

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> 
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">B. GAIL</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">MOORE</div>	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="text-align: center; font-size: 1.2em;">709 TOWN LANE HARLINGEN TX 78850</div>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (502)      594 3611		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.2em;">BERNARD J</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.2em;">JERRY MOORE</div>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="text-align: center; font-size: 1.2em;">709 TOWN LANE HARLINGEN TX 78850</div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (956)      742 1933		
<b>9 REPORT TYPE</b>	<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 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 11 / 17 / 11      THROUGH      12 / 08 / 11		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 12 / 16 / 11	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)  <div style="text-align: center;">—</div>	<b>13 OFFICE SOUGHT (if known)</b>  COMMISSIONER DIST 1 HARLINGEN TX	
GO TO PAGE 2			

# 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *300.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1903.65*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1783.19*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *120.46*

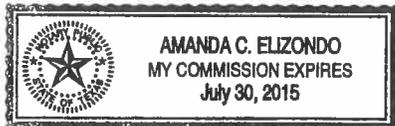
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.



*Gail Moore*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *G. Gail Moore*, this the *8th* day of *Dec.*, 20 *11*, 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 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		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 1 of 2		2 FILER NAME GAIL MORSE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12-5-11		5 Payee name CHAPITA'S RESTAURANT			
6 Amount (\$) 773.50		7 Payee address: City: State: Zip Code 1635 N 77 SUNSHINE STRIP HARLINGEN TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE		(b) Description (if travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-2-11		Payee name M-S DESIGN			
Amount (\$) 108.25		Payee address: City: State: Zip Code 424 W HARRISON HARLINGEN TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (if travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-5-11		Payee name W. K ASSOCIATES ADVERTISING			
Amount (\$) \$ 710.00		Payee address: City: State: Zip Code 1638 HAMILTON ST. HARLINGEN TX 78550-8271			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (if travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12-8-11		Payee name DON ENGLISH			
Amount (\$) \$ 80.00		Payee address: City: State: Zip Code APT 5 110 MADISON ST HARLINGEN TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TRAVEL IN DISTRICT		Description (if travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: <b>2 of 2</b>		2 FILER NAME <b>GAIL MOORE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11-17-11</b>		5 Payee name <b>SPEEDY STOP #76</b>			
6 Amount (\$) <b>32.04</b>		7 Payee address: City, State, Zip Code <b>HARLINGEN TX 78550</b>			
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)	
		<b>TRAVEL INDISTRICT</b>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12-2-11</b>		Payee name <b>DICK OFFICE SUPPLY</b>			
Amount (\$) <b>18.<sup>40</sup></b>		Payee address: City, State, Zip Code <b>1009 S 77 SUNSHINE STRIP HARLINGEN TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<b>PRINTING EXPENSE</b>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12-7-11</b>		Payee name <b>CITY OF HARLINGEN</b>			
Amount (\$) <b>1.10</b>		Payee address: City, State, Zip Code <b>1108 E TYLER AVE PO BOX 2207 HARLINGEN TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<b>POLLING EXPENSE</b>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12-8-11</b>		Payee name <b>FRED RONDON</b>			
Amount (\$) <b>\$160.00</b>		Payee address: City, State, Zip Code <b>1749 APPLE COURT HARLINGEN TX 78550</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		<b>TRAVEL INDISTRICT</b>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 11	
2 FILER NAME GAIL MOORE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-30-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FUND RAISER TICKET SALES PLATELUNCH 6 Contributor address: City: State: Zip Code (CHAPITAS)	7 Amount of contribution (\$) 892.65	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12-05-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FUND RAISER TICKET SALES PLATELUNCH Contributor address: City: State: Zip Code (CHAPITAS)	Amount of contribution (\$) 268.50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-1-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DAVID WISE Contributor address: City: State: Zip Code 22877 HAND RD. HARLINGEN TX 78552	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) CAR SALES		Employer (See Instructions)	
Date 12-2-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FUND RAISER TICKET SALES PLATELUNCH Contributor address: City: State: Zip Code (CHAPITAS)	Amount of contribution (\$) 442.50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-7-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GONZALEZ, RIOS Contributor address: City: State: Zip Code 1105 LEGGETT ST HARLINGEN TX 78550	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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