County Republican Party		
6 Amount (\$): \$1750 -	7 Payee address: 1 Kingsland, TX 78639	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Fees (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description filing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: _____ Payee name: _____			
Amount (\$): <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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date: _____ Payee name: _____			
Amount (\$): <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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <i>1 of 1</i>	2 FILER NAME <i>Jerry Don Moss</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-9-26</i>	5 Business name <i>A Sign from above</i>	6 Amount (\$) <i>\$937.13</i>	
7 Business address: <i>1111, Tow, TX 78672</i>	City: _____	State: _____	Zip Code: _____
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Door Magnet signs</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
Date <i>1-12-26</i>	Business name <i>Signs Across Texas</i>		
Amount (\$) <i>\$1690.94</i>	Business address; <i>Kingsland, TX 78639</i>	City: _____	State: _____
<input type="checkbox"/> Check if individual's residence address.			
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Signs, frames and magnets</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
Date	Business name		
Amount (\$)	Business address;	City: _____	State: _____
<input type="checkbox"/> Check if individual's residence address.			
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			