

**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:

17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mrs. B. Gail
NICKNAME LAST SUFFIX
moore

OFFICIALS ONLY
CITY SECRETARY'S OFFICE
Date Received Received
APR 8 2013
4:05 P.M.
Date Hand-delivered HARLINGEN, TX
Receipt # Amount
Date Processed
Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS : PO BOX APT / SUITE # CITY STATE ZIP CODE
709 Town Lane Harlingen Texas, 78550
 change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 970-8296

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Dr. Dorothy S
NICKNAME LAST SUFFIX
Nesmith

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
729 Town Lane Harlingen, Texas 78550

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(956) 792-2881

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
2 28 2013 THROUGH 4 7 2013

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
5 11 2013

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Commissioner
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: **2**

2 FILER NAME
Gail Moore

3 ACCOUNT # (Ethics Commission Filers)

4 Date: **3/1/13**
5 Full name of contributor out-of-state PAC (ID#: _____)
B. Gail Moore
6 Contributor address; City; State; Zip Code
**709 Town Lane Dr
Harlingen, TX 78550**

7 Amount of contribution (\$): **\$100⁰⁰**
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)

Date: **3/1/13**
Full name of contributor out-of-state PAC (ID#: _____)
Dorothy S. Nesmith
Contributor address; City; State; Zip Code
**729 Town Lane Dr
Harlingen, TX 78550**

Amount of contribution (\$): **\$500⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
physician

Employer (See Instructions)
Independent Contractor

Date: **3/12/13**
Full name of contributor out-of-state PAC (ID#: _____)
Juan De La Fuente
Contributor address; City; State; Zip Code
**717 Town Lane Dr
Harlingen, Texas 78550**

Amount of contribution (\$): **\$50⁰⁰**
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: **4/3**
Full name of contributor out-of-state PAC (ID#: _____)
Christine E. MacLeod
Contributor address; City; State; Zip Code
**2530 Country Dr. N.
Harlingen, Texas 78550**

Amount of contribution (\$): **\$150⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
waitress

Employer (See Instructions)

Date: **3/31/13**
Full name of contributor out-of-state PAC (ID#: _____)
Jerry Deal
Contributor address; City; State; Zip Code
**2901 Haine Dr. #1505
Harlingen, Texas 78550**

Amount of contribution (\$): **\$200⁰⁰**
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

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 **Gail Moore**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
4/5/13

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

7 Amount of contribution (\$) **\$100⁰⁰**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**17635 Henderson Pass #235
San Antonio, TX 78532-1574**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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)

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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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: 5		2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/28/13		5 Payee name City of Harlingen			
6 Amount (\$) \$600		7 Payee address; City; State; Zip Code 101 E. Tyler Ave Harlingen TX 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing 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 3/1/13		Payee name City of Harlingen			
Amount (\$) 30⁰⁰		Payee address; City; State; Zip Code 101 E. Tyler Ave Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		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 3/1/13		Payee name Fast Signs			
Amount (\$) 81¹⁹		Payee address; City; State; Zip Code 1611 S. 77 Sunshine Strip Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		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 3/5/13		Payee name Fast Signs			
Amount (\$) 81¹⁹		Payee address; City; State; Zip Code 1611 S. 77 Sunshine Strip Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		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	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: 5	2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/2/13	5 Payee name Office Depot	
6 Amount (\$) 77⁹⁴	7 Payee address; City; State; Zip Code 605 S. Expressway 83 Harlingen TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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 3/2/13	Payee name Office Depot	
Amount (\$) 100⁴⁷	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) Advertising Expense	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 3/5/13	Payee name M5 Designs	
Amount (\$) 131⁵²	Payee address; City; State; Zip Code 1405 S. Palm Court Dr. Harlingen Texas 78552	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 3/6/13	Payee name Fast Signs	
Amount (\$) 118⁰⁴	Payee address; City; State; Zip Code 1611 S. 77 Sunshine Strip Harlingen TX 78550	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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

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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: 5		2 FILER NAME B. Gail Moore		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/8/13		5 Payee name Ms Designs			
6 Amount (\$) 216 ⁵⁰ -		7 Payee address; City; State; Zip Code 1405 S. Palm Court Dr, Harlingen Texas 78550			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising 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 3/14/13		Payee name Ms Designs			
Amount (\$) 130 ⁰⁰ -		Payee address; City; State; Zip Code 1405 S. Palm Court Dr Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		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 3/14/13		Payee name Ms Designs			
Amount (\$) 190 ⁴² -		Payee address; City; State; Zip Code 1405 S. Palm Court Dr Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		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 3/14/13		Payee name Lowe's Home Center			
Amount (\$) 49 ⁷¹ -		Payee address; City; State; Zip Code 4705 South Expressway 77/83 Harlingen TX 78550			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		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;">5</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;">3/28/13</p>	5 Payee name <p style="text-align:center;">UPS Store #2898</p>	
6 Amount (\$) <p style="text-align:center;">156⁹⁷ -</p>	7 Payee address; City; State; Zip Code <p style="text-align:center;">1327 E. Washington Harlingen TX 78550</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</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="text-align:center;">3/30/13</p>	Payee name <p style="text-align:center;">UPS Store #2898</p>	
Amount (\$) <p style="text-align:center;">78⁴⁹ -</p>	Payee address; City; State; Zip Code <p style="text-align:center;">1327 E. Washington, Harlingen, TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</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="text-align:center;">4/2/13</p>	Payee name <p style="text-align:center;">UPS Store #2898</p>	
Amount (\$) <p style="text-align:center;">31⁴⁰ -</p>	Payee address; City; State; Zip Code <p style="text-align:center;">1327 E. Washington Harlingen TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</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="text-align:center;">4/3/13</p>	Payee name <p style="text-align:center;">MS Designs</p>	
Amount (\$) <p style="text-align:center;">150⁰⁰ -</p>	Payee address; City; State; Zip Code <p style="text-align:center;">1405 S. Palm Ct., Dr. Harlingen TX 78550</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center;">Advertising Expense</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

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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: 5	2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/5/13	5 Payee name M.S. Designs
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6 Amount (\$) 169.77	7 Payee address; City; State; Zip Code 1405 S. Palm Ct Dr. Harlingen Texas 78550
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(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 4/4/13	Payee name Office Depot #526
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Amount (\$) 54.17	Payee address; City; State; Zip Code 605 S. Expressway 83 Harlingen TX 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 4/4/13	Payee name KIMART
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Amount (\$) 16.23	Payee address; City; State; Zip Code 1129 Morgan Blvd Harlingen Texas 78550
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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 4/5/13	Payee name McCoy's Building Supply
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Amount (\$) 47.74	Payee address; City; State; Zip Code 3601 West Expressway 83 Harlingen TX 78552
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	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:
8

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan **2/28/13** 7 Name of lender out-of-state PAC (ID#: _____) **B. Gail Moore** 9 Loan Amount (\$) **6⁰⁰**

6 Is lender a financial institution? **Y (N)** 8 Lender address; City; State; Zip Code **709 Town Lane Dr Harlingen, TX 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 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 Name of lender out-of-state PAC (ID#: _____) **B. Gail Moore** Loan Amount (\$) **30⁰⁰**

Is lender a financial institution? **Y (N)** Lender address; City; State; Zip Code **709 Town Lane Dr. Harlingen TX 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 18 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.

LOANS	SCHEDULE E
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 8
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2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS: ↕ ↕ ↕ ↕ ↕ ↕	\$
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5 Date of loan 3/2/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) 77⁹⁴
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6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen TX 78550	10 Interest rate N/A 11 Maturity date 7-11-13
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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 (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan 3/2/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) 100⁴⁷
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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
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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"/>
---	---

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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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: 8
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2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇐ ⇒ ⇐ ⇒ ⇐	\$
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5 Date of loan 3/4/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) 118⁰⁴
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6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 709 Town Lane Harlingen TX 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 3/14/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) 190⁴²
---	--	--

Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen TX 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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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: 8

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 3/14/13 7 Name of lender B. Gail Moore out-of-state PAC (ID#: _____) 9 Loan Amount (\$) 49⁷¹

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 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 3/28/13 Name of lender B. Gail Moore out-of-state PAC (ID#: _____) Loan Amount (\$) 156⁹⁷

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)

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E: 8

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 3/30/13 7 Name of lender B. Gail Moore 9 Loan Amount (\$) 7849

6 Is lender a financial institution? Y (N) 8 Lender address; City; State; Zip Code 709 Town Lane Dr Harlingen TX 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 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 4/2/13 Name of lender B. Gail Moore Loan Amount (\$) 3140

Is lender a financial institution? Y (N) Lender address; City; State; Zip Code 709 Town Lane Harlingen TX 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
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: 8
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2 FILER NAME B. Gail Moore	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨	\$
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5 Date of loan 4/3/13	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	9 Loan Amount (\$) 150⁰⁰
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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 Dr Harlingen Texas 78550	10 Interest rate NIA
		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	19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code		

20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan 4/5/13	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) B. Gail Moore	Loan Amount (\$) 1169⁷⁷
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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 TX 78550	Interest rate NIA
		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	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: <u>8</u>
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2 FILER NAME <u>B. Gail Moore</u>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇧ ⇨ ⇧ ⇨ ⇧ ⇨	\$
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5 Date of loan <u>4/4/13</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>B. Gail Moore</u>	9 Loan Amount (\$) <u>54¹⁷</u>
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6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code <u>709 Town Lane Harlingen TX</u> <u>78550</u>	10 Interest rate <u>N/A</u>
		11 Maturity date <u>7-11-13</u>

12 Principal occupation / Job title (See Instructions) <u>Retired</u>	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 (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)
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Date of loan <u>4/4/13</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>B. Gail Moore</u>	Loan Amount (\$) <u>16²³</u>
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Is lender a financial Institution? Y <u>(N)</u>	Lender address; City; State; Zip Code <u>709 Town Lane Dr Harlingen</u> <u>TX 78550</u>	Interest rate <u>N/A</u>
		Maturity date <u>7-11-13</u>

Principal occupation / Job title (See Instructions) <u>Retired</u>	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"/>
---	---

GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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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: 8

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

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan: 4/5/13 7 Name of lender: B. Gail Moore 9 Loan Amount (\$): 4774

6 Is lender a financial institution? Y (N) 8 Lender address: 709 Town Lane Dr Harlingen TX 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: [X] none 15 Check if personal funds were deposited into political account: []

16 GUARANTOR INFORMATION: [X] 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 out-of-state PAC (ID#:) Loan Amount (\$) Is lender a financial institution? Lender address; City; State; Zip Code Interest rate Maturity date Y N

Principal occupation / Job title (See Instructions) 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)

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 Harlingen TX Dr. 78550</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>B Dorothy S. Nesmith</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>729 Town Lane 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	\$ 1100⁰⁰ <u>1100⁰⁰</u>
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,100⁰⁰</u>
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EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
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4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,917⁷⁵</u>
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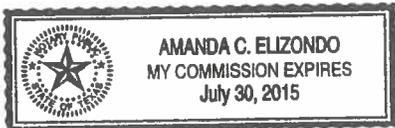
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>159⁶⁰</u>
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OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,277³⁵</u>
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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 Gail Moore, this the 8 day of April, 20 13, to certify which, witness my hand and seal of office.

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