


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 35 (incl. affidavit)		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received		
	Mr.	Gary	M.	 BY: <i>[Signature]</i>		
NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt #			Amount \$
	5 ORIGINAL PERIOD COVERED		Date Processed		Date Imaged	
Month		Day	Year	Month	Day	Year
03 / 26 / 2019		THROUGH	04 / 24 / 2019			

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gary M. Moates, this the 30<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Angela D. Patton  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**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**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  34
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. Gary M. Moates	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	801 Cherry St., Ste. 2000, Unit #46 Fort Worth, TX 76102		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817 )	632-4908	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Mr. Robert G. Bob West	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	8848 Heron Dr., Ft. Worth, TX 76108-9727		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 817 )	878-0511	
<b>9</b> REPORT TYPE	<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)		
<b>10</b> PERIOD COVERED	Month      Day      Year		Month      Day      Year
	03 / 26 / 2019		THROUGH 04 / 24 / 2019
<b>11</b> ELECTION	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	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)
			Tarrant Regional Water District Board of Directors

**OFFICE USE ONLY**

Date Received

**RECEIVED**

MAY 02 2019

BY: .....

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**14 C/OH NAME**  
Mr. Gary Moates

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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

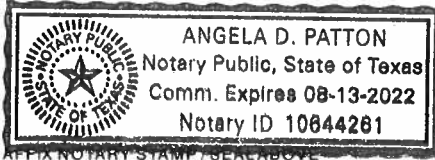
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,591.60
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 60,554.84
<b>OUTSTANDING LOAN TOTALS</b>	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.



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

*Gary M. Moates*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gary M. Moates, this the 30<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

*Angela D. Patton*  
Signature of officer administering oath

Angela D. Patton  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Mr. Gary Moates		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1 Total pages Schedule A1:</b> 14
<b>2 FILER NAME</b> Gary Moates		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 03/26/19	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter Llewellyn <b>6 Contributor address; City; State; Zip Code</b> 3535 W. 7th St., Fort Worth, TX 76107	<b>7 Amount of contribution (\$)</b>  50.00
<b>8 Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>9 Employer (See Instructions)</b> Self
<b>Date</b> 03/26/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Will A. Courtney <b>Contributor address; City; State; Zip Code</b> PO Box 121488, Fort Worth, TX 76121-1488	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/27/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beth Krugler <b>Contributor address; City; State; Zip Code</b> 306 W. Broadway Ave., Fort Worth, TX 76104	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> Self
<b>Date</b> 03/27/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) James Webb <b>Contributor address; City; State; Zip Code</b> 777 Main St., Ste. 1300, Fort Worth, TX 76102	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> 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#: _____) 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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**  
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# 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Huff 6 Contributor address; City; State; Zip Code 10300 W. Rocky Creek Rd., Crowley, TX 76036	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay Day Contributor address; City; State; Zip Code 3917 Hamilton Ave., Ft. Worth, TX 76107	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
Date 3/28/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda N. Duncan Contributor address; City; State; Zip Code 1316 Virginia Pl., Ft. Worth, TX 76107	Amount of contribution (\$) 25.00
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#: _____) James D. Tate Contributor address; City; State; Zip Code 653 Donna Ct., Burleson, TX 76028	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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#: _____) 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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#: _____) Frank Newman 6 Contributor address; City; State; Zip Code 8244 Killdeer Cir., Ft. Worth, TX 76108	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 03/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Dayton Contributor address; City; State; Zip Code 4612 Birchman, Ft. Worth, TX 76107	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) T.A. Howeth Contributor address; City; State; Zip Code 6224 Curzon Ave., Ft. Worth, TX 76116-4603	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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Goodman Contributor address; City; State; Zip Code 2609 White Settlement Rd., Ft. Worth, TX 76107	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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**  
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# 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 03/29/19	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Gary Moates		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/07/19	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irene Kjornes <b>6</b> Contributor address; City; State; Zip Code 2508 Nogales Dr., Ft. Worth, TX 76108	<b>7</b> Amount of contribution (\$) 25.00
<b>8</b> Principal occupation / Job title (See Instructions) Self-Employed		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 04/09/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Timothy E. Malone <b>Contributor address; City; State; Zip Code</b> 3644 Norfolk, Ft. Worth, TX 76109	<b>Amount of contribution (\$)</b> 1000.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Decker Jones, PC
<b>Date</b> 04/10/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee O. Rogers <b>Contributor address; City; State; Zip Code</b> 201 Pecan St., Ft. Worth, TX 76102	<b>Amount of contribution (\$)</b> 100.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> Self
<b>Date</b> 04/11/19	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caroline Jackson <b>Contributor address; City; State; Zip Code</b> 1300 Clover Ln., Ft. Worth, TX 76107	<b>Amount of contribution (\$)</b> 150.00
<b>Principal occupation / Job title (See Instructions)</b> Self-Employed		<b>Employer (See Instructions)</b> Self

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold Gachman 6 Contributor address; City; State; Zip Code 1229 Shady Oaks Ln., Ft. Worth, TX 76107	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Self
Date 04/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle Poulson Contributor address; City; State; Zip Code 777 Main St., Ste. 1100, Ft. Worth, TX 76102	Amount of contribution (\$) 2500.00
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#: _____) Jack and Ladye Ann Miller Contributor address; City; State; Zip Code PO Box 2501, Ft. Worth, TX 76113	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Self-Employed		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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Gary Moates		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/19	5 Full name of contributor <input type="checkbox"/> 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 <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 04/06/19	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

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#: \_\_\_\_\_)

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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 7 Contributor address; City; State; Zip Code 2720 White Settlement Rd., Ft. Worth 76107	8 Amount of Contribution \$ 1500.00	9 In-kind contribution description Fundraiser facilities and food <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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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

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**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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: 1
<b>2</b> FILER NAME Mr. Gary Moates		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> none		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/28/19	<b>5</b> Payee name Accordian Band	
<b>6</b> Amount (\$) 400.00	<b>7</b> Payee address; City; State; Zip Code c/o 2720 White Settlement Rd. Fort Worth, TX 76107	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 04/01/19	Payee name Sierra Club	
Amount (\$) 50.00	Payee address; City; State; Zip Code 2101 Webster St., Ste. 1300, Oakland, CA 94612	
<b>PURPOSE OF EXPENDITURE</b>	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
	<b>9</b> 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/08/19	<b>5</b> Payee name Fort Worth Business Press	
<b>6</b> Amount (\$)  2000.00	<b>7</b> Payee address; City; State; Zip Code  3509 Hulen St., Fort Worth, TX 76107	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/11/19	Payee name H&Co. Strategies	
Amount (\$) 4078.92	Payee address; City; State; Zip Code PO Box 101902, Fort Worth, TX 76185	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Gary Moates		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/15/19		<b>5</b> Payee name The Home Depot			
<b>6</b> Amount (\$) 60.32		<b>7</b> Payee address; City; State; Zip Code 4850 SW Loop, Fort Worth, TX 76109			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/15/19		Payee name Murphy Express			
Amount (\$) 60.42		Payee address; City; State; Zip Code 3015 E. Berry, Ft. Worth, TX 76105			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/15/19		Payee name Braum's			
Amount (\$) 6.35		Payee address; City; State; Zip Code 100 University Dr., Fort Worth, TX 76107			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 04/15/19	<b>5</b> Payee name Mel Henderson				
<b>6</b> Amount (\$) 86.17	<b>7</b> Payee address; City; State; Zip Code 3601 Cork Place, Fort Worth, TX 76116				
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 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				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 04/18/19	Payee name The Home Depot				
Amount (\$) 94.78	Payee address; City; State; Zip Code 4850 SW Lopp, Fort Worth, TX 76109				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/19/19	<b>5</b> Payee name Curly's	
<b>6</b> Amount (\$) 7.12	<b>7</b> Payee address; City; State; Zip Code 4017 Camp Bowie Blvd., Fort Worth, TX 76107	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/19/19	Payee name Jim Austin Online	
Amount (\$) 300.00	Payee address; City; State; Zip Code 2401 Scott Ave., Fort Worth, TX 76103	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/22/19	Payee name Cafe Chadra	
Amount (\$) 14.49	Payee address; City; State; Zip Code 1622 Park Place Ave., Fort Worth, TX 76110	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/28/19	<b>5</b> Payee name Ernesto Tellez
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<b>6</b> Amount (\$) 50.00	<b>7</b> Payee address; City; State; Zip Code c/o 2720 White Settlement Rd., Fort Worth, TX 76107
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

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

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

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

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

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

<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

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

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

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

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

## SCHEDULE F3

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F3: <div style="text-align: center; margin-top: 5px;">1</div>
<b>2</b> FILER NAME <div style="margin-top: 5px;">Mr. Gary Moates</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased  .....	
	<b>6</b> Address of person from whom investment is purchased;                      City;                      State;                      Zip Code  .....	
	<b>7</b> Description of investment  .....	
	<b>8</b> Amount of investment (\$)	
Date	Name of person from whom investment is purchased  .....	
	Address of person from whom investment is purchased;                      City;                      State;                      Zip Code  .....	
	Description of investment  .....	
	Amount of investment (\$)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1	<b>2</b> FILER NAME Mr. Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date	<b>6</b> Payee name	
<b>7</b> Amount (\$)	<b>8</b> Payee address; City; State; Zip Code	
<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H: 1	<b>2</b> FILER NAME Mr. Gary Moates	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date	<b>5</b> Business name				
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

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

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# 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		

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

## SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: <b>1</b>
<b>2</b> FILER NAME Mr. Gary Moates		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling	
	<b>8</b> Departure city or name of departure location	
	<b>9</b> Destination city or name of destination location	
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> 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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