

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed

8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 NICKNAME **B. GAIL** LAST **MOORE** SUFFIX

OFFICE USE ONLY

Date Received

 Date Hand-Delivered or Postmarked
 Receipt #
 Date Processed
 Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 change of address

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
709 TOWN LANE DR HARLINGEN TX 78550

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) - 990 - 2644 - C
502 - 594 - 3611 - C

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 NICKNAME **BERNARD J.** LAST **MOORE** SUFFIX

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
709 TOWN LANE DR HARLINGEN TX 78550

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 742-1733

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
10 / 11 / 11 THROUGH 11 / 16 / 11

11 ELECTION

CITY COMMISSIONER
DEC-16-2011

ELECTION DATE
 Month Day Year
12 / 16 2011

ELECTION TYPE

Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
NA

13 OFFICE SOUGHT (if known)

COMMISSIONER DIST. #1

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box Apt / Suite # City State Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

B. GAIL MOORE

16 ACCOUNT # (Ethics Commission Filers)

17 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

GAIL MOORE CAMPAIGN

COMMITTEE ADDRESS

709 TOWN LANE ^{DR.} HARLINGEN TEXAS 78550

COMMITTEE CAMPAIGN TREASURER NAME

BERNARD J MOORE

COMMITTEE CAMPAIGN TREASURER ADDRESS

709 TOWN LANE DR. HARLINGEN TEXAS 78550

additional pages

18 CONTRIBUTION TOTALS

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

\$ **365.00**

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

\$ **3065.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$ **0**

4. TOTAL POLITICAL EXPENDITURES

\$ **3035.73**

CONTRIBUTION BALANCE

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

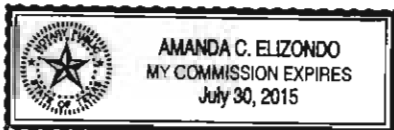
\$ **29.27**

OUTSTANDING LOAN TOTALS

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

\$ **0**

19 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 Gail Moore, this the 16th day of Nov., 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 Secretary
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 4	
2 FILER NAME GAIL MOORE		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 10-11-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) DIAL DUNKIN	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address City, State Zip Code PO BOX 2184 HARLINGEN TX 78551		(If travel outside of Texas complete Schedule T)	
9 Principal occupation / Job title (See Instructions) BUINESS MAN		10 Employer (See Instructions)	
Date 10-11-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BERNARD J. MOORE	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address City, State Zip Code 709 TOWNLANE HARLINGEN TX 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions) TECHNICIAN		Employer (See Instructions)	
Date 10-13-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JORTTY NESMITH	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address City, State Zip Code 729 TOWNLANE HARLINGEN TX 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions) M.D. (DOCTOR)		Employer (See Instructions)	
Date 10-20-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ELIZABETH UNDERHILL	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address City, State Zip Code 709 TOWNLANE HARLINGEN TX 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions) STYLIST		Employer (See Instructions)	
Date 10-20-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BAIAN UNDERHILL	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address City, State Zip Code 709 TOWNLANE HARLINGEN TX 78550		(If travel outside of Texas complete Schedule T)	
Principal occupation / Job title (See Instructions) HANDY MAN		Employer (See Instructions)	

750.00

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:

4

2 FILER NAME

GAIL MOORE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10-28

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

Nelda Rendon

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

1749 APPLE COAT HARLINGEN TX 78550

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

MAR KEETING

10 Employer (See Instructions)

Date

10-29

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

DAVID GARCIA

Amount of contribution (\$)

1,00.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

1750 APPLE CT. Harlingen, TX. 78550

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

REAL ESTATE

Employer (See Instructions)

Date

10-30-11

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

COURTNEY UNDERHILL

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

1601 HAVERHURD BLVD T/A 302 - HARLINGEN TX 78552

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

HOUSEWIFE

Employer (See Instructions)

Date

10-30-11

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

SANDY HARBIN

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

16103 ORANGE DR 78552

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SENIOR CITIZEN AID

Employer (See Instructions)

Date

11-10-11

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

BERNARD J. MOORE

Amount of contribution (\$)

30.00

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

709 TOWN LAKE HARLINGEN TX 78550

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TECHNICIAN

Employer (See Instructions)

T 240

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

4

2 FILER NAME **GAIL MOORE**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10-20-11

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

7 Amount of contribution (\$) **500.00**

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code
18 AGUSTA DR. LAFAYETTE VISTA TX 78578

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
RETIRED TECH (computer)

10 Employer (See Instructions)

Date
10-24-11

Full name of contributor out-of-state PAC (ID# _____)
BETTY DEVLIN
Contributor address, City, State, Zip Code
16041 ORANGE DR HARLINGEN, TX 78559

Amount of contribution (\$) **\$350.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date
10-21-11

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 (\$) **650.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
RETIRED

Employer (See Instructions)

Date
10-23-11

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 (\$) **400.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
TECHNICIAN

Employer (See Instructions)

Date
10-28-11

Full name of contributor out-of-state PAC (ID# _____)
FRED RENDON
Contributor address, City, State, Zip Code
1749 APPLE COURT 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)
VETERANS AID

Employer (See Instructions)

1950

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 4	
2 FILER NAME GAIL MOORE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10-29-11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DF) 6 Contributor address: City, State, Zip Code 1202 RID Honda Rd HARLINGEN, TX. 78550	7 Amount of contribution (\$) \$2500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) RETIRED NEWS PAPER DEL.		10 Employer (See Instructions)	
Date 10-26-11	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF) 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)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF) Contributor address: City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF) Contributor address: City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DF) Contributor address: City, State, Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

1975

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

1 of 2

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	2 FILER NAME B. GAIL MOORE	3 ACCOUNT # (Ethics Commission Filer)
4 Date 10-18-11	5 Payee name GO DADDY PRINTER	
6 Amount (\$) 20.14	7 Payee address City State Zip Code DOMAIN ELECT GAIL.COM	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule.) WEB DESIGN & CAMPAIGN	(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 10-18-11	Payee name CITY OF HARLINGEN	
Amount (\$) 15.20	Payee address City State Zip Code 101 E TYLER AVE HARLINGEN TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule.) COPIES	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	Payee name SPEED STOP # 76	
Amount (\$) 53.00	Payee address City State Zip Code HARLINGEN TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule.) GAS-OIL VEHICLE	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 10-20-11	Payee name M-5 DESIGNS	
Amount (\$) 2000.00	Payee address City State Zip Code 424 W HARLISON CITY 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule.) CAMPAIGN SIGNS	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

2 of 2

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 Candidate/Officeholder/Political Committee
Event Expense	Printing Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees		Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F		2 FILER NAME B. GAIL MOORE		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 11-4-2011		5 Payee name MS DESIGNS			
6 Amount (\$) 481.71		7 Payee address City State Zip Code 424 W HARRISON 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) SIGNS + STAKES		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date 11-10-11		Payee name MS DESIGNS			
Amount (\$) 255.47		Payee address City State Zip Code 424 W. HARRISON HALLINGEN TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date 10-13-11		Payee name STUDIO OF ART			
Amount (\$) 108.25		Payee address City State Zip Code 721 MARKOWSKY AV. HALLINGEN TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PICTURES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date 10-26-11		Payee name JERRY DEAL			
Amount (\$) \$100.00		Payee address City State Zip Code 502 S LOOP 499 A-4 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) WEB AD		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED