

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: 34																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Gary</td> <td>M.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center;">Moates</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Gary	M.	NICKNAME	LAST	SUFFIX	Moates			OFFICE USE ONLY					
MS / MRS / MR	FIRST	MI																	
Mr.	Gary	M.																	
NICKNAME	LAST	SUFFIX																	
Moates																			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">ADDRESS / PO BOX;</td> <td style="font-size: x-small;">APT / SUITE #;</td> <td style="font-size: x-small;">CITY;</td> <td style="font-size: x-small;">STATE;</td> <td style="font-size: x-small;">ZIP CODE</td> </tr> <tr> <td colspan="5">801 Cherry St., Ste. 2000, Unit #46</td> </tr> <tr> <td colspan="5">Fort Worth, TX 76102</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	801 Cherry St., Ste. 2000, Unit #46					Fort Worth, TX 76102					<div style="text-align: center; font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">APR 26 2019</div> <div style="text-align: center; color: blue; font-weight: bold;">BY: <i>Barry</i> 2:47 p.m.</div>	
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE															
801 Cherry St., Ste. 2000, Unit #46																			
Fort Worth, TX 76102																			
<input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>632-4908</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(817)	632-4908		Date Received										
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MS / MRS / MR</td> <td style="font-size: small;">FIRST</td> <td style="font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Robert</td> <td>G.</td> </tr> <tr> <td style="font-size: x-small;">NICKNAME</td> <td style="font-size: x-small;">LAST</td> <td style="font-size: x-small;">SUFFIX</td> </tr> <tr> <td>Bob</td> <td>West</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mr.	Robert	G.	NICKNAME	LAST	SUFFIX	Bob	West		Date Hand-delivered or Date Postmarked				
MS / MRS / MR	FIRST	MI																	
Mr.	Robert	G.																	
NICKNAME	LAST	SUFFIX																	
Bob	West																		
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">8848 Heron Dr., Ft. Worth, TX 76108-9727</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	8848 Heron Dr., Ft. Worth, TX 76108-9727					Receipt #	Amount \$					
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8848 Heron Dr., Ft. Worth, TX 76108-9727																			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(817)</td> <td>878-0511</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(817)	878-0511		Date Processed										
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Mr.	Robert	G.																	
NICKNAME	LAST	SUFFIX																	
Bob	West																		
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>				<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)							
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> <td style="font-size: x-small;">THROUGH</td> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td>03</td> <td>26</td> <td>2019</td> <td></td> <td>04</td> <td>24</td> <td>2019</td> </tr> </table>				Month	Day	Year	THROUGH	Month	Day	Year	03	26	2019		04	24	2019	
Month	Day	Year	THROUGH	Month	Day	Year													
03	26	2019		04	24	2019													
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ELECTION DATE</td> <td style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>05 / 04 / 2019</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05 / 04 / 2019												
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05 / 04 / 2019																			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)																
			Tarrant Regional Water District Board of Directors																

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mr. Gary Moates

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)


THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 230.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,325.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 21,555.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,591.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,963.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

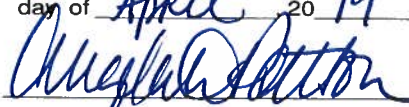
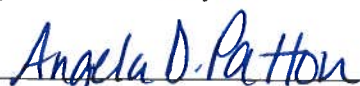

18 AFFIDAVIT

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.


 Signature of Candidate or Officeholder

ANGELA D. PATTON
Notary Public, State of Texas
Commission Expires 08-13-2022
Notary ID 10644261

Sworn to and subscribed before me, by the said Gary M. Moates, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.




 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr. 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		\$ 21,325.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,500.00
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		\$ 7,591.60
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: 14
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter Llewellyn 6 Contributor address; City; State; Zip Code 3535 W. 7th St., Fort Worth, TX 76107	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 03/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will A. Courtney Contributor address; City; State; Zip Code PO Box 121488, Fort Worth, TX 76121-1488	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Krugler Contributor address; City; State; Zip Code 306 W. Broadway Ave., Fort Worth, TX 76104	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Webb Contributor address; City; State; Zip Code 777 Main St., Ste. 1300, Fort Worth, TX 76102	Amount of contribution (\$) 200.00
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:

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

David Burgess

6 Contributor address; City; State; Zip Code

4516 Briarhaven Rd., Fort Worth, TX 76109

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Self

Date

03/27/19

Full name of contributor

out-of-state PAC (ID#: _____)

James N. Austin, Jr.

Contributor address; City; State; Zip Code

2401 Scott Ave., Fort Worth, TX 76103

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

out-of-state PAC (ID#: _____)

William E. Baker

Contributor address; City; State; Zip Code

6501 Hickock Dr., Apt. D, Ft. Worth, TX
76116

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

out-of-state PAC (ID#: _____)

P. Antoinette Boecker

Contributor address; City; State; Zip Code

200 Rivercrest Dr., Ft. Worth, TX 76107

Amount of contribution (\$)

100.00

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:

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

03/15/19

5 Full name of contributor

Jack Huff

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

10300 W. Rocky Creek Rd., Crowley, TX
76036

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

Kay Day

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3917 Hamilton Ave., Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

3/28/19

Full name of contributor

Linda N. Duncan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1316 Virginia Pl., Ft. Worth, TX 76107

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

James D. Tate

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

653 Donna Ct., Burleson, TX 76028

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:

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Gary W. Havener

6 Contributor address; City; State; Zip Code
PO Box 121969, Ft. Worth, TX 76121

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

out-of-state PAC (ID#: _____)

Martin McDonald

Contributor address; City; State; Zip Code
3606 Dorothy Lane, Fort Worth, TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/26/19

Full name of contributor

out-of-state PAC (ID#: _____)

William D. Greenhill

Contributor address; City; State; Zip Code
1608 Ashland Ave., Ft. Worth, TX 76107

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

out-of-state PAC (ID#: _____)

Suzanne Smith Williams

Contributor address; City; State; Zip Code
5404 El Campo Ave., Ft. Worth, TX 76107

Amount of contribution (\$)

100.00

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:

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
 Gary Moates

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Newman	7 Amount of contribution (\$)
03/28/19	6 Contributor address; City; State; Zip Code 8244 Killdeer Cir., Ft. Worth, TX 76108	250.00

8 Principal occupation / Job title (See Instructions) Self-Employed	9 Employer (See Instructions) Self
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Dayton	Amount of contribution (\$)
03/27/19	Contributor address; City; State; Zip Code 4612 Birchman, Ft. Worth, TX 76107	100.00

Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.A. Howeth	Amount of contribution (\$)
03/28/19	Contributor address; City; State; Zip Code 6224 Curzon Ave., Ft. Worth, TX 76116-4603	100.00

Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Goodman	Amount of contribution (\$)
03/28/19	Contributor address; City; State; Zip Code 2609 White Settlement Rd., Ft. Worth, TX 76107	100.00

Principal occupation / Job title (See Instructions) Self-Employed	Employer (See Instructions) Self
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Berry 6 Contributor address; City; State; Zip Code PO Box 101384, Ft. Worth, TX 76185	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 03/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy A. Lloyd Contributor address; City; State; Zip Code 109 Linden Ln., Ft. Worth, TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard M. Stinson Contributor address; City; State; Zip Code 2801 Oakbriar Tr., Ft. Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim H. Fleet Contributor address; City; State; Zip Code 3045 Lackland Rd., Ft. Worth, TX 76116	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Pace 6 Contributor address; City; State; Zip Code 420 Throckmorton, Ste. 710 Fort Worth, TX 76102	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 03/29/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward L. Kemble Contributor address; City; State; Zip Code 4616 Lafayette Ave., Ft. Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vianei Lopez Braun Contributor address; City; State; Zip Code 9009 Ranch Bluff Ct., Benbrook, TX 76126	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Decker Jones, PC
Date 03/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia B. Cole Contributor address; City; State; Zip Code PO Box 101058, Ft. Worth, TX 76185	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Decker Jones, PC
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

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2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William D. Ratliff, III 6 Contributor address; City; State; Zip Code 301 Commerce St., Ste. 2600, Ft. Worth, TX 76102	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Decker Jones, PC
Date 04/01/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ted R. St. Clair, Jr. Contributor address; City; State; Zip Code 817 Matisse #611, Ft. Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/03/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Denton Contributor address; City; State; Zip Code 4401 Briarhaven Rd., Ft. Worth, TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/03/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton M. Hyder Contributor address; City; State; Zip Code PO Box 471905, Fort Worth, TX 76147-1412	Amount of contribution (\$) 500.00
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:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Pace Sykes 6 Contributor address; City; State; Zip Code 2000 Spanish Tr., Ft. Worth, TX 76107	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 04/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. & Mrs. Gregory B. Scheideman Contributor address; City; State; Zip Code 1313 Washington Terrace, Ft. Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 03/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Ann Wendell (Bebe) Contributor address; City; State; Zip Code 8600 Thackery St., Apt. 2308, Dallas, TX 75225-9328	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/05/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruce S. Barker Contributor address; City; State; Zip Code 4721 Winthrop Ave. W., Ft. Worth, TX 76116	Amount of contribution (\$) 25.00
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:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Kjornes 6 Contributor address; City; State; Zip Code 2508 Nogales Dr., Ft. Worth, TX 76108	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 04/09/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy E. Malone Contributor address; City; State; Zip Code 3644 Norfolk, Ft. Worth, TX 76109	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Decker Jones, PC
Date 04/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee O. Rogers Contributor address; City; State; Zip Code 201 Pecan St., Ft. Worth, TX 76102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Jackson Contributor address; City; State; Zip Code 1300 Clover Ln., Ft. Worth, TX 76107	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Republican Women 6 Contributor address; City; State; Zip Code 301 Commerce St., Ft. Worth, TX 76102	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert H. McLean Contributor address; City; State; Zip Code 226 Bailey Ave., Ste. 106, Ft. Worth, TX 76107	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/16/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Keffler Contributor address; City; State; Zip Code 6350 Montego Ct., Ft. Worth, TX 76116	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 04/17/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan E. Lowrance Contributor address; City; State; Zip Code 2008 Four Oaks Ln., Ft. Worth, TX 76107	Amount of contribution (\$) 500.00
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:

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

04/24/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Arnold Gachman

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code
1229 Shady Oaks Ln., Ft. Worth, TX
76107

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Self

Date

04/24/19

Full name of contributor

out-of-state PAC (ID#: _____)

Kyle Poulson

Amount of contribution (\$)

2500.00

Contributor address; City; State; Zip Code
777 Main St., Ste. 1100, Ft. Worth, TX
76102

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/28/19

Full name of contributor

out-of-state PAC (ID#: _____)

Jack and Ladye Ann Miller

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
PO Box 2501, Ft. Worth, TX 76113

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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:

2 FILER NAME

Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date

04/02/19

5 Full name of contributor

out-of-state PAC (ID#: _____)

Reid Martin

6 Contributor address;

City; State; Zip Code

PO Box 91588, Arlington, TX 76015

7 Amount of contribution (\$)

5000.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Martin Sprocket & Gear, Inc.

Date

03/29/19

Full name of contributor

out-of-state PAC (ID#: _____)

Edward L. Kemble

Contributor address;

City; State; Zip Code

4616 Lafayette Ave., Ft. Worth, TX 76107

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

04/06/19

Full name of contributor

out-of-state PAC (ID#: _____)

Britt West

Contributor address;

City; State; Zip Code

6308 Pamlico Rd., Ft. Worth, TX 76116

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Self

Date

03/29/19

Full name of contributor

out-of-state PAC (ID#: _____)

John Williams

Contributor address;

City; State; Zip Code

4737 Lafayette Ave., Ft. Worth, TX 76107

Amount of contribution (\$)

200.00

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:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Nix 6 Contributor address; City; State; Zip Code 2732 Colonial Pkwy., Ft. Worth, TX 76109	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 1	
2 FILER NAME Mr. Gary Moates		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/28/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day Break Cafe & Grill	8 Amount of Contribution \$ 1500.00	9 In-kind contribution description Fundraiser facilities and food
7 Contributor address; City; State; Zip Code 2720 White Settlement Rd., Ft. Worth 76107		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Restaurant		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B: 1

2 FILER NAME 3 Filer ID (Ethics Commission Filers)
 Mr. Gary Moates

4 TOTAL OF UNITEMIZED PLEDGES \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
<input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
<input type="checkbox"/> 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: 1
2 FILER NAME Mr. Gary Moates		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	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: 6	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/19	5 Payee name Accordian Band	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code c/o 2720 White Settlement Rd. Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(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 _____	
Date 04/01/19	Payee name Sierra Club	
Amount (\$) 50.00	Payee address; City; State; Zip Code 2101 Webster St., Ste. 1300, Oakland, CA 94612	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/01/19	Payee name Tommy's Hamburgers	
Amount (\$) 12.81	Payee address; City; State; Zip Code 2455 Forest Park Blvd., Ft. Worth, TX 76110	
PURPOSE OF EXPENDITURE	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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/19	5 Payee name Fort Worth Business Press	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 3509 Hulen St., Fort Worth, TX 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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	
Date 04/11/19	Payee name H&Co. Strategies	
Amount (\$) 4078.92	Payee address; City; State; Zip Code PO Box 101902, Fort Worth, TX 76185	
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	
Date 04/15/19	Payee name Jersey Mike's	
Amount (\$) 20.22	Payee address; City; State; Zip Code 4833 S. Hulen St., Fort Worth, TX 76109	
PURPOSE OF EXPENDITURE	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
	Complete ONLY if direct expenditure to benefit C/OH	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/19	5 Payee name The Home Depot	
6 Amount (\$) 60.32	7 Payee address; City; State; Zip Code 4850 SW Loop, Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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	
Date 04/15/19	Candidate / Officeholder name Murphy Express	
Amount (\$) 60.42	Payee address; City; State; Zip Code 3015 E. Berry, Ft. Worth, TX 76105	
PURPOSE OF EXPENDITURE	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date 04/15/19	Candidate / Officeholder name Braum's	
Amount (\$) 6.35	Payee address; City; State; Zip Code 100 University Dr., Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)			
4 Date 04/15/19	5 Payee name Mel Henderson				
6 Amount (\$) 86.17	7 Payee address; City; State; Zip Code 3601 Cork Place, Fort Worth, TX 76116				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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			
	<table border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/16/19	Payee name Ernesto Tellez				
Amount (\$) 350.00	Payee address; City; State; Zip Code c/o 2720 White Settlement Rd., Ft. Worth, TX 76107				
PURPOSE OF EXPENDITURE	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 border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/18/19	Payee name The Home Depot				
Amount (\$) 94.78	Payee address; City; State; Zip Code 4850 SW Lopp, Fort Worth, TX 76109				
PURPOSE OF EXPENDITURE	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 border="0" style="width:100%;"> <tr> <td style="width:20%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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:	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)
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4 Date 04/19/19	5 Payee name Curly's
---------------------------	--------------------------------

6 Amount (\$) 7.12	7 Payee address; City; State; Zip Code 4017 Camp Bowie Blvd., Fort Worth, TX 76107
------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/19/19	Payee name Jim Austin Online
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Amount (\$) 300.00	Payee address; City; State; Zip Code 2401 Scott Ave., Fort Worth, TX 76103
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PURPOSE OF EXPENDITURE	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
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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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Date 04/22/19	Payee name Cafe Chadra
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Amount (\$) 14.49	Payee address; City; State; Zip Code 1622 Park Place Ave., Fort Worth, TX 76110
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PURPOSE OF EXPENDITURE	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	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:	2 FILER NAME Gary Moates	3 Filer ID (Ethics Commission Filers)
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4 Date 04/28/19	5 Payee name Ernesto Tellez
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code c/o 2720 White Settlement Rd., Fort Worth, TX 76107
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	--	---

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

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

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

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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Mr. Gary Moates	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: <div style="text-align: center; margin-top: 5px;">1</div>
2 FILER NAME Mr. Gary Moates		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 (\$)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Mr. Gary Moates	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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.

1 Total pages Schedule G: 1	2 FILER NAME Mr. Gary Moates	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME Mr. Gary Moates	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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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
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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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Date	Business name
------	---------------

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME Mr. Gary Moates	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
---------------	---------------------

6 Amount (\$)	7 Payee address; City; State; Zip Code
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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
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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
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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
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PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1

2 FILER NAME
Mr. Gary Moates

3 Filer ID (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
 6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount (\$)
 Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 1

2 FILER NAME
Mr. Gary Moates

3 Filer ID (Ethics Commission Filers)

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

5 Contribution / Expenditure reported on:

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

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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

Contribution / Expenditure reported on:

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

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

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

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