

# 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: <b>38</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Gary</b> LAST	MI <b>MT</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>801 Cherry Street, Suite 2000, Unit #46 Fort Worth, TX 76102</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817) 632-4908</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Robert "Bob"</b> LAST	MI <b>G</b> SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>8849 Helen Dr. Fort Worth, TX 76108-9727</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817) 878-0511</b>		
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 <b>1 / 8 / 2019</b> <b>3 / 25 / 19</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 04 / 2019</b>	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) <b>Tarrant Regional Water District Board of Directors Co</b>	13 OFFICE SOUGHT (if known) <b>Tarrant Regional Water District Board of Directors</b>	

**OFFICE USE ONLY**

Date Received

**RECEIVED**

APR 04 2019

BY: **BMM**

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Mr. Gary Moates 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 55,405
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,839.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 50,565.30
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 16, Election Code.

MICHAEL D. VALDEZ  
Notary Public, State of Texas  
Comm. Expires 05-26-2020  
Notary ID 130679531

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary Moates, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Michael D. Valdez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Gary Montez</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,405
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,839.76
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME Gary Moat

3 Filer ID (Ethics Commission Filers)

4 Date  
1/19/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
T.W. REILLY III

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

500

1017 SOUTH FM 5 ALEDO, TX 76008

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
1/22/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
CAROL & JIM DUNAWAY

Amount of contribution (\$)

Contributor address; City; State; Zip Code

500

777 TAYLOR ST., STE. 1040 FORT WORTH, TX 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
1/23/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

200

611 RIVERCREST DRIVE FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
1/23/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

250

1600 WEST 7TH ST. 2ND FLOOR FORT WORTH, TX 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date  
1/23/19

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

7 Amount of contribution (\$)  
1,000

6 Contributor address; City; State; Zip Code  
1017 S FM ROAD 5 ALEDO, TX 76008

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
1/24/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
JAMES AND FAITH MALLORY

Amount of contribution (\$)  
300

Contributor address; City; State; Zip Code  
2400 WINTON TERRACE, EAST FORT WORTH, TX 76109

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
1/23/19

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

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
4455 Camp Bowie Blvd Suite 114 Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
1/28/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John and Shirley Dean

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
4309 winding way Benbrook, Texas 76126

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>17</b>
<b>2</b> FILER NAME Gary Moates ✓		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/29/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don and Sharon cooper <hr/> <b>6</b> Contributor address; City; State; Zip Code 23857 sw loop 820 Fort Worth, Texas 76133	<b>7</b> Amount of contribution (\$) 500
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 2/5/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry and James taylor <hr/> <b>Contributor address;</b> City; State; Zip Code 1725 Carleton ave Fort Worth, Texas 76107	<b>Amount of contribution (\$)</b> 100
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self
<b>Date</b> 2/15/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia B Cole <hr/> <b>Contributor address;</b> City; State; Zip Code P.O. Box 101056 Fort Worth, Texas 76185	<b>Amount of contribution (\$)</b> 750
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self
<b>Date</b> 2/13/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Woodard <hr/> <b>Contributor address;</b> City; State; Zip Code 3100 w. 7th street Fort Worth, Texas 76107	<b>Amount of contribution (\$)</b> 5000
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moore

3 Filer ID (Ethics Commission Filers)

4 Date  
2/13/18

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

7 Amount of contribution (\$)

1000

6 Contributor address; City; State; Zip Code

~~284 compass at suite 2500 Fort Worth, Texas 76102~~  
8848 Helton Dr. Fort Worth, TX 76105

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
2/19/19

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

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

619 rivercrest Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
2/22/19

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

Amount of contribution (\$)

50

Contributor address; City; State; Zip Code

6200 Locke ave. Fort Worth, Texas 76116

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
2/25/19

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

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

7005 sparrow point forth Worth, Texas 76133

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
17

2 FILER NAME Gary Moate *gsm*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/1/29

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

7 Amount of contribution (\$)  
250

6 Contributor address; City; State; Zip Code  
P.O. Box 121969 Fort Worth Texas 76121

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
2/25/19

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

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
425 athenia dr Fort Worth Texas 76114

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
2/27/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
John or Rebecca brumley

Amount of contribution (\$)  
1000

Contributor address; City; State; Zip Code  
777 main st suite 3400 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/4/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
S.L. Tatum

Amount of contribution (\$)  
1000

Contributor address; City; State; Zip Code  
600 w 6th street suite 300 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME Gary Moat *ESB*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/4/19

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

7 Amount of contribution (\$)  
100

6 Contributor address; City; State; Zip Code  
821 Dunham close Fort Worth, Texas 76111

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/6/19

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

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
3952 thistle In Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/2/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert & Anne Semple

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
3962 sarita park Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
BANK OF TEXAS

Date  
3/7/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Vance & Belinda Minter

Amount of contribution (\$)  
200

Contributor address; City; State; Zip Code  
P.O. Box 100249 Fort Worth, Texas 76185

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date  
3/6/19

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

7 Amount of contribution (\$)  
300

6 Contributor address; City; State; Zip Code  
2729 colonial pkwy fort worth, tx 76109

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/11/19

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

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
2741 river forest dr. fort worth, tx 76116

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/12/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Theodore Gorski Jr.

Amount of contribution (\$)  
200

Contributor address; City; State; Zip Code  
3811 Monticello dr Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/15/19

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

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
301 Virginia place Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Decker Jones Law Firm

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME Gary Moates *esl*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/13/19

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

100

12300 bela palazzo dr Fort Worth, texas 76126

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/13/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100

301 commerce st. Suite 3500 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Whitaker Chalk

Date  
3/13/19

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

200

2300 Medford court e. Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/12/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
G. Thomas Boswell

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100

3700 Potomac Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moates *GM*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/18/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
W.A. Hudson II

7 Amount of contribution (\$)  
100

6 Contributor address; City; State; Zip Code  
616 texas st. fort worth, texas 76102

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/19/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tom Law Jr.

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
1200 fairmount ave. fort worth, tx 76104

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/22/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Charles & Dana Milliken

Amount of contribution (\$)  
2500

Contributor address; City; State; Zip Code  
4113 winding way Fort Worth, Texas 76126

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/14/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
William Collins Jr.

Amount of contribution (\$)  
250

Contributor address; City; State; Zip Code  
3700 Potomac Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moatz *GM*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/21/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
J.R. & Priscilla Martin

7 Amount of contribution (\$)  
1000

6 Contributor address; City; State; Zip Code  
P.O. Box 91588 Arlington, TX 76015

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/22/19

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

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
5020 collinwood ave. Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/24/19

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

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
777 Taylor st. Suite 1040 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/22/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Robert & Martha Grable

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
4447 crestline rd. Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moat

3 Filer ID (Ethics Commission Filers)

4 Date  
3/24/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Marvin and Sue Ellen Champlin

7 Amount of contribution (\$)  
50

6 Contributor address; City; State; Zip Code  
6301 walburn ct. Fort Worth, Texas 76133

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/25/19

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

Amount of contribution (\$)  
250

Contributor address; City; State; Zip Code  
777 main st. Ste. 600 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/27/19

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

Amount of contribution (\$)  
5000

Contributor address; City; State; Zip Code  
3100 W 7th st Fort Worth, Texas 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Western Companies

Date  
3/21/19

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

Amount of contribution (\$)  
250

Contributor address; City; State; Zip Code  
3821 Camp Bowie Blvd. Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

**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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>17</b>
2 FILER NAME Gary Moats <i>GM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Hulsey 6 Contributor address; City; State; Zip Code 1600 Texas #11507 Fort Worth, Tx 76102	7 Amount of contribution (\$) 50
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 3/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred Disney Contributor address; City; State; Zip Code 1320 S. University Dr. Suite 1014 Fort Worth, Tx 76107	Amount of contribution (\$) 150
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Fikes Contributor address; City; State; Zip Code 3100 W 7th st Fort Worth, Texas 76107	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George M. Young, Jr. Contributor address; City; State; Zip Code PO Box 123610 Fort Worth, Tx 76121	Amount of contribution (\$) 10000
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME Gary Moates *GM*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/13/19

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Greater Fort Worth Association of Realtors

7 Amount of contribution (\$)  
5000

6 Contributor address; City; State; Zip Code  
2650 Parkview Dr. Fort Worth, TX 76102

8 Principal occupation / Job title (See Instructions)  
Professional Association

9 Employer (See Instructions)  
Greater Fort Worth Association of Realtors

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10000

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date  
1/11/19

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

7 Amount of contribution (\$)  
5000

6 Contributor address; City; State; Zip Code  
801 Cherry St. Suite 2000 Unit #46 fort Worth, Tx 76102

8 Principal occupation / Job title (See Instructions)  
Attorney

9 Employer (See Instructions)  
Decker Jones

Date  
2/19/19

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

Amount of contribution (\$)  
5000

Contributor address; City; State; Zip Code  
801 Cherry St. Suite 2000 Unit #46 fort Worth, Tx 76102

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Decker Jones

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

10000

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME Gary Moatz *GM*

3 Filer ID (Ethics Commission Filers)

4 Date  
1/25/19

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

7 Amount of contribution (\$)  
50

6 Contributor address; City; State; Zip Code  
Po Box 83 Fort Worth, Texas 76107

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
2/8/19

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

Amount of contribution (\$)  
500

Contributor address; City; State; Zip Code  
608 Paint Pony Trail N Fort Worth, Tx 76108

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
2/8/19

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

Amount of contribution (\$)  
200

Contributor address; City; State; Zip Code  
4070 Clarke Ave. Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
2/18/19

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

Amount of contribution (\$)  
100

Contributor address; City; State; Zip Code  
1751 River Run Road Suite 400 Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

Gary Moates ✓

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/19

5 Full name of contributor

BENJAMIN LOUGHRY

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

7 Amount of contribution (\$)

30

6 Contributor address; City; State; Zip Code

4455 Camp Bowie Blvd Suite 114 Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self

Date

2/21/19

Full name of contributor

Louis Baldwin

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

Amount of contribution (\$)

250

Contributor address; City; State; Zip Code

4105 Monticello Dr. Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

3/1/19

Full name of contributor

Wesley Turner

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

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

PO Box 343 Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

Date

3/12/19

Full name of contributor

Josh Vinyard

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

Amount of contribution (\$)

25

Contributor address; City; State; Zip Code

PO Box 188 Fort Worth, Tx 76102

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Self

**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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **17**

2 FILER NAME Gary Moats *GM*

3 Filer ID (Ethics Commission Filers)

4 Date  
3/12/19

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

7 Amount of contribution (\$)  
100

6 Contributor address; City; State; Zip Code  
301 Commerce St. Suite 3500 Fort Worth, Texas 76102

8 Principal occupation / Job title (See Instructions)  
Self Employed

9 Employer (See Instructions)  
Self

Date  
3/13/19

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

Amount of contribution (\$)  
50

Contributor address; City; State; Zip Code  
307 W. 7th Suite 1200 Fort Worth, Texas 76102

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/19/19

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

Amount of contribution (\$)  
1000

Contributor address; City; State; Zip Code  
1300 S. Univerity Dr. Suite 410 Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date

Full name of contributor  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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>Gary Moates</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>500</b>	
5 Date <b>2/23/19</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert G. "Bob" &amp; Marsha West</b>	8 Amount of Contribution \$ <b>500</b>	9 In-kind contribution description <b>2 tickets to The Party in Fort Worth</b>
7 Contributor address: _____ City: _____ State: _____ Zip Code: _____ <b>8848 Haven Dr. Fort Worth TX 76108</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Attorney</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>Whitaker Chalk</b>	
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 \$	In-kind contribution description
	Contributor address; _____ City: _____ State: _____ Zip Code _____		
		<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.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B:	
<b>2</b> FILER NAME <i>Gary Minter</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		\$	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Pledge \$	<b>9</b> In-kind contribution description
	<b>7</b> Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of pledgor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Pledge \$</b>	<b>In-kind contribution description</b>
	<b>Pledgor address;</b> City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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:

2 FILER NAME

*Gray Motes*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

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

9 Loan Amount (\$)

6 Is lender a financial Institution?  
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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 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.

<b>1</b> Total pages Schedule F1: <u>6</u>	<b>2</b> FILER NAME: Gary Moates ✓	<b>3</b> Filer ID (Ethics Commission Filers)
--	------------------------------------	--

<b>4</b> Date: 1/24/19	<b>5</b> Payee name: printing and design online
------------------------	---

<b>6</b> Amount (\$): 186.85	<b>7</b> Payee address; City; State; Zip Code: 16745 Cagan Crossings Blvd #102-91 Orlando, FL 34714
------------------------------	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date: 1/24/19	Payee name: Harland Clark
---------------	---------------------------

Amount (\$): 49.76	Payee address; City; State; Zip Code: 4055 Corporate Dr #100, Grapevine, TX 76051
--------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	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: 1/29/19	Payee name: Tonya Minton
---------------	--------------------------

Amount (\$): 300	Payee address; City; State; Zip Code: 501 Cherry St. Suite 2000 Fort Worth, Tx 76102
------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense- Logo	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**



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME Gary Moats <i>es</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2/7/19	<b>5</b> Payee name Tarrant County GOP	
<b>6</b> Amount (\$) 750	<b>7</b> Payee address; City; State; Zip Code 7524 Mosier View Ct #230, Fort Worth, TX 76118	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/4/19	Payee name <del>Milkenley-Heller</del> H & Company Strategies <i>h</i>	
Amount (\$) 3000	Payee address; City; State; Zip Code <del>801 Cherry St. Suite 2000 Fort Worth, Tx 76102</del> PO Box 101902 Fort Worth, Tx 76185 <i>h</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/8/19	Payee name Elks Lodge	
Amount (\$) 11	Payee address; City; State; Zip Code 3233 White Settlement Rd, Fort Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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# 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 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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME Gary Moates <i>[Signature]</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/11/19	<b>5</b> Payee name Staples	
<b>6</b> Amount (\$) 15.14	<b>7</b> Payee address; City; State; Zip Code 1660 S University Dr, Fort Worth, TX 76107	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/14/19	Payee name Staples	
Amount (\$) 51.93	Payee address; City; State; Zip Code 1660 S University Dr, Fort Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/18/19	Payee name Staples	
Amount (\$) 51.93	Payee address; City; State; Zip Code 1660 S University Dr, Fort Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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.

<b>1</b> Total pages Schedule F1: <u>6</u>		<b>2</b> FILER NAME Gary Moates <i>eslv</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/18/19		<b>5</b> Payee name woodshed smokehouse			
<b>6</b> Amount (\$) 60.61		<b>7</b> Payee address; City; State; Zip Code 3201 Riverfront Dr, Fort Worth, TX 76107			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held

<b>Date</b> 3/23/19		<b>Payee name</b> the home depot			
<b>Amount (\$)</b> 96.17		<b>Payee address; City; State; Zip Code</b> 4850 SW Loop, 820 Blvd R, Fort Worth, TX 76109			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name	Office sought	Office held

<b>Date</b> 3/23/19		<b>Payee name</b> pacific table			
<b>Amount (\$)</b> 89.69		<b>Payee address; City; State; Zip Code</b> 1600 S University Dr #601, Fort Worth, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME Gary Moates <i>GM</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/24/19	<b>5</b> Payee name the home depot	
<b>6</b> Amount (\$) 60.32	<b>7</b> Payee address; City; State; Zip Code 4850 SW Loop, 820 Blvd R, Fort Worth, TX 76109	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/24/2019	Payee name hoffbrau steak & grill house	
Amount (\$) 43.68	Payee address; City; State; Zip Code 1712 S University Dr, Fort Worth, TX 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/25/19	Payee name Uhual	
Amount (\$) 60.69	Payee address; City; State; Zip Code 3019 Altamesa Blvd Fort Worth, TX 76133	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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# 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.

<b>1</b> Total pages Schedule F1: <span style="font-size: 2em; margin-left: 50px;">6</span>	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 3/25/19	<b>5</b> Payee name Racetrack				
<b>6</b> Amount (\$) 11.93	<b>7</b> Payee address; City; State; Zip Code 6300 Jacksboro Hwy Fort Worth, TX 76135				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:12.5%;">Office sought</td> <td style="width:12.5%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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            | 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)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Gary Morita</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date	6 Payee name
--------	--------------

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 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
-------------	--------------------------------------

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME <i>Gray Horton</i>		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	7 Description of investment		
	8 Amount of investment (\$)		
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	Description of investment		
	Amount of investment (\$)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4:	<b>2</b> FILER NAME <i>Gary North</i>	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	--	--

<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

<b>5</b> Date	<b>6</b> Payee name
---------------	---------------------

<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code
----------------------	---

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

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

<b>11</b> 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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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Gary Norton</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>(b)</b> 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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# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME <i>Gregg Wirth</i>	<b>3</b> Filer ID (Ethics Commission Filers)
----------------------------------	---	--

<b>4</b> Date	<b>5</b> Business name
---------------	------------------------

<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code
----------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> 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; Zip Code
-------------	---

<b>PURPOSE OF EXPENDITURE</b>	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	Business name
------	---------------

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

<b>PURPOSE OF EXPENDITURE</b>	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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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME <i>Greg Norton</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories.)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

*Gary Nivsten*

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T:

2 FILER NAME

*Gary Mostes*

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

- Schedule A2   
  Schedule B   
  Schedule B(J)   
  Schedule C2   
  Schedule D   
  Schedule F1  
 Schedule F2   
  Schedule F4   
  Schedule G   
  Schedule H   
  Schedule COH-UC   
  Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

### 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

### 4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

#### A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

#### B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

### 5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder