

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	OFFICE SECRETARY'S OFFICE RECEIVED MAY 3 2013 All HARLINGEN, TX
	NICKNAME	LAST Moore	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Received
	709 Town Lane Dr Harlingen TX 78550		Date Hand-delivered or Registered
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	Receipt #
	956	970 - 8296	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	Date Processed
	NICKNAME	LAST	Date Imaged
Dr. Dorothy Nesmith		MI S.	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
729 Town Lane Dr Harlingen, Texas 78550			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
956 792 - 2881			
9 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)		
10 PERIOD COVERED	Month	Day	Year
4 8 2013 THROUGH 5 3 2013			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 11 2013		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City Commissioners District 1	

GO TO 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 79550**

7 Amount of contribution (\$)

\$50.00

(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 79552**

Amount of contribution (\$)

\$100.00

(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

**1635 N. 77 Sunshine Strip
Harlingen, TX 79550**

Amount of contribution (\$)

~~\$675.00~~
\$677.75

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

DEN

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 79552**

Amount of contribution (\$)

\$100.00

(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 79550**

Amount of contribution (\$)

\$67.50
(already included in Chapita total)

(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 78552

(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 78553

(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: <p style="text-align:center">4</p>	2 FILER NAME <p style="text-align:center">B. Gail Moore</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">4/9/13</p>	5 Payee name <p style="text-align:center">Stitch Gallery</p>	
6 Amount (\$) <p style="text-align:center">\$ 156⁵³ -</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">PO Box 2729 Harlingen, TX 78551 www.stitchgallery.net</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">10 Campaign Cotton/Polly T-shirts</p>	(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 <p style="text-align:center">4/11/13</p>	Payee name <p style="text-align:center">Chapitas Restaurant & Catering</p>	
Amount (\$) <p style="text-align:center">\$ 375⁰⁰ -</p>	Payee address; City; State; Zip Code <p style="text-align:center">1635 N. 77 Sunshine Strip Harlingen, TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Fundraiser BBQ Plates.</p>	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 <p style="text-align:center">4/13/13</p>	Payee name <p style="text-align:center">Office Depot Store #526</p>	
Amount (\$) <p style="text-align:center">\$ 83³⁶ -</p>	Payee address; City; State; Zip Code <p style="text-align:center">605 S. Expressway 83 Harlingen, TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Business Cards & Campaign letter photocopies</p>	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 <p style="text-align:center">4/16/13</p>	Payee name <p style="text-align:center">MS Designs</p>	
Amount (\$) <p style="text-align:center">\$ 351⁸¹ -</p>	Payee address; City; State; Zip Code <p style="text-align:center">1405 S. Palm Court Dr Harlingen, TX 78553</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">Website Domain Package</p>	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 4/17/13		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)		(b) Description (If travel outside of Texas, complete Schedule T)	
		5 4x4 Digital Signs			
9 Complete <u>ONLY</u> 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)		Description (If travel outside of Texas, complete Schedule T)	
		400 B/w photocopies			
Complete <u>ONLY</u> 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)		Description (If travel outside of Texas, complete Schedule T)	
		"Team" meeting food.			
Complete <u>ONLY</u> 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)		Description (If travel outside of Texas, complete Schedule T)	
		postage Stamps for Absentee Voting envelope			
Complete <u>ONLY</u> 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)
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4 Date 4/27/13	5 Payee name Sam's Club
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6 Amount (\$) \$18.47	7 Payee address; City; State; Zip Code Brownsville Texas
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Victory Party Supplies	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/13	Payee name Sam's Club
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Amount (\$) \$139.23	Payee address; City; State; Zip Code Brownsville Texas
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Victory Party Supplies	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name Jamar Printing
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Amount (\$) \$94.65	Payee address; City; State; Zip Code 925 S. 77 Sunshine Strip Harlingen, Texas 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 1000 4x6 color push cards	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/29/13	Payee name Dick's Office Supply - Harlingen
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Amount (\$) \$23.82	Payee address; City; State; Zip Code 1009 S. 77 Sunshine Strip Harlingen, TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) 400 Photocopies	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY 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

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 (\$) \$156⁵³
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 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 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 <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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 4/17/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$100⁰⁰
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 7-13-13
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 (\$) \$34⁴⁴
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 4/24/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$1401
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	19 Amount Guaranteed (\$)
		18 Guarantor address; City; State; Zip Code
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4/24/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$250⁰⁰
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 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.

LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 6
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2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
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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
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6 Is lender a financial institution? Y (N)	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)
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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)
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Date of loan 4/27/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) \$ 18⁴⁷
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Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen Texas 78550	Interest rate N/A
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Maturity date 7-11-13

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
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Description of Collateral <input checked="" type="checkbox"/> none	Check if personal funds were deposited into political account <input type="checkbox"/>
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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 4/27/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) \$139.23
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	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
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	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		
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 (\$) \$23,82
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	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		
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	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.

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME B. Gail Moore 15 ACCOUNT # (Ethics Commission Filers)

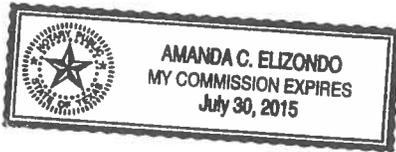
16 NOTICE FROM POLITICAL COMMITTEE(S)

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>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>N/A</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>1756.⁷⁶</u>
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>93.³⁴</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2141.¹⁰</u>

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