CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER FORM COR-C/OH 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 39(incl. affidavit) M MS/MRS/MR FIRST **Date Received** 3 CANDIDATE/ OFFICEHOLDER Μ. Mr. Gary NAME SUFFIX NICKNAME LAST Moates 2019 **4** ORIGINAL REPORT Januery 15 Runoff Other (specify) TYPE Exceeded \$500 limit July 15 Date Hand-delivered or Date Postmarked 15th day after treasurer 30th day before election appointment (officeholder only) 1019 2 8th day before election Final report Amount \$ Date Processed **5** ORIGINAL PERIOD Month Day Month Dav Year Yest COVERED 03/25 /2019 01/08 /2019 THROUGH Date Imaged 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 X 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. ANGELA D. PATTON Notary Public, State of Texas Comm. Expires 08-13-2022 gnature of Candidate or Officeholder Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

Forms provided by Texas Ethics Commission

CORRECTED CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 1

The C/OH instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 38
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Gary Nickname Last		Date Received
	Moates		DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 6 801 Cherry St., Ste. 2 Fort Worth, TX 76102	ony; state; zip code 000, Unit #46	APR 2 22019
Change of Address			BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 632-4908	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Robert		Date Processed
	Bob West		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/S 8848 Heron Dr. Fort Worth, TX 76108		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 878-0511	EXTENSION	
9 REPORT TYPE	January 15 X 30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 🛄 8th day before el	ection Exceeded \$500 limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01/08/2019	Month 03/	Day Year / 25 / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary 05/04/2019 X General	Description	E
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (I know Tarrant Reg Board of Di	ional Water Distric
	GO TO	PAGE 2	28

Forms provided by Texas Ethics Commission

CORRECTED CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

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14 C/OH NAME Mr. Gary Mo	pates	1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH IRES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI	AN \$
	2. TOTAL (OTHEF	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 55,405.00
EXPENDITURE TOTALS	3. TOTAL UNLES	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,813.56
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	TDAY \$ 46,591.44
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	^{THE} \$
18 AFFIDAVIT			perjury, that the accompanying report is formation required to be reported by me
120 X /25 Co	ANGELA D. PATT ary Public, State o mm. Expires 08-13 Notary ID 106442	-2022 Signature of Ca	ndidate or Officeholder
Sworn to and subs	cribed before me,	by the sald <u>Gawy M. Moatles</u> to certify which, witness my hand and seal of office	, this the
day of Affect	atto	Ancela N Anthon	Notarn
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath

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SUBTOTALS - C/OH

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FORM C/OH COVER SHEET PG 3

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21 S		Moates	1		
N		LE SUBTOTALS			
1.		SCHEDULE			SUBTOTAL AMOUNT
	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5	55,405.00
2.	x	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	8,813.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$	

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 🗍 out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
1/19/19	6 Contributor address; City; State 1017 SOUTH FM 5 ALEDO, TX 76008		500
B Principal occu Self Employe	upation / Job tille (See Instructions) d	9 Employer (See Instruc Self	itions)
Date 1/22/19	CAROL & JIM DUNAWAY	C (ID#:)	Amount of contribution (\$) 500
8	Contributor address; City; Stat 777 TAYLOR ST., STE. 1040 FORT WORTH, TX	e; Zip Code	
Principal occu Self Employe	pation / Job title (See Instructions) ad	Employer (See Instruc Setf	tions)
Date 1/23/19	Full name of contributor 🛛 out-of-state PA MAC CHURCHILL	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State 611 RIVERCREST DRIVE FORT WORTH, TX 761		200
Principal occu Self Emplo	upation / Job title (See Instructions) yed	Employer (See Instruc Self	tions)
Date 1/23/19	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$) 250
	Contributor address; City; Stat 1600 WEST 7TH ST. 2ND FLOOR FORT W	e; Zip Code	
		Employer (See Instruc	tions)

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Self Employed Self Date Full name of contributor out-of-state PAC (ID#:	1,000 ioyer (See Instructions)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 1,000 ode loyer (See Instructions)
1/23/19 BEVERLY REILLY 6 Contributor address; City; State; Zip City; Zip City; State; Zip City;	1,000 loyer (See Instructions) Arnount of contribution (\$) 300
Self Employed Self Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 300
JAMES AND FAITH MALLORY 1/24/19 Contributor address; Clity; State; Z400 WINTON TERRACE, EAST FORT WORTH, TX 76109 Principal occupation / Job title (See Instructions)	300
	loyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Employed Self	oloyer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Employed Self	ployer (See Instructions)

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Tł	ne instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAM	IE Gary Moates		3 Filer ID (Ethics Commission Filers)
Date 1/29/19	 5 Full name of contributor out-of-state PAC Don and Sharon cooper 6 Contributor address; City; State 23857 sw loop 820 Fort Worth, Texas 76133 	; Zip Code	7 Amount of contribution (\$) 500
Principal oc Self Employ	coupation / Job title (See Instructions) yed	9 Employer (See Instruc Self	tions)
Date 2/5/19	Jerry and James taylor	; (ID#:) ; Zip Code	Amount of contribution (\$) 100
Principal oc Self Emplo	cupation / Job title (See Instructions) yed	Employer (See Instruc Self	tions)
Date 2/15/19	Patricia B Cole	C (ID#:) ; Zip Code	Amount of contribution (\$)
Principal oc Self Emp	cupation / Job title (See Instructions)	Employer (See Instruct Self	ctions)
Date 2/13/19	Don Woodard	C (ID#:) 	Amount of contribution (\$) 5000
Principal oc Self Emp	cupation / Job title (See Instructions) ployed	Employer (See Instru Self	ctions)

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 174
FILER NAME	Gary Moates		3 Filer ID (Ethics Commission Filers)
Date 2/13/18 Principal occu	8848 Heron Dr. Fat white	Zip Code	7 Amount of contribution (\$) 1000 tions)
Self Employe	d	Self	
Date 2/19/19	Full name of contributor out-of-state PAC James Harris Contributor address; City; State; 619 rivercrest Fort Worth, Texas 76107	(ID#:) 	Amount of contribution (\$) 1000
Principal occu Self Employe	pation / Job title (See Instructions) d	Employer (See Instruc Self	tions)
Date 2/22/19	Full name of contributor out-of-state PAC Dwight Cumming Contributor address; City; State; 6200 Locke ave. Fort Worth, Texas 76116	(ID#:) ; Zip Code	Amount of contribution (\$)
Principal occu Self Emplo	pation / Job title (See Instructions) yed	Employer (See Instruc Self	tions)
Date 2/25/19	Full name of contributor out-of-state PAC WM Atkins Contributor address; City; State 7005 sparrow point forth Worth, Texas 76133	; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruc	l

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The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1:
2 FILER NAME	Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/29	 5 Full name of contributor Gary & Judelle havener 6 Contributor address; City; State; P.O. Box 121969 Fort Worth Texas 76121 		7 Amount of contribution (\$) 250
B Principal occu Self Employed		9 Employer (See Instruct Self	lons)
Date 2/25/19	Full name of contributor Out-of-state PAC (Larry Stotts Contributor address; City; State; 425 athenia dr Fort Worth Texas 76114	ł	Amount of contribution (\$) 100
Principal occup Self Employe	ation / Job title (See Instructions)	Employer (See Instruct Self	tions)
Date 2/27/19	Full name of contributor 🔲 out-of-state PAC (John or Rebecca brumley Contributor address; City; State; 777 main st suite 3400 Fort Worth, Texas 76102	(ID#:) 	Amount of contribution (\$)
Principal occu Self Employ	pation / Job title (See Instructions) /ed	Employer (See Instruc Self	tions)
Date 3/4/19	Full name of contributor Dout-of-state PAC S.L. Tatum Contributor address; City; State; 600 w 6th street suite 300 Fort Worth, Texas 7	Zip Code	Amount of contribution (\$)
Principal occu Self Emplo	I pation / Job title (See Instructions) yed	Employer (See Instruc Self	ctions)
	ATTACH ADDITIONAL COPIES O		

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3/4/19 Randall Kressler 6 Contributor address; City; State; 821 Dunham close Fort Worth, Texas 76111 Principal occupation / Job title (See Instructions) 9 Self Employed S	3 Filer ID (Ethics Commission Filers) D#:) 7 Amount of contribution (\$) 2/p Code 100 Zip Code Employer (See Instructions) Self D#:) Amount of contribution (\$)
3/4/19 Randall Kressler 6 Contributor address; City; State; 821 Dunham close Fort Worth, Texas 76111 821 Dunham close Fort Worth, Texas 76111 8 Principal occupation / Job title (See Instructions) 9 Self Employed 9 Date Full name of contributor 0ut-of-state PAC (II James Rosenthal 3/6/19 Contributor address; City; State;	Zip Code 100 Employer (See Instructions) Self
Self Employed Self Employed Date Full name of contributor 3/6/19 James Rosenthal Contributor address; City; State;	Self
3/6/19 Contributor address; City; State;	D#: Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Self Employed S	Employer (See Instructions) Self
Date Full name of contributor out-of-state PAC (II 3/2/19 Robert & Anne Semple	D#:) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) President E	Employer (See Instructions) BANK OF TEXAS
Date Full name of contributor out-of-state PAC (i 3/7/19 Vance & Belinda Minter Contributor address; City; State; P.O. Box 100249 Fort Worth, Texas 76185	D#: Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Self Employed	Employer (See Instructions) Self

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/19	 5 Full name of contributor out-of-state PAC Dan & Julie Mccarty 6 Contributor address; City; State 2729 colonial pkwy fort worth, tx 76109 		7 Amount of contribution (\$)
3 Principal occup Self Employed	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)
Date 3/11/19	 David Bloxom	; (ID#:) ; Zip Code	Amount of contribution (\$) 100
Principal occup Self Employed	eation / Job title (See Instructions) i	Employer (See Instruc Self	tions)
Date 3/12/19	Full name of contributor Coul-ol-state PAC Theodore Gorski Jr. Contributor address; City; State 3811 Monticello dr Fort Worth, Texas 76107	C (iD≉:) ; Zip Code	Amount of contribution (\$)
Principal occup Self Employ	 pation / Job title (See Instructions) /ed	Employer (See Instruc Self	stions)
Date 3/15/19	Full name of contributor Raymond Kelly III Contributor address; City; State 301 Virginia place Fort Worth, Texas 76107		Amount of contribution (\$) 500
Principal occur	pation / Job title (See Instructions)	Employer (See Instrue Decker Jones Law Firr	

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Gary Moat 25		3 Filer ID (Ethics Commission Filers)
l Date 3/13/19	 5 Full name of contributor out-of-state PAC Carol Swanson 6 Contributor address; City; State 12300 bela palazzo dr Fort Worth, texas 761 	; Zip Code	7 Amount of contribution (\$)
Principal occu Self Employed	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)
Date 3/13/19		c (ID#:) e; Zip Code 1102	Amount of contribution (\$) 100
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc Whitaker Chaik	tions) .
Date 3/13/19	Full name of contributor Marisne Beckman Contributor address; City; State 2300 Medford court e. Fort Worth, Texas 76109	C (ID#:)	Amount of contribution (\$)
Principal occup Self Employ	i pation / Job title (See Instructions) red	Employer (See Instruc Self	stions)
Date 3/12/19	G. Thomas Boswell	C (iD#:) 	Amount of contribution (\$)
Principal occup Self Emplo	I pation / Job title (See Instructions) yed	Employer (See Instruc Self	ctions)

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The	e Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1:
FILER NAME	E Gary Moates		3 Filer ID (Ethics Commission Filers)
Date 3/18/19	 5 Full name of contributor out-of-state PAC W.A. Hudson II 6 Contributor address; City; State 616 texas st. fort worth, texas 76102 		7 Amount of contribution (\$)
Principal occ Self Employ	cupation / Job title (See Instructions) red	9 Employer (See Instruc Self	itions)
Date 3/19/19	Tom Law Jr.	C (ID#:) 	Amount of contribution (\$) 100
Principal occ Self Employ	upation / Job title (See Instructions) yed	Employer (See Instruc Self	ztions)
Date 3/22/19	Full name of contributor out-of-state PA Charles & Dana Miliken Contributor address; City; State 4113 winding way Fort Worth, Texas 76126	AC (ID#:)	Amount of contribution (\$)
Principal occ Self Empl	cupation / Job title (See Instructions) loyed	Employer (See Instruc Self	ctions)
Date 3/14/19	Full name of contributor I out-of-state PA William Collins Jr. Contributor address; City; Stat 3700 Potomac Fort Worth, Texas 76107	AC (ID#:) 	Amount of contribution (\$) 250
Principal occ Self Emp	cupation / Job title (See Instructions) bloyed	Employer (See Instru Self	ctions)

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6 Contributor ad	Martin Iress; City; Sta 8 Arlington, TX 76015	PAC (ID#:) ate; Zlp Code 9 Employer (See Instruc	 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1000
3/21/19 3/21/19 G Contributor add P.O. Box 9158 Principal occupation / Job title (Se Self Employed Date Full name of co George Thomps	Martin Iress; City; Sta 8 Arlington, TX 76015	ate; Zlp Code	
Date Full name of co George Thomps	e Instructions)	9 Employer (See Instruc	
George Thomps		Self	L
Contributor ad 5020 collinwood a	on	PAC (ID#:) ate; Zlp Code	Amount of contribution (\$) 100
Principal occupation / Job title (Se Self Employed	Instructions)	Employer (See Instruc Self	ctions)
Date Full name of cc 3/24/19 James Dunawa Contributor ad 777 Taylor st. Sult	,	PAC (ID#:) ate; Zip Code 02	Amount of contribution (\$)
Principal occupation / Job title (Se Setf Employed	ə Instructions)	Employer (See Instru Self	ctions)
Contributor ac	ha Grable	tate; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (Se Self Employed	e Instructions)	Employer (See Instru Self	ctions)

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Tł	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAM	· · ·		3 Filer ID (Ethics Commission Filers)
	Gary Moat 37 -		
Date	5 Full name of contributor Out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
3/24/19	Marvin and Sue Ellen Champlin		50
	6 Contributor address; City; State	; Zip Code	
	6301 walburn ct. Fort Worth, Texas 76133		
Principal oc Self Employ	cupation / Job title (See Instructions) red	9 Employer (See Instruc Self	tions)
Date	Full name of contributor [] out-of-state PAC	; (ID#:)	Amount of contribution (\$)
3/25/19	R Jay Scheideman		250
	Contributor address; City; State	e; Zip Code	
	777 main st. Ste. 600 Fort Worth, Texas 76102		
Principal occ Self Employ	l upation / Job title (See Instructions) yed	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state PAC Don Woodard	C (ID#:)	Amount of contribution (\$)
3/27/19			5000
	Contributor address; City; State	; Zip Code	
	3100 W 7th st Fort Worth, Texas 76107		
•	cupation / Job title (See Instructions)	Employer (See Instruct Western Companies	tions)
Self Empl			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/21/19	Terry Gardner		250
	Contributor address; City; State 3821 Camp Bowie Blvd. Fort Worth, TX 7610	e; Zip Code	
	SET Camp Bowle Bivd. For Wordt, TX 7010		
		Employer (See Instruc	tions)
Principal oc Self Emp	cupation / Job title (See Instructions)	Self	

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Th	e instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAM	E Gary Moats		3 Filer ID (Ethics Commission Filers)
Date 3/22/19	 5 Full name of contributor out-ol-state PAC Sam Hulsey 6 Contributor address; City; State: 1600 Texas #11507 Fort Worth, Tx 76102 		7 Amount of contribution (\$) 50
Principal oc Self Employ	cupation / Job title (See Instructions) red	9 Employer (See Instruct Self	tions)
Date 3/25/19	Fred Disney	; (ID#:) ; Zip Code ;107	Amount of contribution (\$) 150
Principal occ Self Employ	cupation / Job title (See Instructions) yed	Employer (See Instruc Self	tions)
Date 3/25/19	Jack Fikes	c (iD#:) ; Zip Code	Amount of contribution (\$)
Principal oc Self Emp	cupation / Job title (See Instructions) loyed	Employer (See Instru Self	ctions)
Date 3/27/19	Full name of contributor George M. Young, Jr. Contributor address; City; State PO Box 123610 Fort Worth, Tx 76121	C (ID#:) 	Amount of contribution (\$)
Principal oc Self Emp	cupation / Job title (See Instructions)	Employer (See Instru Self	ctions)
		Self	

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MONE	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gary Moate 3		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/19	 5 Full name of contributorout-of-state PAC Greater Fort Worth Association of Realtors 6 Contributor address; City; State 2650 Parkview Dr. Fort Worth, TX 76102 	(ID#:) 	7 Amount of contribution (\$) 5000
	upation / Job title (See Instructions) Association	9 Employer (See Instruc Greater Fort Worth Assoc	
Date	Full name of contributor) (ID#:)	Amount of contribution (\$)
	Contributor address; City; State		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗍 out-ol-state PA Contributor address; City; State	C (ID#:)	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	stions)
Date		C (ID#:)	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instru-	ctions)
			2
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see in:	OF THIS SCHEDULE AS N struction guide for addition	IEEDED al reporting requirements.
Forme provided b	y Texas Ethics Commission www.ethic	cs.state.tx.us	Revised 9/8/20

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MONE	TARY POLITICAL CONTRI		SCHEDULE A1
The	e instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Gary Moates		3 Filer ID (Ethics Commission Filers)
Date 1/11/19	 5 Full name of contributor Gary Moats 6 Contributor address; City; State 801 Cherry St. Suite 2000 Unit #46 fort Worth 		7 Amount of contribution (\$) 5000
Principal oco	cupation / Job title (See Instructions)	9 Employer (See Instruc Decker Jones	tions)
Date 2/19/19	Full name of contributor Dout-of-state PAC Gary Moates Contributor address; City; State 801 Cherry St. Suite 2000 Unit #46 fort Wo		Amount of contribution (\$)
Principal occ Attorney	upation / Job title (See Instructions)	Employer (See Instruc Decker Jones	tions)
Date		C (ID#:)	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instru	ztions)
Date	Full name of contributor out-of-state PA	C (ID#:) 	Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES		

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1/25/19 Anne Ivy 50 6 Contributor address; City; State; Zip Code Po Box 83 Fort Worth, Texas 76107 9 Employer (See Instructions) Self Employed 9 Employer (See Instructions) Self Self Self Date Full name of contributor 0 out-of-state PAC (ID#:) Amount of contributor 2/B/19 Contributor address; City; State; Zip Code 500 Principal occupation / Job title (See Instructions) Self 500 Principal occupation / Job title (See Instructions) Self 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Principal occupation / Job title (See Instructions) Self Self 200 Date Full name of contributor out-of-state PAC (ID#:	
1/25/19 Anne Ivy 50 1/25/19 Anne Ivy 50 6 Contributor address; City; State; Zlp Code Po Box 83 Fort Worth, Texas 76107 9 Employer (See Instructions) Self Employed 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contributor 2/8/19 Contributor address; City; State; Zlp Code 500 Principal occupation / Job title (See Instructions) Self 500 2/8/19 Contributor address; City; State; Zlp Code 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) 500 Self Employed Self Self 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self Employed Out-of-state PAC (ID#) Amount of contributor 200 Date Full name of contributor Out-of-state PAC (ID#) Amount of contributor 2/8/19 Contributor address; City; State; Zlp Code 200 Principal occupation / Job title (See Instructions) Self 200	bution (\$)
Self Employed Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 2/8/19 Contributor address; City; State; Zip Code 500 608 Paint Pony Trail N Fort Worth, Tx 76108 Employer (See Instructions) 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 2/8/19 Full name of contributor out-of-state PAC (ID#:) Amount of contributor 2/8/19 Full name of contributor out-of-state PAC (ID#:) 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor </td <td></td>	
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2/8/19 Robert Benda 500 2/8/19 Contributor address; City; State; Zip Code 500 608 Paint Pony Trail N Fort Worth, Tx 76108 Employer (See Instructions) Principal occupation / Job title (See instructions) Employer (See Instructions) Self Employed Self Date Full name of contributor out-of-state PAC (ID#:) Arrie Davenport 200 Contributor address; City; State; Zip Code 200 Contributor address; City; State; Zip Code 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self 200 Date Full name of contributor Self Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self Amount of contributor Date Full name of contributor out-of-state PAC (ID#:	
Self Employed Self Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor 2/8/19 Arlie Davenport 200 Contributor address; City; State; Zip Code 200 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self	lbution (\$)
2/8/19 Arlie Davenport 200 Contributor address; City; State; Zip Code 200 4070 Clarke Ave. Fort Worth, Tx 76107 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self	
Self Self Date Fuil name of contributor Image: out-of-state PAC (ID#:) Amount of contributor	ribution (\$)
2/18/19 Lesile Kreis 100 Contributor address; City; State; Zip Code 1751 River Run Road Suite 400 Fort Worth, Tx 76107	ribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Self	

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Date 5 2/18/19 6	Full name of contributor	- (D#-)	3 Filer ID (Ethics Commission Filers)
2/18/19	4	(D#)	
	BENJAMIN LOUGHRY Contributor address; City; State: 4455 Camp Bowie Blvd Suite 114 Fort Worth	; Zip Code	7 Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions)	9 Employer (See Instruc Self	tions)
Date 2/21/19	 Louis Baldwin	; (iD#:) ;	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date 3/1/19	Wesley Turner	c (ID#:) ; Zip Code	Amount of contribution (\$)
Principal occupation	on / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date 3/12/19	Full name of contributor Josh Vinyard Contributor address; City; State PO Box 188 Fort Worth, Tx 76102	C (ID#:) 	Amount of contribution (\$) 25
Principal occupation	on / Job title (See Instructions) d	Employer (See Instruct Self	ztions)

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MONEI	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
FILER NAME	Gary Moat #2		3 Filer ID (Ethics Commission Filers)
Date 3/12/19	 5 Full name of contributor □ out-of-state PAC (John Chalk 6 Contributor address; City; State; 301 Commerce St. Suite 3500 Fort Worth, Te 	Zip Code	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Self Employ	yed	Self	
Date 3/13/19	Full name of contributor Dout-of-state PAC Walter Tate Contributor address; City; State;	(ID#:) 	Amount of contribution (\$)
	307 W. 7th Suite 1200 Fort Worth, Texas 76	5102	
Principal occur Self Emplo	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date 3/19/19	Full name of contributor Out-of-state PAC Don Williamson Contributor address; City; State; 1300 S. Univerity Dr. Suite 410 Fort Worth, T		Amount of contribution (\$)
Principal occu Self Employe	upation / Job title (See Instructions) ed	Employer (See Instruc Self	rtions)
Date	Full name of contributor out-of-state PAC Contributor address; City; State	; (ID#:) 	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)

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NON-MONETARY (IN-KIND) POLITIC CONTRIBUTIONS	CAL	SCHEDULE A2
The Instruction Guide explains how to complete this form	1 Total pages 5	Schedule A2: 1
² FILER NAME Gary Moates	3 Filer ID (Ethi	ics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS \$ 500	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	TR 74108	9 In-kind contribution description Z Hicks fo The forf warth el outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JL Whitaker Cl	JDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FC	OR 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 🔲 out-of-state PAC (ID#:) Amount of Contributio	In-kind contribution
Contributor address; City; State; Zip Cod		el outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-J	UDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (Fe	OR 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)	L	
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see instructio	THIS SCHEDULE AS NEED n guide for additional repo	ED orting requirements.

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PLEDGED CONTRIBUTIONS

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SCHEDULE B

The Instruction Guide explains how to complete	this form.	1 Total pages Schedu	le B:
2 FILER NAME GANY MURITES &		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 6 Full name of pledgor Out-of-state PAC (D	D#:)	8 Amount of Pledge \$	9 In-kind contribution description
7 Pledgor address; City; State;	Zlp Code		• • •
		Check if travel outsid	de 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 (II	D#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State;	Zip Code		
		Check if travel outsi	de of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See		
······			
Date Full name of pledgor 🗌 out-of-state PAC (I	D#:)	Amount of Pledge \$	In-kind contribution description
Pledgor address; City; State;	; Zip Code	•	•
		Check if travel outsl	de 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;		•	•
		Check If travel outs	ide of Texas. Complete Schedule T
Principal occupation / Job title (See Instructions)	Employer (See	Instructions)	
			·····
ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDI	EAS NEEDED	
if contributor is out-of-state PAC, please see			requirements.
	ethics.state.tx.us		Revised 9/8/201

			SCHEDULE E
The	Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule E:
PILER NAME	Fray Mostes b		3 Filer ID (Ethics Commission File
	NITEMIZED LOANS		\$
Date of loan	7 Name of lender Out-of-st	late PAC (ID#:)	9 Loan Amount (\$)
ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
2 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	- I
4 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
_	18 Guarantor address; City;		•
not applicable Principal Occupa	18 Guarantor address; City;		•
	18 Guarantor address; City; tion (See Instructions)	State; Zlp Code	Loan Amount (\$)
 Principal Occupa Date of loan Is lender a financial 	18 Guarantor address; City; tion (See Instructions)	State; Zlp Code	Loan Amount (\$)
 Principal Occupa Date of loan Is lender 	18 Guarantor address; City; tion (See Instructions) Name of lender Out-of-s	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#:)	
0 Principal Occupa Date of Ioan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender Out-of-s	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#:)	Interest rate
0 Principal Occupa Date of Ioan Is lender a financial Institution? Y N	18 Guarantor address; City; tion (See Instructions) Name of lender	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#)	Interest rate Maturity date
0 Principal Occupa Date of Ioan Is lender a financial Institution? Y N Principal occupati	18 Guarantor address; City; tion (See Instructions) Name of lender out-of-s Lender address; City; on / Job title (See Instructions) ateral Name of guarantor	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#:) State; Zlp Code Employer (See Instructions) Check if personal funds were account (See Instructions) 	Interest rate Maturity date
 Principal Occupa Date of loan Is lender a financial Institution? Y N Principal occupati Description of Col none GUARANTOR 	18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; on / Job title (See Instructions) ateral Name of guarantor Guarantor address; City;	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#:) State; Zlp Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Interest rate Maturity date deposited into political
Principal Occupa Date of loan Is lender a financial Institution? Y N Principal occupati Description of Col [18 Guarantor address; City; tion (See Instructions) Name of lender Lender address; City; on / Job title (See Instructions) ateral Name of guarantor Guarantor address; City;	State; Zlp Code 21 Employer (See Instructions) tate PAC (ID#:) State; Zlp Code Employer (See Instructions) Check if personal funds were account (See Instructions) 	Interest rate Maturity date deposited into political

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SCHEDULE	F1
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		EXPENDITURE CATI	EGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Constions Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp Salarles/We	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Paymera		The Instruction Guide expla	lins how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NA	AME Gary Moates			3 Filer ID (Ethics Commission Filers)
4 Date 1/24/19	5 Payee na	me printing and design or	nline		
6 Amount (\$)	7 Payee ad	dress; City; State;	Zip Code		
186.85	16745 Cag	gan Crossings Blvd #102-	91 Orlando,	FL 34714	
8	(a) Category	(See Categories listed at the top of th	is schedule)	(b) Description	
PURPOSE	Adventising	Expense		Check if travel o	autside of Texas. Complete Schedule T.
OF EXPENDITURE				Check if Aust	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought	Office held
Date	Payee na	me			······································
1/24/19	Harland				
Amount (\$) 49.76	Payee ac 4055 Corp	ldress; City; State; porate Dr #100, Grapevin	Zip Code e, TX 7605	1	
	Category	/ (See Categories listed at the top of th	is schedule)	Description	
PURPOSE	Accountin	ng/Banking		Check if travel o	utside of Texas. Complete Schedule T.
OF EXPENDITURE		x		Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Office held
Date	Payee n	ame			
1/29/19	Tonya Mi	inton			
Amount (\$) 300	Payee a 501 Cherr	ddress; City; State; ry St. Suite 2000 Fort Wo	•	02	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of it ig Expense- Logo	his schedule)		outside of Texas. Complete Schedule T. Im, TX, officeholder flving expense
Q2	1				
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder name		Office sought	Office held
	AT	TACH ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	

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SCHEDULE F1

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	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidata/Officeholder/Politics Credit Card Payment	Fees C Food/Beverage Expense P y Gift/Awards/Memorials Expense P	can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Now to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Gary Moat		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/19	5 Payee name Tarrant County GOP		
6 Amount (\$) 750	7 Payee address; City; State; Zip 7524 Mosier View Ct #230, Fort Worth,		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this ache Event Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, olficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 3/4/19	Payee name Hitemicy Comp	rang Strategres	-
Amount (\$) 3000	Payse address; City; State; Zip 801 Cherry St. Suite 2000 fort Worth T	Code	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this scho Consulting Expense	Check If travel ou	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 3/8/19	Payee name Elks Lodge		-
Amount (\$) 11	Payee address; City; State; Zip 3233 White Settlement Rd, Fort Worth,		
PURPOSE OF EXPENDITURE	Category (See Categorles listed at the top of this sch Food/Beverage Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Faes Food/Severage Expense Git/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor show to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Gary Moats		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/19	5 Payee name Staples		
6 Amount (\$) 15.14	7 Payee address; City; State; Zij 1660 S University Dr, Fort Worth, TX 7		e.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check il travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 3/14/19	Payee name Staples		
Amount (\$) 51.93	Payee address; City; State; Zi 1660 S University Dr, Fort Worth, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se Advertising Expense	Check if travel of	utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 3/18/19	Payee name Staples		
Amount (\$) 51.93	Payee address; City; State; Z 1660 S University Dr, Fort Worth, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Advertising Expense	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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		EXPENDITURE CA	EGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consuting Expense Contributions/Donations Made By Candidate/Officaholder/Politica Gredil Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awarde/Memorials Expense Legal Services The Instruction Guide exp	Loan Repay Office Over Polling Exp Printing Exp Salaries/We	ment/Reimbuzsement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME Gary Moats			3 Filer ID (Ethics Commission Filers)
4 Date 3/18/19	5 Payee na	woodshed smokeho	use		
6 Amount (\$) 60.61	7 Payee ac 3201 Rive	ldress; City; State; rfront Dr, Fort Worth, TX	-		~
8 PURPOSE OF EXPENDITURE		r (See Categories listed at the top of rage Expense	this schedule)		outside of Taxas. Complete Schedule T. In, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	Office held
Date 3/23/19	Payee na the hom			, ₁₉ , 144 - 442 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224 - 224	
Amount (\$) 96.17	Payee ac 4850 SW	dress; City; State Loop, 820 Blvd R, Fort V		109	
PURPOSE OF EXPENDITURE	Category Advertising	/ (See Categories listed at the top of J Expense	this schedule)		utside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought	Office held
Date 3/23/19	Payee n pacific tab				
Amount (\$) 89.69	Payee a 1600 S U	ddress; City; State niversity Dr #601, Fort V	•	107	
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of erage Expense	this schedule)		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name	C.	Office sought	Office held
	TA	TACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Reverage Expense Polling Expense Travel in District Contributions/Donations Made By Gitt/Awards/Memorials Expense Printing Expense Travel out of District Candidate/OfficeNoter/Portical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)	8e			
The Instruction Guide explains how to complete this form.	<u> </u>			
1 Total pages Schedule F1: 2 FILER NAME Gary Moats 4	,			
4 Date 3/24/19 5 Payee name the home depot				
6 Amount (\$) 7 Payee address; City; State; Zlp Code				
60.32 4850 SW Loop, 820 Blvd R, Fort Worth, TX 76109				
8 (a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
OF Check if Austin, TX, officeholder living expense				
Office sought Office held Sependiture to benefit C/OH				
Date Payee name				
3/24/2019 hoffbrau steak & grill house				
Amount (\$)Payee address;City; State; Zip Code43.681712 S University Dr, Fort Worth, TX 76107				
Category (See Categories listed at the top of this schedule) Description				
PURPOSE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
OF Check if Austin, TX, officeholder living expense				
EXPENDITURE				
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date Payee name				
3/25/19 Uhuai				
Amount (\$)Payee address;City; State;Zip Code60.693019 Altamesa Blvd Fort Worth, TX 76133				
Category (See Categories listed at the top of this schedule) Description				
PURPOSE Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.				
OF Expense Check If Austin, TX, officeholder living expense				
Campiele OVIX II direct Candidate / Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

	EXF	PENDITURE CATE	GORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ Glift/Award Committee Legal Sen	arage Expense Is/Memorials Expense	Office Overhe Poling Exper Printing Expe Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Relater Travel in District Travel Out Of District Other (enter a category not listed ab	
1 Total pages Schedule F1:	2 FILER NAME Ga	ary Moates	1.5.0		3 Filer ID (Ethics Commission	n Filers)
4 Date 3/25/19	5 Payee name Rac	etrack				
6 Amount (\$) 11.93	7 Payee address; 6300 Jacksboro H	City; State; wy Fort Worth, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Category Transportation Equip	ories listed at the top of this orment & Related Exp			uside of Texas. Complete Schedule T. 1, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offic	æholder name		Office sought	Office held	
Date 3/13/19	Payee name	5 Sept le	moren			
Amount (\$) 3,973.86	Payee address;		Zip Code	te Forest	Holl, TX 7616	9
PURPOSE OF EXPENDITURE	Category (See Category Advertage)	portes lister at the top of the	s schedul		nside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Offic	seholder name		Office sought	Office held	I
Date	Payee name					
Amount (\$)	Payee address;	City; State;	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of th	ls schedule)		utside of Texas. Complete Schedule T. n, TX, olficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Off H	lceholder name		Office sought	Office he	d
	ATTACHA	DDITIONAL COPIE	S OF THIS S	CHEDULE AS NE		
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UNPAID INCURRED OBLIGATIONS

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SCHEDULE F2

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	EXPEND	TURE CATEGORIES FOR I	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Cancildate/Officeholder/Politics	al Committee Legal Services	ortals Expense Printing Expense Salaries/Wages/	Rental Expense Contract Labor	Solicitation/Fundralsing Expense Transponation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
· · · · · · · · · · · · · · ·	The Instruction	on Guide explains how to compl	ete this form.	
1 Total pages Schedule F2:	2 FILER NAME COM MOUSS	L		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCU	RRED OBLIGATIONS		\$
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City; State; Zip Code		¥)
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Calegories	s listed at the top of this schedule)		on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeh H	nolder name Office	sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>	
TYPE OF EXPENDITURE	Political	Non-Politica	l	
PURPOSE OF EXPENDITURE	Category (See Categorie	s listed at the top of this schedule)		ion If Iravel outside of Texas. Complete Schedule T. K If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Office DH	holder name Office	e sought	Office held
		5		
3	ATTACH ADDITIO	NAL COPIES OF THIS SCH	IEDULE AS N	EEDED
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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	he Instruction Guide explains how to complete this form.	1 Tr	otal pa	ges Schedule F3:
2 FILER NAME	Groy Runter	3 Fi	iler ID	(Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom Investment is purchased; Cl			State; Zip Code
	7 Description of investment	<u> </u>		
	8 Amount of Investment (\$)			
Date	Name of person from whom Investment is purchased			
	Address of person from whom investment is purchased; Ci	 t y:		State; Zip Code
	Description of investment			
	Amount of Investment (\$)			
	27			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EAS	NEEC)ED

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	EXPENDITURE CATE		NV 10 (a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense cal Committee Legal Services	Loan Repayment/R Office Overhead/R Poiling Expense Printing Expense Salaries/Wages/Co	eimbursement ental Expense entract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F4:	The Instruction Guide explanation		e unis iorm.	3 Filer 1D (Ethics Commission Filers)
	MIZED EXPENDITURES CHARGE		CABD	\$
	6 Payee name			¢
Amount (\$)	8 Payee address; City; State	; Zip Code 🥏		
TYPE OF EXPENDITURE	Political	Non-Political		
0	(a) Category (See Categories listed at the top o	f this schedule)	(b) Descriptio	
PURPOSE OF			Check if	travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check	lf Austin. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C	юн	Office s		lf Austin, TX, officeholder living expense Office held
H Complete <u>ONLY</u> if direct		Office s		
I Complete <u>QNLY</u> if direct expenditure to benefit C	Payee name	Office s		
Complete <u>ONLY</u> if direct expenditure to benefit C Date	Payee name			
Complete <u>ONLY</u> if direct expenditure to benefit C Date Amount (\$)	Payee name Payee address; City; State	e; Zip Code	Description	Office held
1 Complete <u>ONLY</u> if direct expenditure to benefit Cr Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee name Payee address; City; State Payee address; City; State Category (See Categories listed at the top of Candidate / Officeholder name	e; Zip Code	Descriptin	Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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SCHEDULE G

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Offi Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement co Overhead/Rental Expense ling Expense uting Expense arlee/Wages/Contract Labor w to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME GORY MUNTU		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de	
Reimbursement from political contributions intended	8		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsid	de of Texas. Complete Schedule T. X., officeholder Ilving expense
Complete <u>ONLY</u> if direct expenditure to benefit C.		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	de	
Reimbursement from political contributions intended	(e)		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outsi	de of Texas. Complete Schedule T. IX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED
Forms provided by Texas E	thics Commission www.ethics.sta	ate.tx.us	Revised 9/8/201

	EXPENDITURE CATEGOR	IFS FOR BOX 8/a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Gradi Card Payment	Event Expense Loa Fees Offit Food/Reverage Expense Poil By Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement Solicita ze Overhead/Rental Expense Transp ling Expense Travel ting Expense Travel urles/Wages/Contract Labor Other	tion/Fundraising Expense ontation Equipment & Related Expe In District Out Of District enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME GRING WUSCH		r ID (Ethics Commission File
4 Date	5 Business name	, .,	
6 Amount (\$)	7 Business address; City; State; Zip Co	de	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	e) (b) Description Check if travel outside of Texas. C Check if Austin, TX, officehold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	e) Description Check If travel outside of Texas. C Check If Austin, TX, officehold	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip C	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description Check if travel outside of Texas. (Check if Austin, TX, officehol	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held

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SCHEDULE

	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule I:	2 FILER NAME GAVY MUTAN	3 Filer ID (Ethlcs Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF Expenditure	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	
PURPOSE OF EXPENDITURE	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	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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

SCHEDULE T

The Instru	iction Guide e	1 Total pages Schedule T:								
2 FILER NAME	low	3 Filer ID (Ethics Commission Filers)								
4 Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
5 Contribution / Expend	liture reported o	n:								
Schedule A2	🗌 Schedu	ule B	Schedule B(J)	Schedule D Sche	dule F1					
Schedule F2	Sched	ule F4	Schedule G	Schedule H	Schedule COH-UC	edule 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	r Labor O	Prganization / Pledgor /	Payee						
Contribution / Expend	_		_		— —					
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D Sche	edule F1				
Schedule F2	Sched	lule F4	Schedule G	Schedule H	Schedule COH-UC Sch	nedule B-SS				
Dates of travel	of travel Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
Means of transporta	tion	Purpo	ose of travel (including	name of conference, s	eminar, or other event)					
Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
Contribution / Expend	diture reported o	on:								
Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D Sch	edule F1				
Schedule F2	Sched	dule F4	Schedule G	Schedule H	Schedule COH-UC Sci	hedule B-SS				
Dates of travel	avel Name of person(s) traveling									
	Departure city or name of departure location									
	Destination city or name of destination location									
		-								
Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)								
	 AT	TACH A	DDITIONAL COPIES	OF THIS SCHEDULI	EASNEEDED					
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	CANDIDATE / OFFICEHOLDER REPORT:
	DESIGNATION OF FINAL REPORT

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FORM C/OH - FR

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1	C/OH N		2 Filer ID (Ethics Commission Filers)
•	C/OH N		
3	SIGNA	URE	_
	ing a re	expect any further political contributions or political expenditures in connection v ort as a final report terminates my campaign treasurer appointment. I also ur lons or make any campaign expenditures without a campaign treasurer appoint	derstand that I may not accept any campaign
		S	ignature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder	
	A.	CAMPAIGN FUNDS	
	Chec	only one:	14
		I do not have unexpended contributions or unexpended interest or income ea	urned from political contributions.
		I have unexpended contributions or unexpended interest or income earned f may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexp unexpended contributions or unexpended interest or income earned on politic this final report. Further, I understand that I must dispose of unexpended pol income earned on political contributions in accordance with the requirements	or income earned on political contributions to ended contributions and that I may not retain al contributions longer than six years after filing litical contributions and unexpended interest of
	B .	ASSETS	
	Chec	only one:	
		I do not retain assets purchased with political contributions or interest or othe	er income from political contributions.
		I do retain assets purchased with political contributions or interest or other interest I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	t or other income from political contributions to
			Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contribu- officeholder, I retain political contributions, interest or other income from political cal contributions or interest or other income from political contributions.	tions If, after filing the last required report as an