# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Comm	lission Filers)	2 Total pages filed: 35 (incl. affidavit)	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/Mr First Mr. Gary NICKNAME LAST Moates	MI M.	Date Received  DECEIVE  MAY 0.2.2010	
4 ORIGINAL REPORT TYPE	X 30th day before election 15th	off Other (specify)  eeded \$500 limit ———————————————————————————————————	BY: Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED	Month Day Year 03 / 26 /2019 TH	Month Day Year PROUGH 04 / 24 / 2019	Date Processed  Date Imaged	
6 EXPLANATION OF CORRECTION  Correction of Sections 17(3) and 17(5).				
7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.				
Check ONLY if applicable:  Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.				
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  AFFIX NOTARY STAMP / SEAL ABOVE  Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  Signature of Candidate or Officeholder				
Sworn to and subscribed before me, by the said 600 00 00 00 00 00 00 00 00 00 00 00 00				
Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		1	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 34
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	мі М .	OFFICE USE ONLY
NAME	Mr. Gary	SUFFIX	Date Received
	Moates		PEGEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO 801 Cherry St., Ste. 2 Fort Worth, TX 76102	oty; state; zip code	MAY 0 2 2019
Change of Address			BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	(817 ) 632-4908	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. Robert	G. SUFFIX	Date Processed
	Bob West		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 8848 Heron Dr., Ft. Wo		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 878-0511	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 03 / 26 / 2019	THROUGH 04	Day Year 24 / 2019
11 ELECTION	ELECTION DATE  Month Day Year Primary  05 / 04 / 2019 X General	ELECTION TYPE  Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Tarrant Region Board of Dire	nal Water District
	go то	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	5 Filer ID (Ethics Commission Filers)
Mr. Gary Moa	ates		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT WISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA SS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,325.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,     UNLESS ITEMIZED		\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,591.60
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ 60,554.84
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT	,		
			erjury, that the accompanying report is rmation required to be reported by me
Nota Con	ANGELA D. PATTO Try Public, State of T nm. Expires 08-13-2	Signature of Cand	lidate or Officeholder
AFFIX NOTARY STAM	Notary ID 1064426	1	
Sworn to and subsc	ribed before me, I		, this the
day of Alokul	7, 20 19,	to certify which, witness my hand and seal of office.	
Signature of officer a	Han administering cath	Angela D. Hatton  Printed name of officer administering oath	Title of officer administering oath
organicate of officer a	Commiscently Call	Timed maine or onicer administering dath	The or oncer administering bath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	nmission Filers)
	Mr. Gary Moates		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,325.00
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 7,591.60
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 FUI	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	\$

#### 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 Moa	tes		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
03/26/19	Carter Llewellyn  6 Contributor address; City; State 3535 W. 7th St., Fort Worth		50.00
8 Principal occu Self-Empl	pation / Job title (See Instructions) oyed	9 Employer (See Instruct Self	tions)
Date	Full name of contributor  out-of-state PAG Will A. Courtney	C (ID#:)	Amount of contribution (\$)
03/26/19	Contributor address; City; State	e; Zip Code	100.00
	PO Box 121488, Fort Worth,	TX 76121-1488	
Principal occup Self-Empl	oation / Job title (See Instructions) oyed	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/27/19	Beth Krugler Contributor address; City; State	; Zip Code	50.00
	306 W. Broadway Ave., Fort	Worth, TX 7610	1
Principal occup Self-Emplo	pation / Job title (See Instructions) Dyed	Employer (See Instruct Self	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/27/19	27/19 Contributor address; City; State; Zip Code 777 Main St., Ste. 1300, Fort Worth, TX		200.00
		76102	
Principal occup Self-Empl	oation / Job title (See Instructions) oyed	Employer (See Instruct	tions)

## 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 Mo	ates		
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
03/28/19	David Burgess  6 Contributor address; City; State  4516 Briarhaven Rd., Fort W	· ·	100.00
8 Principal occur Self-Empl	pation / Job title (See Instructions) oyed	9 Employer (See Instruc Self	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/27/19	James N. Austin, Jr.  Contributor address; City; State 2401 Scott Ave., Fort Worth	· '	50.00
Principal occup Self-Emplo	oation / Job title (See Instructions)  Oyed	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/28/19	William E. Baker  Contributor address; City; State 6501 Hickock Dr., Apt. D, E		100.00
Principal occur Self-Empl	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state PAG  P. Antoinette Boecker	C (ID#:)	Amount of contribution (\$)
03/28/19		e; Zip Code	100.00
	200 Rivercrest Dr., Ft. Wor	th, TX 76107	
Principal occupation / Job title (See Instructions)  Self-Employed  Self		tions)	
		(1	

#### SCHEDULE A1

			0
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gary Mo	pates		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
03/15/19	Jack Huff  6 Contributor address; City; State 10300 W. Rocky Creek Rd., C	e; Zip Code rowley, TX	1000.00
		76036	
	pation / Job title (See Instructions)	9 Employer (See Instruction)	tions)
Self-Empl	oyed	Self	
Date Full name of contributor out-of-state PAC (ID#:)  Kay Day		C (ID#:)	Amount of contribution (\$)
03/28/19	Contributor address; City; State	e; Zip Code	250.00
	3917 Hamilton Ave., Ft. Wor		
Principal occupation / Job title (See Instructions) Employer (See Instruc		tions)	
Self-Emp	oloyed	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/28/19	Linda N. Duncan  Contributor address; City; State  1316 Virginia Pl., Ft. Wor		25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Self-Emp	oloyed	Self	
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/28/19	Contributor address; City; State 653 Donna Ct., Burleson, TX	e; Zip Code 76028	25.00
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	otions)
Self-Emp	loyed	Self	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary Moates 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_ Gary W. Havener 6 Contributor address; City; State; Zip Code PO Box 121969, Ft. Worth, TX 76121 03828/19 1000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-Employed Self Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Martin McDonald Contributor address; City; State; Zip Code 03/28/19 100.00 3606 Dorothy Lane, Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Self-Employed Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) William D. Greenhill 03/26/19 Contributor address; City; State; Zip Code 1608 Ashland Ave., Ft. Worth, TX 76107 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Self Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) Suzanne Smith Williams Contributor address; City; State; Zip Code 5404 El Campo Ave., Ft. Worth, TX 76107 03/28/19 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Self

## SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gary Mo	ates		
4 Date	5 Full name of contributor  ut-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Frank Newman		050.00
03/28/19	6 Contributor address; City; State	; Zip Code	250.00
	8244 Killdeer Cir., Ft. Wor	th, TX 76108	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Self-Em	ployed	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Connie Dayton		
03/27/19	Contributor address; City; State	e; Zip Code	100.00
	4612 Birchman, Ft. Worth, T	X 76107	
Dringing I accord	otion / Joh Aido (Con Josephine)	Frankrier (San Instru	ato mo
Self-Empl	eation / Job title (See Instructions)	Employer (See Instruc Self	tions)
OUT Daily	20,00	0011	
Date	Full name of contributor	Full name of contributor	
	T.A. Howeth		
03/28/19	Contributor address; City; State	e; Zip Code	100.00
	6224 Curzon Ave., Ft. Worth	1, TX 76116-460	3
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Em	ployed	Self	
Date	Full name of contributor	C (iD#:)	Amount of contribution (\$)
	Jerry Goodman	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
03/28/19	[· · · · · <del>·</del> · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	100.00
	2609 White Settlement Rd.,		
		76107	
	pation / Job title (See Instructions)	Employer (See Instruc	etions)
Self-Emp	Toyea	PETT	

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Gary Moa	ates		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC Steve Berry	; (ID#:)	7 Amount of contribution (\$)
03/28/19	6 Contributor address; City; State	; Zip Code	100.00
	PO Box 101384, Ft. Worth, T.	X 76185	
8 Principal occu Self-Emp	pation / Job title (See Instructions) ployed	9 Employer (See Instruct Self	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
03/29/19	Billy A. Lloyd  Contributor address; City; State 109 Linden Ln., Ft. Worth,	' '	50.00
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruct Self	ions)
Date		C (ID#:)	Amount of contribution (\$)
03/28/19	Richard M. Stinson  Contributor address; City: State 2801 Oakbriar Tr., Ft. Wort	; Zip Code h, TX 76109	100.00
	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Emp	oroyea	Self	11-11-11-11-11-11-11-11-11-11-11-11-11-
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/29/19		e; Zip Code h, TX 76116	2500.00
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)

## 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 Moa	ates		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
03/29/19	Gary Pace		
03/29/19	6 Contributor address; City: State 420 Throckmorton, Ste. 710	e; Zip Code	200.00
	Fort Worth, TX 76102		
8 Principal occup Self-Emp	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)
	-		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
03/29/19	Edward L. Kemble		100.00
33, 23, 23	Contributor address; City; State	' '	100.00
	4616 Lafayette Ave., Ft. Wo	ortn, TX 76107	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Emp	oloyed	Self	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Vianei Lopez Braun		
03/30/19	Contributor address; City; State	· · · · · · · · · · · · · · · · · · ·	100.00
	9009 Ranch Bluff Ct., Benb		
	<b>'</b>		
	pation / Job title (See Instructions)	Employer (See Instruc	•
Attorney		Decker Jones	, PC
Date	Full name of contributor out-of-state_PAi	C (ID#:)	Amount of contribution (\$)
	Patricia B. Cole		
03/28/19	Contributor address; City; State		100.00
	PO Box 101058, Ft. Worth, '	TX 76185	
	pation / Job title (See Instructions)	Employer (See Instruc	•
Attorney	7	Decker Jones	s, PC

## SCHEDULE A1

The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME Gary Moa	ates		3 Filer ID (Ethics Commission Filers)		
4 Date 03/29/19	William D. Ratliff, III		7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instructions) Attorney  9 Employer (See Instructions) Decker Jones		,			
Date 04/01/19	Full name of contributor out-of-state PAG  Ted R. St. Clair, Jr.  Contributor address; City; State  817 Matisse #611, Ft. Wort		Amount of contribution (\$)		
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruction Self	tions)		
Date 04/03/19	Full name of contributor	; Zip Code	Amount of contribution (\$)		
Principal occup Self-Emp	Dation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 04/03/19	Full name of contributor out-of-state PAGE  Elton M. Hyder  Contributor address; City; State PO Box 471905, Fort Worth,	e: (ID#:)  STOR Code  TX 76147-1412	Amount of contribution (\$)		
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)		

#### SCHEDULE A1

			<del></del>
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Gary Moa	ates		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/03/19	Margaret Pace Sykes  6 Contributor address; City; State 2000 Spanish Tr., Ft. Worth	; Zip Code , TX 76107	200.00
8 Principal occu Self-Em	pation / Job title (See Instructions) ployed	9 Employer (See Instruc Self	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/05/19	Dr. & Mrs. Gregory B. Sche Contributor address; City: State 1313 Washington Terrace, Ft		100.00
	7	6107	
		Employer (See Instruc	tions)
Self-Emp	ployed	Self	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/26/19	Margaret Ann Wendell (Bebe Contributor address; City; State 8600 Thackery St., Apt. 230	; Zip Code	25.00
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date 04/05/19	Full name of contributor  out-of-state PACE  Bruce S. Barker  Contributor address; City; State 4721 Winthrop Ave. W., Ft.	; Zip Code	Amount of contribution (\$)
		76116	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	etions)

## SCHEDULE A1

		<u> </u>	
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Gary Moa	tes		
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
04/07/19	Irene Kjornes  6 Contributor address; City; State 2508 Nogales Dr., Ft. Worth	; Zip Code 1, TX 76108	25.00
8 Principal occup Self-Emp	pation / Job title (See Instructions) loyed	9 Employer (See Instruct Self	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/09/19	Timothy E. Malone  Contributor address; City; State 3644 Norfolk, Ft. Worth, TX	1000.00	
Principal occup Attorney	pation / Job title (See Instructions)	tions) s , PC	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
04/10/19	Contributor address; City; State 201 Pecan St., Ft. Worth, T		100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Emp	oloyed	Self	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
04/11/19	Contributor address; City; State 1300 Clover Ln., Ft. Worth,	150.00	
Principal occup Self-Empl	aation / Job title (See Instructions) Loyed	tions)	

## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME Gary Moa	ıtes	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#: ) Fort Worth Republican Women 04/14/19 6 Contributor address; City; State; Zip Code			7 Amount of contribution (\$) 50.00		
8 Principal occu	301 Commerce St., Ft. Worth	tions)			
Date 04/15/19	Full name of contributor out-of-state PAC  Robert H. McLean  Contributor address; City; State 226 Bailey Ave., Ste. 106,	Amount of contribution (\$)			
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instructions) Self			
Date  Full name of contributor  Robert Keffler  04/16/19  Contributor address;  City; State; Zip Code 6350 Montego Ct., Ft. Worth, TX 7611			Amount of contribution (\$)		
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)		
Date  Full name of contributor  Dan E. Lowrance  Contributor address;  Contributor address;  Contributor Contribut			Amount of contribution (\$)		
Principal occup Self-Emp	pation / Job title (See Instructions)	Employer (See Instruc Self	tions)		
I					

## SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Gary Mo	ates						
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)				
	Arnold Gachman						
04/24/19	6 Contributor address; City: State 1229 Shady Oaks Ln., Ft. W	; Zip Code	250.00				
	1229 Snady Oaks Ln., Ft. W						
		76107					
8 Principal occur Self-Em	pation / Job title (See Instructions)	9 Employer (See Instruc Self	tions)				
Deil-Em	proyec	5011					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)				
	Kyle Poulson						
04/24/19	Contributor address; City; State	: Zip Code	2500.00				
	777 Main St., Ste. 1100, F						
		76102					
	pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Self-Em <sub>l</sub>	ployed	Self					
Date	Full name of contributor	C (ID#:					
			Amount of contribution (\$)				
03/28/19	Jack and Ladye Ann Miller	🛚	500.00				
	Contributor address; City; State PO Box 2501, Ft. Worth, TX	e; Zip Code	300.00				
	FO BOX 2301, FC. WOTCH, TX	70113					
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruc	tions)				
Self-Emp	oloyed	Self					
		1					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City; State	; Zip Code					
		·					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)				
	ATTACH ADDITIONAL CODICS	NETUIO COLIEDUR E ACAM	FEREN				
	ATTACH ADDITIONAL COPIES O	DE THIS SUMEDULE AS N					

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

## SCHEDULE A1

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Gary Moa	ates		
4 Date	5 Full name of contributor  ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Reid Martin		
04/02/19	6 Contributor address; City; State	; Zip Code	5000.00
	PO Box 91588, Arlington, TX	76015	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Presiden	t	Martin Sproc	ket & Gear, Inc.
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
02/20/10	Edward L. Kemble		
03/29/19	Contributor address; City; State	100.00	
	4616 Lafayette Ave., Ft. Wo:	rth, TX 76107	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Emp	loyed	Self	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
04/06/19	Britt West Contributor address; City; State		25.00
	6308 Pamlico Rd., Ft. Worth	n, TX 76116	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Self-Emp	loyed	Serr	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
03/29/19	John Williams		
03/29/19	Contributor address; City; State	; Zip Code	200.00
	4737 Lafayette Ave., Ft. Wo		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l etions)
Self-Emp	ployed	Self	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary Moates 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:\_\_\_\_ Susan Nix 100.00 03/28/19 6 Contributor address; City; State; Zip Code 2732 Colonial Pkwy., Ft. Worth, TX 76109 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-Employed Self Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_\_\_\_\_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2:		
2 FILER NAMI	≡			3 Filer ID (Ethics Commission Filers)		
Mr. Ga:	ry Moates					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIC	SNG	\$		
5 Date 03/28/19	6 Full name of contributor □ out-of-state PAC (ID#:  Day Break Cafe & Grill  7 Contributor address; City; State; Zip Cod 2720 White Settlement Rd., Ft.		8 Amount of Contribution \$ 9 In-kind contribution description Fundraiser facilities and Check if travel outside of lexas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Restau			Self			
12 Contributor's	principal occupation (FOR JUDICIAL)	13	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 L	_aw 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		) :	Amount of In-kind contribution Contribution \$ description		
!	Contributor address; City; State; Zip Co	de				
				Check if travel outside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	E	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	(	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	1	_aw firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
11	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruction					

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gary Moates 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date . 9 In-kind contribution 6 Full name of pledgor ut-of-state PAC (ID#:\_\_ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code \_\_ Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount Full name of pledgor In-kind contribution out-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:\_ In-kind contribution Pledae \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:\_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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	ete this form.	Total pages Schedule E:     1			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Mr. Gary M	oates				
4	TOTAL OF UN	ITEMIZED LOANS		\$		
5	Date of loan	7 Name of lender out-of-state 8	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?  8 Lender address; City; State; Zip Code			State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions)				<u> </u>		
14	14 Description of Collateral  15 Check if personal funds we account (See Instructions)			deposited into political		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
			State; Zip Code			
	not applicable					
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
	Is lender a financial	Lender address; City;		Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	l on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Colla	ateral	Check if personal funds were	deposited into political		
account (See Instructions)						
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
		Guarantor address; City;	State; Zip Code			
	not applicable					
	Principal Occupati	on (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.					

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	ng Expense Food/Beverage Expense Polling Expense		Transportation Equipment & Related Expense Travel In District Travel Out Of District 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	5 Payee name					
03/28/19	Accordian Band					
6 Amount (\$)						
400.00	c/o 2720 White Settleme	ent Rd.				
	Fort Worth, TX 76107					
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE			utside of Texas. Complete Schedule T.			
OF EXPENDITURE	Event Expense	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
04/01/19	Sierra Club					
Amount (\$)	Payee address; City; State; Zip	Code				
50.00	2101 Webster St., Ste.	1300, Oakland,	CA 94612			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	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/OI	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/01/19	Tommy's Hamburgers					
Amount (\$)	Payee address; City; State; Zip	Code				
12.81	2455 Forest Park Blvd	., Ft. Worth, TX	76110			
PURPOSE	Category (See Categories listed at the top of this sci		utside of Texas. Complete Schedule T.			
OF EXPENDITURE	Food/Beverage Expense	Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NE	EDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary Moates 4 Date 5 Payee name 04/08/19 Fort Worth Business Press 6 Amount (\$) 7 Payee address; City; State; Zip Code 3509 Hulen St., Fort Worth, TX 76107 2000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 04/11/19 H&Co. Strategies Amount (\$) Payee address; City; State; Zip Code PO Box 101902, Fort Worth, TX 76185 4078.92 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Consulting Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Jersey Mike's 04/15/19 Amount (\$) City; State; Zip Code Payee address; 20.22 4833 S. Hulen St., Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Food/Beverage Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explain	Cirio (cirio d category not instead above)				
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 (\$)	7 Payee address; City; State; Z	p Code				
60.32	4850 SW Loop, Fort Wo	rth, TX 76109				
8	(a) Category (See Categories listed at the top of this s		utside of Texas. Complete Schedule T.			
PURPOSE OF			n, TX, officeholder living expense			
EXPENDITURE	Advertising Expense	CHOCK II AUSIII	, IA, Uniceriolder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/15/19	Murphy Express					
Amount (\$)	Payee address; City; State; Z	ip Code				
60.42	3015 E. Berry, Ft. Wo	orth, TX 76105				
	Category (See Categories listed at the top of this s					
PURPOSE		itside of Texas. Complete Schedule T.				
OF EXPENDITURE	Advertising Expense	Advertising Expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/15/19	Braum's					
Amount (\$)	Payee address; City; State; Z	ip Code	12			
6.35	100 University Dr., F	ort Worth, TX 7	6107			
	Category (See Categories listed at the top of this s	l — `	utside of Texas. Complete Schedule T.			
PURPOSE			•			
EXPENDITURE	Food/Beverage Expense	Cneck II Austri	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL F AS NEEDED						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District
Travel Out Of District Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary Moates 4 Date 5 Payee name Mel Henderson 04/15/19 6 Amount (\$) 7 Payee address; City; State; Zip Code 86.17 3601 Cork Place, Fort Worth, TX 76116 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Ernesto Tellez 04/16/19 Amount (\$) Payee address; City; State; Zip Code c/o 2720 White Settlement Rd., Ft. Worth, TX 76107 350.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/18/19 The Home Depot Amount (\$) Payee address; City; State; Zip Code 94.78 4850 SW Lopp, Fort Worth, TX 76109 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE OF** Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Office Overhead/Renta Food/Beverage Expense Polling Expense lade By Gift/Awards/Memorials Expense Printing Expense		Transportation Equipment & Related Expense Travel In District Travel Out Of District			
Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor how to complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
pages concess in	Gary Moates		,			
4 Date	5 Payee name					
04/19/19	Curly's					
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
7.12	4017 Camp Bowie Blvd.,	Fort Worth, TX	76107			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.			
OF EXPENDITURE	Food/Bossowage Esmonge	Check if Austin	n, TX, officeholder living expense			
EXI ENDITORE	Food/Beverage Expense					
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF						
Date	Payee name					
04/19/19	Jim Austin Online					
Amount (\$)	Payee address; City; State; Zip Code					
300.00	2401 Scott Ave., Fort Worth, TX 76103					
	Category (See Categories listed at the top of this sch					
PURPOSE			stside of Texas. Complete Schedule T.			
OF EXPENDITURE	Advertising Expense	Check if Austin	, TX, officeholder living expense			
			•			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	1					
Date	Payee name		-			
04/22/19	Cafe Chadra					
01,22,13	Care Chadra					
Amount (\$)	Payee address; City; State; Zip	Code				
14.49	1622 Park Place Ave.,	Fort Worth, TX	76110			
	Category (See Categories listed at the top of this sol	hedule) Description				
PURPOSE	,	Check if travel or	utside of Texas. Complete Schedule T.			
OF EXPENDITURE	Food/Beverage Expense	Check if Austir	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

**Event Expense** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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 3 Filer ID (Ethics Commission Filers) Gary Moates 4 Date 5 Payee name 04/28/19 Ernesto Tellez 6 Amount (\$) 7 Payee address; City; State; Zip Code c/o 2720 White Settlement Rd., Fort Worth, TX 50.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Advertising Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

···· <u></u>						
	EXPENDITURE CATEGORIES FOR BOX 10(a)					
0	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment Office Overhead/ Polling Expense Printing Expense Salaries/Wages/Gains how to comple	Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			The matraction datas expit			
1	Total pages Schedule F2:	2 FILER	NAME Gary Moates			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEM	/IIZED UN	PAID INCURRED OBL	IGATIONS		\$
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) Catego	ory (See Categories listed at the top of	this schedule)		rn travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
11	11 Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held					
	Date	Payee	name			
	Amount (\$)	Payee	address; City; State	; Zip Code		
	TYPE OF EXPENDITURE		Political	Non-Political		
	PURPOSE OF EXPENDITURE	Catego	ory (See Calegories listed at the top o	(this schedule)		on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:			
2 FILER NAME		1 3 Filer ID (Ethics Commission Filers)			
		Ther ID (Ethics Commission Filers)			
	ry Moates				
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; Cit				
	Address of person from whom investment is purchased,	y; State; Zip Code			
	7 Description of investment	-			
	8 Amount of investment (\$)				
	<u> </u>				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City	y; 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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/0		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide explain	s how to comple	ete this form.	
1 Total pages Schedule F4:	2 FILERI Mr.	NAME Gary Moates			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACREDI	TCARD	\$
5 Date	6 Payee	name			
7 Amount (\$)	7 Amount (\$) 8 Payee address; City; State; Zip Code				
9 TYPE OF EXPENDITURE	ı	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Catego	ory (See Calegories lisled at the top of th	s schedule)		travel outside of Texas. Complete Schedule T.  If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oi	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee	name			
Amount (\$)	Payee	address; City; State;	Zip Code		
TYPE OF EXPENDITURE		Political	Non-Politica	I	
PURPOSE OF EXPENDITURE	Catego	Ory (See Categories listed at the top of th	is schedule)		travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ididate / Officeholder name	Office	sought	Office held
					7.
	ATTA	CH ADDITIONAL COPIES O	F THIS SCH	DULE AS NE	EDED

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District
Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Gary Moates 4 Date 5 Payee name City; State; Zip Code 6 Amount (\$) 7 Payee address; Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** \_\_\_ Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME Mr. Gary Moates 4 Date 5 Business name 6 Amount (\$) 7 Business address; City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE |

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
1	Mr. Gary Moates						
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

## 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:					
	R NAME	s Commission Filers)						
4 Date	9	5 Name of person from whom amount is received		8 Amount (\$)				
		6 Address of person from whom amount is received; City; State; Zip Code						
		7 Purpose for which amount is received Check if political contribution returned to filer						
Date	е	Name of person from whom amount is received Amount (\$)						
		Address of person from whom amount is received; City; State; Zip Code						
		Purpose for which amount is received Check if	political contribution	returned to filer				
Date	e	Name of person from whom amount is received	Amount (\$)					
		Address of person from whom amount is received; City; State;	Zip Code					
		Purpose for which amount is received Check if	political contribution	returned to filer				
Dat	e	Name of person from whom amount is received		Amount (\$)				
		Address of person from whom amount is received; City; State						
		Purpose for which amount is received Check if	political contribution	returned to filer				
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## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instru	ıction Guide	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 / Expend Schedule A2 Schedule F2  6 Dates of travel	Sched	dule B edule F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
	8 Departure city or name of departure location								
	9 Destination city or name of destination location								
10 Means of transportation									
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee									
Contribution / Expend	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2  Dates of travel		Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S  Name of person(s) traveling			Schedule COH-UC Schedule B-SS				
	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 / Expend	liture reported	l on:							
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1				
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel	Name of person(s) traveling								
	Departure city or name of departure location								
	Destination city or name of destination location								
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									