

# 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: Lee  
MI: A.  
NICKNAME: Mosty  
LAST: Mosty  
SUFFIX:

**OFFICE USE ONLY**

Date Received



Me  
9:53am

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX: 1500 Park Grove Dr  
APT / SUITE #: Irving TX  
CITY: 75060  
STATE: ZIP CODE

change of address

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE: (972)  
PHONE NUMBER: 986 5996  
EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR  MR  
FIRST: Neil  
MI: A.  
NICKNAME: Cook  
LAST: Cook  
SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS (residence or business)**

STREET ADDRESS (NO PO BOX PLEASE): 2305 Indian Creek  
APT / SUITE #: IRVING TX  
CITY: STATE: ZIP CODE: 75060

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (214)  
PHONE NUMBER: 208-4502  
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: 2 / 6 / 13 THROUGH Month / Day / Year: 4 / 4 / 13  
9am

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 5 / 11 / 13  
ELECTION TYPE:  Primary  Runoff  General  Special  
VOID not a primary

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**

District 5  
Irving ISD Board of Trustees

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Lee Anthony Mosty 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>None</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Neal A. Cook</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>2305 Indian Creek Irving TX 75060</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,190.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>950.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,122.98</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,272.98</u>

18 AFFIDAVIT

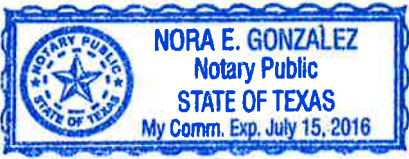
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lee A. Mosty  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lee Mosty, this the 9 day of April, 20 13, to certify which, witness my hand and seal of office.

Nora E. Gonzalez Nora E. Gonzalez Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



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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: 1/3

2 FILER NAME

Lee A Mosty

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3-1-13

5 Full name of contributor

Mary Posey

out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

10 Shadow Ridge  
Irving TX 75061

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3-4-13

Full name of contributor

Kenneth D. Ewing (Diane)

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2524 Crest View Cr.  
Irving TX 75062-5305

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11-13

Full name of contributor

Shirley & Lewis Russell

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1325 1325 Shady Springs Ct W  
Irving TX 75060

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-11-13

Full name of contributor

Birdie Yelvington or Jan Savage

out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1303 Daisy Ln.  
Irving TX 75061

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-12-13

Full name of contributor

Bonnie Weaver & Joe Weaver

out-of-state PAC (ID#)

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2609 Still Meadow Rd  
Irving TX 75060

(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.

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

**OFFICE USE ONLY**

Acct. #

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

2 CANDIDATE NAME

MS / MRS // MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS / MRS // MR: ( )  
 FIRST: Lee  
 MI: A.  
 NICKNAME: Mostly  
 LAST: (blank)  
 SUFFIX: (blank)

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1500 Park Grove Dr. Irving, TX 75060

4 CANDIDATE PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 986 5996

5 OFFICE HELD (if any)

None

6 OFFICE SOUGHT (if known)

ISD School Board of Trustees District 5

7 CAMPAIGN TREASURER NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS/MRS/MR: ( )  
 FIRST: Neil  
 MI: A  
 NICKNAME: (blank)  
 LAST: Cook  
 SUFFIX: (blank)

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

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

2305 Indian Creek Irving TX 75060

9 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 208 4502

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Lee G. Mostly  
Signature of Candidate

Jan 31, 2013  
Date Signed

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**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Lee A. Mosty

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$ 0

5 Date of loan  
2-6-13

7 Name of lender     out-of-state PAC (ID#: \_\_\_\_\_)  
Lee A. Mosty (Self)

9 Loan Amount (\$)  
2,000.00

6 Is lender a financial institution?  
Y

8 Lender address; City; State; Zip Code  
1500 Park Grove Dr  
Irving TX 75060

10 Interest rate  
0  
11 Maturity date  
0

12 Principal occupation / Job title (See Instructions)  
(Self) Retired teacher

13 Employer (See Instructions)

14 Description of Collateral  
 none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan  
3-4-13

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

Loan Amount (\$)  
400.00

Is lender a financial institution?  
Y

Lender address; City; State; Zip Code  
1500 Park Grove Dr  
Irving, TX 75060

Interest rate  
0  
Maturity date  
0

Principal occupation / Job title (See Instructions)  
(Self) Retired teacher

Employer (See Instructions)

Description of Collateral  
 none

Check if personal funds were deposited into political account

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

### 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>Lee A Mosty</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>2-6-13</i>	5 Payee name <i>Irving MPO 76061-9998</i>
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6 Amount (\$) <i>59.00</i>	7 Payee address; City; State; Zip Code <i>201 West Irving Blvd Irving TX 75015</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Rental of Mail Box</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>6 months Rental</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-19-13</i>	Payee name <i>Sign Out post</i>
------------------------	------------------------------------

Amount (\$) <i>1,483.03</i>	Payee address; City; State; Zip Code <i>208 E Irving Blvd IRVING TX 75060</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Exp.</i>	Description (If travel outside of Texas, complete Schedule T) <i>Outdoor Signs</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-14-13</i>	Payee name <i>Bank America</i>
------------------------	-----------------------------------

Amount (\$) <i>26.00</i>	Payee address; City; State; Zip Code <i>P.O. Box 53150 Phoenix AZ 85072-3150</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Print checks</i>	Description (If travel outside of Texas, complete Schedule T) <i>Banking fees-orderchecks</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2-20-13</i>	Payee name <i>Staples Office</i>
------------------------	-------------------------------------

Amount (\$) <i>88.47</i>	Payee address; City; State; Zip Code <i>3538 W. Airport Fwy Irving TX 75062</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Adv. Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Envelopes, Labels</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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>Lee A. Mosty</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>3-4-13</i>		5 Payee name <i>Irving MPO Post office</i>			
6 Amount (\$) <i>138.00</i>		7 Payee address; City; State; Zip Code <i>Irving MPO Irving Texas 2701 W. Irving Blvd 75061-9998</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Adv. Expenses</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Postage for mailout</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-6-13</i>		Payee name <i>Chuck Pope</i>			
Amount (\$) <i>105.00</i>		Payee address; City; State; Zip Code <i>4105 High Crest Dr Irving, TX 75061</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Adv expenses</i>		Description (If travel outside of Texas, complete Schedule T) <i>Campaign Card design</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-11-13</i>		Payee name <i>Staples</i>			
Amount (\$) <i>17.09</i>		Payee address; City; State; Zip Code <i>3538 West Airport Fwy Irving TX 75062</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Adv Expenses</i>		Description (If travel outside of Texas, complete Schedule T) <i>envelope</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>3-20-13</i>		Payee name <i>Master Card Overnight Prints.com</i>			
Amount (\$) <i>219.79</i>		Payee address; City; State; Zip Code <i>Over night prints 888-677-2000 CA Box 15390 Irvin CA 97623</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Adv expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Print Campaign cards</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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>Lee A. Mosty</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>3-25-13</i>	5 Payee name <i>Lee Mosty</i>
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6 Amount (\$) <i>400.00</i>	7 Payee address; City; State; Zip Code <i>1500 Park Grove Dr Irving TX 75060</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Loan Repayment-</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-2-13</i>	Payee name <i>Lee Mosty</i>
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Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>1500 Park Grove Dr. Irving TX 75060</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Loan Repayment</i>	Description (If travel outside of Texas, complete Schedule T) <i>Reimbursement</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-5-13</i>	Payee name <i>Sign Outpost</i>
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Amount (\$) <i>86.60</i>	Payee address; City; State; Zip Code <i>208 E Irving Blvd Irving TX 75060</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>yard stakes</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED