

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

GAIL MOORE

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

17 CONTRIBUTION TOTALS

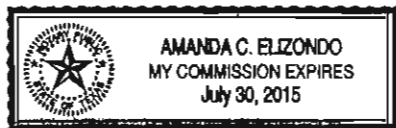
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <i>0</i>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>832.00</i>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <i>0</i>
4. TOTAL POLITICAL EXPENDITURES	\$ <i>832.93</i>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.

B. Gail Moore
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *B. Gail Moore*, this the *23rd* day of *JAN.*, 20 *12*, to certify which, witness my hand and seal of office.

Amanda C. Elizondo
Signature of officer administering oath

Amanda C. Elizondo
Printed name of officer administering oath

City Sec'y.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **1 of 2**

2 FILER NAME

GAIL MOORE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-11-11

5 Full name of contributor out-of-state PAC (ID#)

RUBEN PENA

6 Contributor address; City; State; Zip Code

**2900 CENTRAL BLVD
SUITE B BROWNSVILLE TX 78520**

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-9-11

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

JUAN DELA FUENTE

Contributor address; City; State; Zip Code

**717 TOWN LANE
HARLINGEN TX 78550**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-11

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

FRANCIS DE LEON

Contributor address; City; State; Zip Code

**1217 E. BOWIE ST
HARLINGEN TX 78550**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-16-11

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

CHARLES LEE

Contributor address; City; State; Zip Code

**15834 PALM VISTA DR
HARLINGEN TX 78552-6444**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

ADVERTISING

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-11

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

MARY UNDERHILL

Contributor address; City; State; Zip Code

**709 TOWN LANE
HARLINGEN TX 78550**

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.
2 of 2

2 FILER NAME
GAIL MOORE

3 ACCOUNT # (Ethics Commission Filers)

4 Date
12-9-11

5 Full name of contributor out-of-state PAC (ID# _____)
ROY SALAZAR
6 Contributor address; City, State; Zip Code
2925 CLIFFORD ST
HARLINGEN TX 78550

7 Amount of contribution (\$)
\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12-9-11

Full name of contributor out-of-state PAC (ID# _____)
BERNARD J. MOORE
Contributor address; City, State; Zip Code
709 TOWN LANE
HARLINGEN TX 78550

Amount of contribution (\$)
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-14-11

Full name of contributor out-of-state PAC (ID# _____)
DORTHY NESMITH
Contributor address; City, State; Zip Code
729 TOWN LANE
HARLINGEN TX 78550

Amount of contribution (\$)
\$202.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-16-11

Full name of contributor out-of-state PAC (ID# _____)
GARY KNIGHT
Contributor address; City, State; Zip Code
126 BRENTWOOD
HARLINGEN TX 78550

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50.00
"EVENT SPACE" DONATION

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12-16-11

Full name of contributor out-of-state PAC (ID# _____)
JERRY PROPE JCHAL
Contributor address; City, State; Zip Code
722 N. EYE ST.
HARLINGEN TX 78550

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$60.00
EVENT - FOOD

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 4</i>	2 FILER NAME <i>GAIL MOORE</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>12-11-11</i>	5 Payee name <i>VALLEY MORNING STAR</i>	
6 Amount (\$) <i>377.00</i>	7 Payee address; City; State; Zip Code <i>1310 SOUTH COMMERCE ST. HARLINGEN TX 78550</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-12-11</i>	Payee name <i>VALLEY MORNING STAR</i>	
Amount (\$) <i>37.93</i>	Payee address; City; State; Zip Code <i>1310 SOUTH COMMERCE ST. HARLINGEN TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-15-11</i>	Payee name <i>VALLEY MORNING STAR</i>	
Amount (\$) <i>377.00</i>	Payee address; City; State; Zip Code <i>1310 SOUTH COMMERCE ST HARLINGEN TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-10-11</i>	Payee name <i>JERRY DEAL</i>	
Amount (\$) <i>41.00</i>	Payee address; City; State; Zip Code <i>502 S. LOOP 499 A-4 HARLINGEN TX 78550</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING EXP</i>	Description (If travel outside of Texas, complete Schedule T)
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **


1 C/OH NAME

GAIL MOORE

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 1		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed			
	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report		Date Imaged			
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	12	9	11	THROUGH	12	15	12

6 EXPLANATION OF CORRECTION *JAN. 15 REPORT DELAYED DUE TO LACK OF CLERIFICATION & RECEIPTS OF DONOR INFORMATION - DISCUSSION WITH ETHICS COMMISSION OCCURED PRIOR TO @ DUE DATE. ADVISED BY ETHIC COMMISSION TO SUBMIT REPORT & FINAL REPORT WITH EXPLANATION. ALSO MEMORIAL SERVICE IN KENTUCKY (NEPHEWS UNEXPECTED DEATH)*

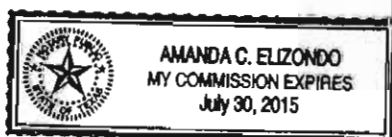
7 AFFIDAVIT


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

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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 (excluding semiannual reports due on or after September 1, 2011): 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said B. Gail Moore, this the 23rd day of JAN., 2012, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Secy.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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