

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. B. Gail	FIRST Gail	MI
	NICKNAME	LAST Moore	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	709 Town Lane Dr Harlingen TX 78580		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 970 - 8296	EXTENSION
	MS / MRS / MR Dr.	FIRST Dorothy	MI S.
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST Nesmith	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	729 Town Lane Dr Harlingen, Texas 78550		
	AREA CODE (956)	PHONE NUMBER 792 - 2881	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month	Day	Year
	4	8	2013
11 ELECTION	Month	Day	Year
	5	11	2013
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			City Commissioner District 1
GOTO PAGE 2			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Gail Moore

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/9/13

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

Dorothy S. Nesmith

6 Contributor address; City; State; Zip Code

729 Town Lane
Harlingen, TX 78550

7 Amount of contribution (\$)

\$50⁰⁰

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/10/13

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

Charles E. Lee

Contributor address; City; State; Zip Code

15834 Palm Vista Dr
Harlingen, TX 78552

Amount of contribution (\$)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/13

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

Fundraiser @ Chapitas Restaurant

Contributor address; City; State; Zip Code

1035 N. 77 Sunshine Strip
Harlingen, TX 78550

Amount of contribution (\$)

~~\$675⁰⁰~~
\$677⁷⁵

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

DSN

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/13

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

Alma & George Van Wagner

Contributor address; City; State; Zip Code

1601 Palm Valley Dr. East
Harlingen, TX 78552

Amount of contribution (\$)

\$100⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/13

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

Arnold & Cynthia Proledo

Contributor address; City; State; Zip Code

701 Country Drive
Harlingen, TX 78550

Amount of contribution (\$)

\$67⁵⁰

(already included in Chapita totals)

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

2 FILER NAME

B. Gail Moore

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/19/13

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

David Wise

7 Amount of contribution (\$)

\$50⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

22877 Hand Road
Harlingen TX 79552

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/19/13

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

Cris C. Wise

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

22877 Hand Road
Harlingen, TX 79552

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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: 4	2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/9/13	5 Payee name Stitch Gallery	
6 Amount (\$) \$156⁵³	7 Payee address; City; State; Zip Code PO Box 2729 Harlingen, TX 78551 www.stitchgallery.net	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) 10 Campaign Cotton/Poly T-shirts	(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 4/11/13	Payee name Chapitas Restaurant & Catering	
Amount (\$) \$375⁰⁰	Payee address; City; State; Zip Code 1635 N. 77 Sunshine Strip Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraiser BBQ Plates.	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 4/13/13	Payee name Office Depot Store #526	
Amount (\$) \$83³⁰	Payee address; City; State; Zip Code 605 S. Expressway 83 Harlingen, TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Business Cards & Campaign letter photocopies	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 4/16/13	Payee name MS Designs	
Amount (\$) \$351⁸¹	Payee address; City; State; Zip Code 1405 S. Palm Court Dr Harlingen, TX 78553	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Website Domain Package	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

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: 4		2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/15/13		5 Payee name Ms Designs			
6 Amount (\$) \$18⁰⁰		7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78552			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Campaign Sign Stickers		(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 4/16/13		Payee name The UPS Store #2898			
Amount (\$) \$85⁵²		Payee address; City; State; Zip Code 1327 E. Washington Harlingen, TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Photocopies		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 4/17/13		Payee name Jamar Printing			
Amount (\$) \$237⁰⁷		Payee address; City; State; Zip Code 925 S. 77 Sunshine Strip Harlingen, TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) 20 24"x18" 2sided 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	
Date 4/17/13		Payee name Ms Designs			
Amount (\$) \$100⁰⁰		Payee address; City; State; Zip Code 1405 S. Palm Court Dr Harlingen TX 78552			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) 5 4x4' Digital 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	

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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: 4		2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/17/13		5 Payee name Ms Designs			
6 Amount (\$) \$825		7 Payee address; City; State; Zip Code 1405 S. Palm Court Drive Harlingen, TX 78552			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) 5 4x4 Digital Signs		(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 4/20/13		Payee name Office Depot Store # 526			
Amount (\$) \$3664		Payee address; City; State; Zip Code 605 S. Expressway 83 Harlingen, TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) 400 B/w photocopies		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 4/24/13		Payee name Subway Sandwiches & Salads #11865			
Amount (\$) \$1461		Payee address; City; State; Zip Code 715-A N. 77 Sunshine Strip Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) "Team" meeting food.		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 4/25/13		Payee name Quips & Quotes			
Amount (\$) \$1380		Payee address; City; State; Zip Code 709 N. 77 Sunshine Strip Harlingen, TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Postage Stamps for Absentee Voting envelope		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	

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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: <p style="text-align:center; font-size: 2em;">4</p>	2 FILER NAME <p style="font-size: 1.5em;">B. Gail Moore</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="font-size: 1.5em;">4/27/13</p>	5 Payee name <p style="font-size: 1.5em;">Sam's Club</p>	
6 Amount (\$) <p style="font-size: 1.5em;">\$18.47</p>	7 Payee address; City; State; Zip Code <p style="font-size: 1.5em;">Brownsville Texas</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="font-size: 1.5em;">Victory Party Supplies</p>	(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 <p style="font-size: 1.5em;">4/27/13</p>	Payee name <p style="font-size: 1.5em;">Sam's Club</p>	
Amount (\$) <p style="font-size: 1.5em;">\$139.23</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">Brownsville Texas</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="font-size: 1.5em;">Victory Party Supplies</p>	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 <p style="font-size: 1.5em;">4/29/13</p>	Payee name <p style="font-size: 1.5em;">Jamar Printing</p>	
Amount (\$) <p style="font-size: 1.5em;">\$94.65</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">925 S. 77 Sunshine Strip Harlingen, Texas 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="font-size: 1.5em;">1000 4x6 color push cards</p>	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 <p style="font-size: 1.5em;">4/29/13</p>	Payee name <p style="font-size: 1.5em;">Dick's Office Supply - Harlingen</p>	
Amount (\$) <p style="font-size: 1.5em;">\$23.82</p>	Payee address; City; State; Zip Code <p style="font-size: 1.5em;">1009 S. 77 Sunshine Strip Harlingen, TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="font-size: 1.5em;">400 Photocopies</p>	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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 4/9/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$156⁸³
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	10 Interest rate N/A
		11 Maturity date 7-11-13
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/15/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$18⁰⁰
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code 709 Town Lane Dr. Harlingen Texas 78550	Interest rate N/A
		Maturity date 7-11-13
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 4/17/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$100 ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	10 Interest rate N/A
		11 Maturity date 7-18-13
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/20/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$34 ⁰⁴
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	Interest rate N/A
		Maturity date 7-11-13
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 6

2 FILER NAME B. Gail Moore 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 4/24/13 7 Name of lender B. Gail Moore 9 Loan Amount (\$) \$1461

6 Is lender a financial institution? Y (N) 8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 79550 10 Interest rate N/A

11 Maturity date 7-11-13

12 Principal occupation / Job title (See Instructions) Retired 13 Employer (See Instructions)

14 Description of Collateral none 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor 18 Guarantor address; City; State; Zip Code 19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions) 21 Employer (See Instructions)

Date of loan 4/24/13 Name of lender B. Gail Moore Loan Amount (\$) \$250.00

Is lender a financial institution? Y (N) Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550 Interest rate N/A

Maturity date 7-11-13

Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Guarantor address; City; State; Zip Code Amount Guaranteed (\$)

Principal Occupation (See Instructions) Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 4/25/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$ 13⁸⁰
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 709 Town Lane Harlingen Texas 78550	10 Interest rate N/A
		11 Maturity date 7-11-13
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/27/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$ 18⁴⁷
Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	Interest rate N/A
		Maturity date 7-11-13
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
Principal Occupation (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 4/27/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$139²³
6 Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 709 Town Lane Drive Harlingen, Texas 78550	10 Interest rate N/A
		11 Maturity date 7-11-13
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/29/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$94.⁶⁵
Is lender a financial Institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	Interest rate N/A
		Maturity date 7-11-13
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

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LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 4/29/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$23,02
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	10 Interest rate N/A
		11 Maturity date 7-11-13
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 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 <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME B. 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>Gail Moore Campaign</u>
	COMMITTEE ADDRESS	<u>709 Town Lane Dr Harlingen Texas 78550</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Dorothy S. Nesmith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>729 Town Lane Dr. Harlingen TX 78550</u>

17 CONTRIBUTION TOTALS

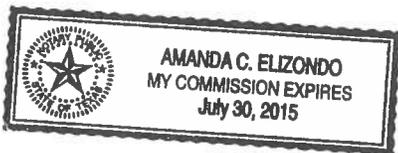
1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>235.²⁵</u>
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1027.⁷⁵</u>
3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
4.	TOTAL POLITICAL EXPENDITURES	\$ <u>1756.⁷⁶</u>
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>93.³⁴</u>
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2141.¹⁰</u>

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 3 day of May, 20 13, 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