


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 39 (incl. affidavit)		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	Mr.	Gary	M.		
NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount \$	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
	5 ORIGINAL PERIOD COVERED				
Month	Day	Year	Month	Day	Year
01	08	2019	THROUGH	03	25 / 2019

6 EXPLANATION OF CORRECTION  
Correction of Sections 17(4), 17(5), and 21(5), the 13th and 14th pages of Schedule A-1, and the 6th page of Schedule F-1.

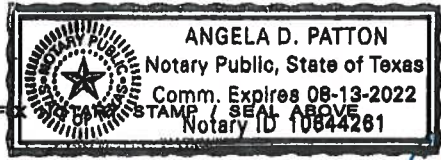
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Signature]*  
Signature of Candidate or Officeholder


Sworn to and subscribed before me, by the said Gary M. Moates, this the 11th day of April, 2019 to certify which, witness my hand and seal of office.

*[Signature]*      Angela D. Patton      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

CORRECTED  
**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: 38
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Gary                      M NICKNAME                      LAST                      SUFFIX  Moates	<b>OFFICE USE ONLY</b> Date Received   Date Hand-delivered or Date Postmarked April 12, 2019	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 801 Cherry St., Ste. 2000, Unit #46 Fort Worth, TX 76102		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (817 )                      632-4908		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Robert                      G. NICKNAME                      LAST                      SUFFIX Bob                      West	Receipt #                      Amount \$  Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 8848 Heron Dr. Fort Worth, TX 76108-9727		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (817 )                      878-0511		
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                      Month                      Day                      Year 01 / 08 / 2019                      THROUGH                      03 / 25 / 2019		
11 ELECTION	ELECTION DATE Month                      Day                      Year 05 / 04 / 2019	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) Tarrant Regional Water District Board of Directors	

**GO TO PAGE 2**

CORRECTED

# 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.

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

\$

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

\$ 55,405.00

EXPENDITURE  
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,813.56

CONTRIBUTION  
BALANCE

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

\$ 46,591.44

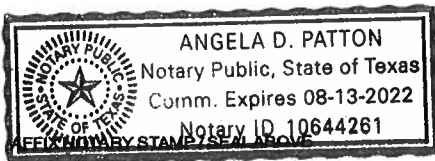
OUTSTANDING  
LOAN TOTALS

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

\$

18 AFFIDAVIT

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



*[Handwritten Signature]*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gary M. Moates, this the 11th day of April, 2019, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Angela D Patton  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Gary Moates

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,405.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,813.56
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 (\$)  
500

6 Contributor address; City; State; Zip Code  
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 (\$)  
500

Contributor address; City; State; Zip Code  
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 (\$)  
200

Contributor address; City; State; Zip Code  
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 (\$)  
250

Contributor address; City; State; Zip Code  
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: <b>17</b>
2 FILER NAME Gary Moates ✓		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERLY REILLY 6 Contributor address; City; State; Zip Code 1017 S FM ROAD 5 ALEDO, TX 76008	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 1/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES AND FAITH MALLORY Contributor address; City; State; Zip Code 2400 WINTON TERRACE, EAST FORT WORTH, TX 76109	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 1/23/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENJAMIN LOUGHRY Contributor address; City; State; Zip Code 4455 Camp Bowie Blvd Suite 114 Fort Worth, TX 76107	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 1/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John and Shirley Dean Contributor address; City; State; Zip Code 4309 winding way Benbrook, Texas 76126	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 <b>Gary Moates</b> ✓		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don and Sharon cooper</b> ..... 6 Contributor address; City; State; Zip Code <b>23857 sw loop 820 Fort Worth, Texas 76133</b>	7 Amount of contribution (\$) <b>500</b>
8 Principal occupation / Job title (See Instructions) <b>Self Employed</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>2/5/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry and James taylor</b> ..... Contributor address; City; State; Zip Code <b>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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia B Cole</b> ..... Contributor address; City; State; Zip Code <b>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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don Woodard</b> ..... Contributor address; City; State; Zip Code <b>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</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Moates <i>GM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert West	7 Amount of contribution (\$) 1000
6 Contributor address; City; State; Zip Code <del>284 Commerce at Suite 2500 Fort Worth, Texas 76102</del> <b>8848 Heron Dr. Fort Worth, TX 76105</b>		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 2/19/19	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

**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 Moate <i>gsm</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/29	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary & Judelle havener 6 Contributor address; City; State; Zip Code P.O. Box 121969 Fort Worth Texas 76121	7 Amount of contribution (\$)  250
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 2/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Stotts Contributor address; City; State; Zip Code 425 athenia dr Fort Worth Texas 76114	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 2/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John or Rebecca brumley Contributor address; City; State; Zip Code 777 main st suite 3400 Fort Worth, Texas 76102	Amount of contribution (\$)  1000
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/4/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.L. Tatum Contributor address; City; State; Zip Code 600 w 6th street suite 300 Fort Worth, Texas 76102	Amount of contribution (\$)  1000
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: <b>17</b>
2 FILER NAME Gary Moat <i>es</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Kressler ..... 6 Contributor address; City; State; Zip Code 821 Dunham close Fort Worth, Texas 76111	7 Amount of contribution (\$)  100
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 3/6/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Rosenthal ..... Contributor address; City; State; Zip Code 3952 thistle ln Fort Worth, Texas 76109	Amount of contribution (\$)  100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert & Anne Semple ..... Contributor address; City; State; Zip Code 3962 sarita park Fort Worth, Texas 76109	Amount of contribution (\$)  500
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) BANK OF TEXAS
Date 3/7/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance & Belinda Minter ..... Contributor address; City; State; Zip Code P.O. Box 100249 Fort Worth, Texas 76185	Amount of contribution (\$)  200
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 Moates <i>GM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan & Julie Mccarty 6 Contributor address; City; State; Zip Code 2729 colonial pkwy fort worth, tx 76109	7 Amount of contribution (\$) 300
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 3/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bloxom Contributor address; City; State; Zip Code 2741 river forest dr. fort worth, tx 76116	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore Gorski Jr. Contributor address; City; State; Zip Code 3811 Monticello dr Fort Worth, Texas 76107	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/15/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond Kelly III Contributor address; City; State; Zip Code 301 Virginia place Fort Worth, Texas 76107	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Decker Jones Law Firm

**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 Moates <i>GM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Swanson 6 Contributor address; City; State; Zip Code 12300 bela palazzo dr Fort Worth, texas 76126	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 3/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack Ed Swindle Contributor address; City; State; Zip Code 301 commerce st. Suite 3500 Fort Worth, Texas 76102	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Whitaker Chalk
Date 3/13/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariene Beckman Contributor address; City; State; Zip Code 2300 Medford court e. Fort Worth, Texas 76109	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/12/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Thomas Boswell Contributor address; City; State; Zip Code 3700 Potomac Fort Worth, Texas 76107	Amount of contribution (\$) 100
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: <b>17</b>
2 FILER NAME Gary Moat <i>GM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.A. Hudson II 6 Contributor address; City; State; Zip Code 616 texas st. fort worth, texas 76102	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 3/19/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Law Jr. Contributor address; City; State; Zip Code 1200 fairmount ave. fort worth, tx 76104	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/22/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles & Dana Milliken Contributor address; City; State; Zip Code 4113 winding way Fort Worth, Texas 76126	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 3/14/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Collins Jr. Contributor address; City; State; Zip Code 3700 Potomac Fort Worth, Texas 76107	Amount of contribution (\$) 250
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 Moatz *esb*

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

**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 Moates <i>LM</i>		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marvin and Sue Ellen Champlin ..... 6 Contributor address; City; State; Zip Code 6301 walburn ct. Fort Worth, Texas 76133	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#: _____) R Jay Scheideman ..... Contributor address; City; State; Zip Code 777 main st. Ste. 600 Fort Worth, Texas 76102	Amount of contribution (\$)  250
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#: _____) Don Woodard ..... Contributor address; City; State; Zip Code 3100 W 7th st Fort Worth, Texas 76107	Amount of contribution (\$)  5000
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Western Companies
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Gardner ..... Contributor address; City; State; Zip Code 3821 Camp Bowie Blvd. Fort Worth, TX 76107	Amount of contribution (\$)  250
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Moore ✓

3 Filer ID (Ethics Commission Filers)

4 Date  
3/22/19

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

7 Amount of contribution (\$)  
50

6 Contributor address; City; State; Zip Code  
1600 Texas #11507 Fort Worth, Tx 76102

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#: \_\_\_\_\_)  
Fred Disney

Amount of contribution (\$)  
150

Contributor address; City; State; Zip Code  
1320 S. University Dr. Suite 1014 Fort Worth, Tx 76107

Principal occupation / Job title (See Instructions)  
Self Employed

Employer (See Instructions)  
Self

Date  
3/25/19

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

Amount of contribution (\$)  
100

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)  
Self

Date  
3/27/19

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
George M. Young, Jr.

Amount of contribution (\$)  
10000

Contributor address; City; State; Zip Code  
PO Box 123610 Fort Worth, Tx 76121

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 Moate *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 (\$)  
1000 *GM*

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 (\$)  
10000 *GM*

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.

# 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

1/11/19

5 Full name of contributor

Gary Moates *GM*

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

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

Gary Moates *GM*

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

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 (\$)

400 *GM*

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 (\$)

40000 *GM*

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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

1/25/19

5 Full name of contributor

Anne Ivy

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

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

Robert Benda

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

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

Arlie Davenport

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

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

Leslie Kreis

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

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 Moore ✓

3 Filer ID (Ethics Commission Filers)

4 Date  
2/18/19

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

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

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

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

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 Moatz *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 Hixon 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

*Gary M. White*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

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

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Benj Montes</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> 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 <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input 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  
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: <p style="text-align:center">6</p>	<b>2</b> FILER NAME Gary Moatz <i>GM</i>	<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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <b>6</b>	2 FILER NAME Gary Moates <i>GM</i>	3 Filer ID (Ethics Commission Filers)
--	---------------------------------------	---------------------------------------

4 Date 2/7/19	5 Payee name Tarrant County GOP
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6 Amount (\$) 750	7 Payee address; City; State; Zip Code 7624 Mosier View Ct #230, Fort Worth, TX 76118
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(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
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Date 3/4/19	Payee name <del>Milkenoy-Heller</del> H & Company Strategies <i>h</i>
----------------	--

Amount (\$) 3000	Payee address; City; State; Zip Code 804 Cherry St, Suite 2000 Fort Worth, Tx 76102 <i>h</i> 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
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/8/19	Payee name Elks Lodge
----------------	--------------------------

Amount (\$) 11	Payee address; City; State; Zip Code 3233 White Settlement Rd, Fort Worth, TX 76107
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<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
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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

# 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 Moates <i>[Signature]</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<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) Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>(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
---	--	--

Complete <b>ONLY</b> 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
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<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
-------------------------------	--	--

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/18/19	Payee name Staples
-----------------	-----------------------

Amount (\$) 51.93	Payee address; City; State; Zip Code 1660 S University Dr, Fort Worth, TX 76107
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<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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES 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 Moate <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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/23/19	Payee name the home depot				
Amount (\$) 96.17	Payee address; City; State; Zip Code 4850 SW Loop, 820 Blvd R, Fort Worth, TX 76109				
<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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/23/19	Payee name pacific table				
Amount (\$) 89.69	Payee address; City; State; Zip Code 1600 S University Dr #601, 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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> 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  
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 Moate <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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 3/25/19	Payee name Uhuai				
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			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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: <i>6</i>	<b>2</b> FILER NAME Gary Moates <i>esb</i>	<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>8</b> <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 style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>3/13/19</i>	Payee name <i>Williams Sign Company</i>				
Amount (\$) <i>3,973.86</i>	Payee address; City; State; Zip Code <i>3933 E. Celina Pkwy #c Forest Hill, TX 76169</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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 style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
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

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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.

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

*Gregg Hurd*

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 (\$)

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# 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<br>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.

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

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

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

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**

# 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>	(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
---	--	---

<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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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) 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) 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>Gary Austin</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	
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>Gary Nutter</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.)

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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

*Com Modas*

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)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# 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