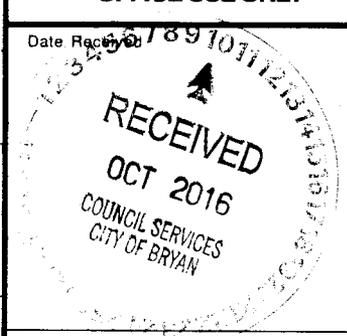


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	<input checked="" type="radio"/> MS / <input type="radio"/> MRS / <input type="radio"/> MR FIRST: <u>Mary</u> MI: <u>K</u> NICKNAME: <u>Mary Kaye</u> LAST: <u>Moore</u> SUFFIX:	OFFICE USE ONLY Date Received: <u>10/11/2016</u>  Date Hand-delivered or Date Postmarked:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>2605 Trophy Dr. Bryan TX 77802</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(979) 774-3757</u>		
6 CAMPAIGN TREASURER NAME	<input type="radio"/> MS / <input type="radio"/> MRS / <input checked="" type="radio"/> MR FIRST: <u>Patrick</u> MI: <u>D.</u> NICKNAME: <u>Moore</u> LAST: SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>3507 Green Ridge Dr Bryan, TX 77802</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER: EXTENSION: <u>(979) 204-5732</u>		
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 <u>8 / 22 / 2016</u> THROUGH <u>9 / 29 / 2016</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 8 / 2016</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Mayor City of Bryan</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 375.00

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

\$ 5825.00

EXPENDITURE
TOTALS

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

\$ 45.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2815.00

CONTRIBUTION
BALANCE

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

\$ 5907.00

OUTSTANDING
LOAN TOTALS

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

\$ 3000.00

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.

Mary Kaye Moore
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Kaye Moore, this the 10th day of October, 20 16, to certify which, witness my hand and seal of office.

Mary L Stratta
Signature of officer administering oath

Mary L Stratta
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5825.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 275.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 3000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2818.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD <i>(Ind. in Line 5)</i>	\$ 689.46
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME
Mary Kaye Moore

3 Filer ID (Ethics Commission Filers)

4 Date

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

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 (\$)

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 (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

See Attached

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

Sch A 1

	LIST	LOAN AMT	CAMPAIGN CONTRIBU AMT
Mary Kaye Moore (Loan) 2605 Trophy Bryan, TX 77802		3000	
KANDY ROSE 13 INDIAN PAINTBRUSH DR. BOZEMAN, MT 59718	X		500
Lisa Salzman 7793 John Elwood Dr Centerville, OH 45459	X		
David & Rebecca Segrest 7230 Oak Forest Dr Bryan, TX 77808	X		100
Marlene & Chris Holben 325 Lakeshore Dr Atlanta, GA 30096	X		200
Rusleen Maurice 3306 Carter Creek Pkwy Bryan 77802			25
Laura E Faulk 3205 Broadmoor Dr Bryan 77802	X		100
Peter A Witt 1604 Carter Creek Pkwy Bryan 77802	X		250
Joyce I Nies 1604 Carter Creek Pkwy Bryan 77802	X		250
Jacquelyn Zulch 197 Monterrey Rd East Montgomery, TX 77356	X		150
M/M Dennis Fleming 2610 Trophy Dr. Bryan, TX 77802	X		100

[REDACTED]

[REDACTED]

Sch A 1

Lee Roy & Carolyn Johnson

1305 Barak
Bryan, TX 77802

100

Greg Gorman X
315 Suffolk Ave
College Station, TX 77840

25

Jo Ann Zaeske X
P. O. Box 3383
Bryan, TX 77805-3383

100

Linda Vukovich X
2356 W. Briargate Dr.
Bryan, TX 77802-2117

50

Nancy Leslie
9252 Brookwater Cir
College Station, TX 77845 X

50

Karen Hall X

100

Robert Rose
3201 Walnut Creek Ct
Bryan, Tx 77807

100

Diane Jones Meier
307 S Coulter
Bryan, Tx 77803-4737 X

50

CDR John & Martha Seate, Jr
2609 Trophy Dr
Bryan, TX 77802-2154 X

100

M/M Roger Beaumont
308 Brooks side Dr E
Bryan, Tx ; 77801 X

150

William Kuykendall, Jr
1205 Sul Ross Dr
Bryan, Tx 77802-3250

100

Larry Mariott
209 Rock Prairie Rd
College Station, TX 77845

100

Lloyd Joyce
3924 Park Meadow Ln
Bryan, TX 77802

250

[REDACTED]		
Mary K. Joyce 3924 Park Meadow Ln Bryan, Tx 77802	X	250
Frank Dworaczyk, Jr 3123 Peterson Way Bryan, Tx 77802	X	200
Mr. & Mrs Newton Ellis 3801 E Crest Dr Apt 4402 Bryan, TX 77802	X	100
Peter Witt & Joyce I. Nies 1604 Carter Creek Pkwy Bryan, Tx 77802	X	500
Mr & Mrs David Massey 2405 Glacier Dr Bryan, Tx 77803-0756	X	100
Elaine Penninger 2607 Trophy Dr. Bryan, Tx 77802	X	75
Mrs. James Easterling 3123 Broadmoor Dr Bryan, Tx 77802		50
Rodney C McFaddin P. O. Box 5018 Bryan, Tx 77805	X	50
Mr & Mrs Mark Hollas 1261 Cedar Creek Rd Hearne, TX 77859-9605	X	250
Bill Lero 4421 Nottingham Bryan, Tx 77802	X	250
Sarah Ashburn 4405 Nottingham Ln Bryan, Tx 77802		200
[REDACTED]		

Richard Hammerness

3708 E. 29th St PMB 206

Bryan, TX 77802

X

75

Ginger Lenihan

405 Crescent Dr.

Bryan, TX 77801

200

Suzanne Phelps

2705 Colony Glen Dr.

Bryan, TX 77808-5212

100

Laura Nowlin

760 S. Rosemary Dr.

Bryan, TX 77802

100

Mr/Mrs Robert Van Brunt

2714 Camelot

Bryan, TX 77802

100

Reba Ragsdale

2325 W Briargate

Bryan, TX 77802

25

Barbara Bobo

3218 Peterson Way

Bryan, TX 77802

50

Elizabeth B. Smith

607 E. 27th St.

Bryan, TX 77803

100

Phyllis & Robert Buffington

809 E. 28th St

Bryan, Tx 77803

100

Total

5,825

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <p style="text-align: center;">1</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Mary Kaye Moore</p>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <p style="text-align: center; font-size: 1.5em;">0 -</p>	
5 Date <p style="font-size: 1.2em;">9/1/16</p>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">Lisa Salzman</p>	8 Amount of Contribution \$ <p style="font-size: 1.2em;">275.00</p>	9 In-kind contribution description <p style="font-size: 1.2em;">Design Website</p>
7 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">7793 John Elwood Centerville, OH 45459</p>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <p style="font-size: 1.2em;">OWNER</p>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <p style="font-size: 1.2em;">Salzman Solutions LLC</p>	
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Mary Kaye Moore		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ - 0 -
5 Date of loan 8/26/16	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Kaye Moore	9 Loan Amount (\$) 3,000.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 2605 Trophy Dr Bryan, TX 77802	10 Interest rate - 0 -
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>Mary Kaye Moore</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>see Attached</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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 _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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

CAMPAIGN EXPENDITURES

DATE	PAYEE	AMOUNT
9/2/2016	PHILLIPS EVENT CENTER 1929 COUNTRY CLUB DR BRYAN, TX 77802	256.51 FUNDRAISER
9/8/2016	JAMES LESTER 1603 LANGFORD COLLEGE, STATION, TX 77840	45 DESIGN INVITATION
9/16/2016	FAST SIGNS 404 UNIVERSITY DR. E SUITE C COLLEGE STATION, TX 77840	520.56 LARGE SIGNS
9/16/2016	FAST SIGNS 404 UNIVERSITY DR. E SUITE C COLLEGE STATION, TX 77840	920.13 YARD SIGNS
9/16/2016	PHILLIPS EVENT CENTER 1929 COUNTRY CLUB DR BRYAN, TX 77802	445.67 FUNDRAISER
9/29/2016	MARY KAYE MOORE 2605 TROPHY DR. BRYAN, TX 77802	629.46 REIMBURSEMENT SEE PD BY CREDIT CARD)
9/16/2016	ACCUPRINT 3616 E 29TH ST BRYAN, TX 77802	100.67 BUSINESS CARDS
TOTAL		2918

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: <i>2</i>	2 FILER NAME <i>Mary Kaye Moore</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>- 0 -</i>
--	-----------------

5 Date	6 Payee name <i>See Attached</i>
---------------	--

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
----------------------------	---

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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAID BY CREDIT CARD

DATE	PAYEE	AMOUNT	ITEM
9/8/2016	US POST OFFICE WM JOEL BRYAN PKWY BRYAN, TX 77805		30 P.O. BOX
9/3/2016	KROGER 2303 BOONVILLE RD BRYAN, TX 77802		9.4 STAMPS
9/3/2016	KROGER 2303 BOONVILLE RD BRYAN, TX 77802	60.84	REFRESHMENTS ORGANIZATION MEETING
9/26/2016	FAST SIGNS 404 UNIVERSITY DR. E SUITE C COLLEGE STATION, TX 77840	470.76	LARGE SIGNS
9/26/2016	FAST SIGNS 404 UNIVERSITY DR E SUITE C COLLEGE STATION, TX 77840	58.46	STAKES FOR YARD SIGNS
		629.46	