

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: <i>37 38</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Robert K.</i>		OFFICE USE ONLY Date Received <i>RY:</i> ELECTIONS 2014 JAN 14 TARRANT COUNTY FILED <i>R</i> STEVE DEARSON AMOUNT 9:20 RECEIPTS DIVISION Date Hand-delivered or Postmarked Receipt # Date Processed Date Imaged
	NICKNAME LAST SUFFIX <i>u. Bob Bill</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <i>Dina</i>		
	NICKNAME LAST SUFFIX <i>Coyce</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" 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 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 THROUGH Month Day Year <i>07 / 01 / 2013 12 / 31 / 2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i> / / </i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Robert K. "Bob" Gell

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

BY:

STEVE KARDINA
ELECTIONS ADMINISTRATOR

2014 JAN 14 AM 9:21

FILED
TARRANT COUNTY

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 0

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

\$ 59769.68

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 57870.56

CONTRIBUTION
BALANCE

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

\$ 11,711.94

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Robert K. Gell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ROBERT K. GELL, this the 7TH day of January, 20 14, to certify which, witness my hand and seal of office.

Trish Stegall

Signature of officer administering oath

TRISH STEGALL

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

R.V.
 ELECTION
 SCHEDULE A
 2011 JAN 14
 SEVERAL MONTHS
 TRAFFIC
 FILED
 117

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: _____

2 FILER NAME *Robert K. "Bob" Gil* 3 ACCOUNT # (Ethics Commission File #) _____

4 Date <i>10/11/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Trey Loftin</i>	7 Amount of contribution (\$) <i>500-</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>144 Woodland Hills Dr. Aledo, TX 76008</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) *attorney* 10 Employer (See Instructions) *Whitaker Chalk*

Date <i>10/4/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>William Warren</i>	Amount of contribution (\$) <i>250-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4420 W. Vickery Blvd. Fort Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *attorney* Employer (See Instructions) *Lee Warren*

Date <i>9/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gregory Bird</i>	Amount of contribution (\$) <i>1,000-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>729 Taylor St. Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *owner* Employer (See Instructions) *Jetta Operating*

Date <i>11/16/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Toms Hanson</i>	Amount of contribution (\$) <i>200-</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6420 Chauncey Pl. Fort Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *landman* Employer (See Instructions) *self*

Date <i>10/2/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brent Hicks</i>	Amount of contribution (\$) <i>378.84</i>	In-kind contribution description (if applicable) 378.84 <i>event expense</i>
Contributor address; City; State; Zip Code <i>6512 Hair Point Ct. Fort Worth, TX 76132</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) *dentist* Employer (See Instructions) *self*

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

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form.

2014 JAN 14 AM 9:21
Total pages Schedule A: 17

2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>STEV BARON ELECTIONS ADMINISTRATION</i>	
4 Date <i>9/27/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BY: _____ <i>Chris Pruitt</i>	7 Amount of contribution (\$) <i>1,000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3429 Dorothy Ln S Fort Worth, TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>Brown Pruitt</i>	
Date <i>9/27/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Randal Deen</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Main #801 Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Brown Pruitt</i>	
Date <i>9/27/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mark Oliver</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6848 Woodstock Rd Fort Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Brown Pruitt</i>	
Date <i>10/3/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>John Lineberger</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>201 Main #801 Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>10/14/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Charles Yeargain</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5925 Cypress Point Dr. Fort Worth, TX 76132</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>oil and gas</i>		Employer (See Instructions) <i>self</i>	

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**

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form.

Total pages Schedule A: 17

2 FILER NAME

Robert K. "Bob" Gill

ACCOUNT # (Ethics Commission Filers)

4 Date

9/24/13

5 Full name of contributor

Tom Durant

out-of-state PAC (ID# _____) BY: _____

6 Contributor address; City; State; Zip Code

1101 W. Hwy 111
Fremont, TX 76051

7 Amount of contribution (\$)

5,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

business owner

10 Employer (See Instructions)

self

Date

9/25/13

Full name of contributor

Anne Marion

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

801 Cherry St. #1500
Ft Worth, TX 76102

Amount of contribution (\$)

15,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

self-employed business

Employer (See Instructions)

self

Date

9/26/13

Full name of contributor

Mark Dambel

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

115 W. 2d #202
Ft Worth, TX 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

9/27/13

Full name of contributor

Ross Hyde

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6624 Corporate Pkwy #180
Ft Worth, TX 76126

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

manufacturer

Employer (See Instructions)

self

Date

9/27/13

Full name of contributor

Donald Fenwick

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

5117 Gentling Place
North Richland Hills, TX 76180

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Brown Amott

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILED
TARRANT COUNTY

SCHEDULE A

2011 JAN 14 AM 9:21

The instruction Guide explains how to complete this form. **1** Total pages Schedule A: **17**

2 FILER NAME **Robert K. & Bob** **3** ACCOUNT # (Ethics Commission Filers)

4 Date 9/2/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ralph Dussins	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 600 W. 6th St. Fort Worth, TX 76102		

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) *attorney* **10** Employer (See Instructions) *Candy Meyer*

Date 9/10/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Arlee	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1749 Merrick St. Fort Worth, TX 76107		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *Psychologist* Employer (See Instructions) *self*

Date 9/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig Wade	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 3309 Windthrop Ave. Fort Worth, TX 76116		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *Financial planner* Employer (See Instructions) *self*

Date 9/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Sprinkle	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 9117 South Water Tower Rd. Fort Worth, TX 76129		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *retired* Employer (See Instructions)

Date 9/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Doug Renfro	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1214 Briar Ridge Dr. Keller, TX 76248		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *manager* Employer (See Instructions) *Renfro Foods*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form 2014 JAN 14 AM 9:21 **1** Total pages Schedule A: 17

2 FILER NAME *Robert K. "Bob" Gil* **3** ACCOUNT # (Ethics Commission Filers) *STEVE RAGURRY ELECTIONS ADMINISTRATOR*

4 Date *9/5/13* **5** Full name of contributor out-of-state PAC (ID# _____) *George Trimmer* **7** Amount of contribution - (\$) *250.00* **8** In-kind contribution description (if applicable) _____
6 Contributor address; City; State; Zip Code *925 8th Ave. Fort Worth, TX 76104*
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) *attorney* **10** Employer (See Instructions) *Self*

Date *9/5/13* Full name of contributor out-of-state PAC (ID# _____) *Robert Finkler* Amount of contribution (\$) *300.00* In-kind contribution description (if applicable) _____
 Contributor address; City; State; Zip Code *623 W. Division St A Fort Worth, TX 76111*
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *attorney* Employer (See Instructions) *Self*

Date *9/5/13* Full name of contributor out-of-state PAC (ID# _____) *Donald Finkler* Amount of contribution (\$) *200.00* In-kind contribution description (if applicable) _____
 Contributor address; City; State; Zip Code *227 N. Sylvia Fort Worth, TX 76111-2311*
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *attorney* Employer (See Instructions) *Self*

Date *9/5/13* Full name of contributor out-of-state PAC (ID# _____) *Warren St John* Amount of contribution (\$) *250.00* In-kind contribution description (if applicable) _____
 Contributor address; City; State; Zip Code *2020 Bennett Plaza Fort Worth, TX 76102-6810*
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *attorney* Employer (See Instructions) *Self*

Date *9/5/13* Full name of contributor out-of-state PAC (ID# _____) *Rob Green* Amount of contribution (\$) *500.00* In-kind contribution description (if applicable) _____
 Contributor address; City; State; Zip Code *500 W. 7th St, Unit 27 Fort Worth, TX 76102-2773*
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) *attorney* Employer (See Instructions) *Walsh Oil Co.*

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**

FILED
TARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

Total pages Schedule A:

17

2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/5/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Edward Wilkinson</i>	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>401 W. Belknap Fort Worth, TX 76196</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>Tarrant County</i>	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Harmony Schnerman</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1928 6th Ave. Fort Worth, TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Flores</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4704 Basswood Court Arlington, TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>victim coordinator</i>		Employer (See Instructions) <i>Tarrant County</i>	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tim Brown</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>7425 Jade Renee Lane North Richland Hills, TX 76182</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>9/5/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Steve Busk</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>503 Coker Valley Dr. Kennebake, TX 76060-6014</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	

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**

FILED
TARRANT COUNTY

SCHEDULE A

2014 JAN 16 AM 9:21

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 17

2 FILER NAME
Robert K. "Bob" Gill

3 ACCOUNT# (Ethics Commission Filers)

4 Date
9/5/13

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

6 Contributor address; City; State; Zip Code
*1400 Diana Lane
Bedford, TX 76022-6716*

7 Amount of contribution (\$)
150.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Court reporter

10 Employer (See Instructions)
Tarrant County

Date
9/5/13

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

Contributor address; City; State; Zip Code
*5609 Wedgmont Conale N
Ft Worth TX 76133-2801*

Amount of contribution (\$)
25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
clerk

Employer (See Instructions)
Tarrant County

Date
9/5/13

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

Contributor address; City; State; Zip Code
*4500 Riveridge Dr.
Fort Worth, TX 76109*

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)

Date
9/5/13

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

Contributor address; City; State; Zip Code
*209 W. 21st
Fort Worth, TX 76102*

Amount of contribution (\$)
50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
district clerk

Employer (See Instructions)
Tarrant County

Date
9/5/13

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

Contributor address; City; State; Zip Code
*1206 Clara St.
Fort Worth, TX 76110*

Amount of contribution (\$)
400.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Tarrant County

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
WARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

Total pages Schedule A:

17

2 FILER NAME

Robert K. "Bob" Gill

3 ACCOUNT # (Ethics Commission Filers)

STEVE RABOU
ELECTIONS ADMINISTRATOR

4 Date

9/3/13

5 Full name of contributor

Reed Davis

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 13663
Arlingh, TX 76094

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

mediator

10 Employer (See Instructions)

SELF

Date

9/4/13

Full name of contributor

John Goel

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1,000 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

500 Commerce, Ste 700
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

real estate

Employer (See Instructions)

SELF

Date

9/5/13

Full name of contributor

Robert Patton, Jr.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10,000 -

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4916 Camp Bruce Blvd
Fort Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

oil & gas

Employer (See Instructions)

SELF

Date

9/5/13

Full name of contributor

Mark Ed Swindle

out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

300 Commerce, Ste 3500
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Whitaker Charles Swindle

Date

9/5/13

Full name of contributor

Dalton Pinnaker

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

523 Austin Oaks Dr
Frisco, TX 76051-8009

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

engineer

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

2014 JAN 14 AM 9:21

The instruction Guide explains how to complete this form.

1 Total pages Schedule A: 17

2 FILER NAME

Robert L. - Bob - Gill

3 ACCOUNT# (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

8/22/13

Kevin Carey
621 Hemphill
Port Worth, TX 76104

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

attorney

10 Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/28/13

Joe Crane
Contributor address; City; State; Zip Code
P.O. Box 3062
Port Worth, TX 76103

2000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

disturber

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/26/13

Robert Giebs
Contributor address; City; State; Zip Code
514 E. Bellcamp
Port Worth, TX 76102

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/22/13

Alex Tandy
Contributor address; City; State; Zip Code
777 Constance Dove Trail
Hurst, TX 76054

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

SELF

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/22/13

Ann & Robert Wright
Contributor address; City; State; Zip Code
4901 Ranch View Rd.
Port Worth, TX 76109

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Tarrant County

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**

FILED
TARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

2014 JAN 14 AM 6:21

1 Total pages Schedule A: **17**

2 FILER NAME

Robert K. "Bob" Gill

STEVE
ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/22/13

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

Mike Heishell

6 Contributor address; City; State; Zip Code

*5601 Budge St. #220
Fort Worth TX 76102*

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

attorney

10 Employer (See Instructions)

self

Date

8/22/13

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

Center Ferguson

Contributor address; City; State; Zip Code

*100 Main St.
Fort Worth TX 76102*

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Brubaker & Ellis

Date

8/26/13

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

Jenett Hahn

Contributor address; City; State; Zip Code

*801 Cherry St. #2000
Fort Worth TX 76102*

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Declar Jones

Date

8/31/13

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

Mark Dandel

Contributor address; City; State; Zip Code

*115 W. 21 St #202
Fort Worth TX 76102*

Amount of contribution (\$)

6500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

8/26/13

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

Lynn Russ, Jr

Contributor address; City; State; Zip Code

*3650 Lovell Ave.
Fort Worth TX 76101*

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form

2014 JAN 14 AM 9:22

1 Total pages Schedule A: 17

2 FILER NAME <i>Robert L. "Bob" Gil</i>		3 ACCOUNT # (Ethics Commission Filers) <i>STEVE W. WOODS ELECTIONS ADMINISTRATOR</i>	
4 Date <i>8/19/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Randall Moore</i>	7 Amount of contribution (\$) <i>250.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1301 Ballinger Fort Worth, TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>Self</i>	
Date <i>8/23/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Porter</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>924 Summercrest Blvd Burleson, TX 76028</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>video analyst</i>		Employer (See Instructions) <i>Tarrant County</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patrick Curran</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2101 Moneda St. Fort Worth, TX 76117</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8/14/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Gallagher</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>555 S. Summit Ave. Fort Worth, TX 76104</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Self</i>	
Date <i>8/24/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Meinhardt</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5120 Karen Dr. North Richland Hills, TX 76180</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Coordinator</i>		Employer (See Instructions) <i>Tarrant County</i>	

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form.

2014 JAN 14 11 AM 9:52
Total pages Schedule A: 17

2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>STEVE GARNETT ELECTIONS ADMINISTRATOR</i>	
4 Date <i>8/22/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RY: <i>Dabney Bassal</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>206 E. 8th St. Ste 201 Fort Worth, TX 76102</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ruby Smedley</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3501 Hopper Court Franklin, TX 76048</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>stress instructor</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jack Strickland</i>	Amount of contribution (\$) <i>150.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>909 Throckmorth St. Fort Worth, TX 76102</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>prosecutor</i>		Employer (See Instructions) <i>Tarrant County</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Paul Conner</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>307 W. 7th St. #1905 Fort Worth, TX 76102</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Laura Flores</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>4704 Basswood Court Arlington, TX 76016</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>vicodin advocate</i>		Employer (See Instructions) <i>Tarrant County</i>	

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**

FILED
TARRANT COUNTY

SCHEDULE A

The instruction Guide explains how to complete this form.

2014 JAN 14

AM 6:22
Total pages Schedule A:

17

2 FILER NAME <i>Robert L. "Bob" Fry</i>		3 ACCOUNT # (Ethics Commission Filers) <i>STEVE R. FRY ELECTIONS ADMINISTRATOR</i>	
4 Date <i>8/22/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Candy Frye</i>	7 Amount of contribution (\$) <i>150.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>5313 El Campo Ave. Rt WORTH, TX 76107</i>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Probation officer</i>		10 Employer (See Instructions) <i>State of Texas</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kelly Puls</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3304 West 6th St. Rt WORTH, TX 76107</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mike Deegan</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>101 Summit Ave #104 Rt WORTH, TX 76102</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/22/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lance Evans</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>115 W. 21st St., Suite 202 Rt WORTH, TX 76102</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/19/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>James Schull</i>	Amount of contribution (\$) <i>75.00</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>1328 Trinity Dr. Beaumont, TX 77626</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	

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

FILED
TARRANT COUNTY

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 17

2014 JAN 14 AM 9:22

2 FILER NAME

Robert K. "Bob" Gill

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8/1/13

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

Nizam Peerwani

BY:

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 206
Ft Worth, TX 76101-0206

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

medical examiner

10 Employer (See Instructions)

self

Date

8/1/13

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

John Cummings

Contributor address; City; State; Zip Code

4200 W. Vickery Blvd.
Ft Worth, TX 76101

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

8/13/13

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

Clifford Johnson

Contributor address; City; State; Zip Code

300 W. Loop 820 South
Ft Worth, TX 76108

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

conductor

Employer (See Instructions)

self

Date

8/14/13

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

Patrick A. Pearson

Contributor address; City; State; Zip Code

1000 Main St., Ste. 300
Ft Worth, TX 76102

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

8/20/13

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

Tom Krumpitz

Contributor address; City; State; Zip Code

749 W. Main Ft Worth, TX 76164

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

The Instruction Guide explains how to complete this form.

2014 JAN 14

1 Total pages Schedule A: 17
AM 9:22

17

2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) STEVE RABURN ELECTIONS ADMINISTRATOR	
4 Date <i>7/29/13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Leish Ann Schenk</i> BY: _____	7 Amount of contribution (\$) <i>100.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2310 W. I-20 Arlington, TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>attorney</i>		10 Employer (See Instructions) <i>self</i>	
Date <i>7/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Peter Fruhman</i>	Amount of contribution (\$) <i>500.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>623 W. Division St. Arlington, TX 76011</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>7/31/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dee S. Finley, Jr.</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2412 Medford Ct. East Ft Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>Harris, Finley & Bosh</i>	
Date <i>8/1/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Brian Willett</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1113 Bedford Rd. Bedford, TX 76022-6664</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>attorney</i>		Employer (See Instructions) <i>self</i>	
Date <i>8/6/13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles Beavers</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4604 E. Lucas Dr Ft Worth, TX 76103-3217</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>bill broker</i>		Employer (See Instructions) <i>self</i>	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED
TARRANT COUNTY

The Instruction Guide explains how to complete this form.

2014 JAN 14

1 Total pages Schedule A:

AM 9:22

17

2 FILER NAME

Robert C. "Bob" Gill

STEVE RABORN
ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/2/13

Mark David

BY:

\$318.87

\$318.87

6 Contributor address; City; State; Zip Code

115 W. 21st St. # 202
Fort Worth, TX 76102

(If travel outside of Texas, complete Schedule T)

event expense

9 Principal occupation / Job title (See Instructions)

attorney

10 Employer (See Instructions)

self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

10/00/13

Sarah Boggs

Contributor address; City; State; Zip Code

923 Talbot St.
Keller, TX 76248

100

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

realtor

Employer (See Instructions)

Coldwell Banker

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

9/5/13

Jerry Lottin

Contributor address; City; State; Zip Code

113 W. Hamaker St.
Fort Worth, TX 76102

532

(If travel outside of Texas, complete Schedule T)

event expense

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

8/22/13

Robert Haslam

Contributor address; City; State; Zip Code

555 S. Summit Fort Worth TX
76104

1550

(If travel outside of Texas, complete Schedule T)

event expense

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

FILED TARRANT COUNTY

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

17

2014 JAN 14 AM 9:22

2 FILER NAME

Robert L. "Bob" Gill

3 ACCOUNT # (Ethics Commission Filers)

STEVE RABORN ELECTIONS ADMINISTRATOR

4 Date

7/14/13

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

Harold Johnson

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3624 W. Vickery Fort Worth, TX 76107

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

attorney

10 Employer (See Instructions)

self

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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#: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(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

FILED
TARRANT COUNTY

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>14</i>	2 FILER NAME <i>Robert K. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date <i>8/21/13</i>	5 Payee name <i>Stampede Consulting</i>
--------------------------	--

6 Amount (\$) <i>6330.79</i>	7 Payee address; City; State; Zip Code <i>1400 Lavaca Austin, TX 78701</i>
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>consulting expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Campaign services</i>
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/8/13</i>	Payee name <i>Stampede Consulting</i>
------------------------	--

Amount (\$) <i>308.64</i>	Payee address; City; State; Zip Code <i>1400 Lavaca Austin, TX 78701</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>consulting expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign services</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/25/13</i>	Payee name <i>Pinky, Inc</i>
-------------------------	---------------------------------

Amount (\$) <i>5.75</i>	Payee address; City; State; Zip Code <i>144 2d St 15th floor San Francisco, CA 94105</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Commission</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>10/1/13</i>	Payee name <i>Pinky, Inc.</i>
------------------------	----------------------------------

Amount (\$) <i>57.50</i>	Payee address; City; State; Zip Code <i>144 2d St 15th floor San Francisco, CA 94105</i>
-----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Solicitation / Fundraising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Commission</i>
------------------------	---	--

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

POLITICAL EXPENDITURES

SCHEDULE F

FILED
TARRANT COUNTY

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: 14	2 FILER NAME Robert L. "Bob" Gill	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 8/15/13	5 Payee name Arlington Republican Club
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6 Amount (\$) 85	7 Payee address; City; State; Zip Code P.O. Box 14095 Arlington, TX 76094
----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) newsletter ad
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/13	Payee name Part with Republican Women
-----------------	--

Amount (\$) 100	Payee address; City; State; Zip Code 4640 Stonewall Oaks Arlington, TX 76017
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) event expense	Description (If travel outside of Texas, complete Schedule T) event tickets
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/13	Payee name Marathon Strategic Communications
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Amount (\$) 2500	Payee address; City; State; Zip Code 3771 Vinecrest Dallas, TX 75229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) campaign services
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/13	Payee name Marathon Strategic Communications
-----------------	---

Amount (\$) 2500	Payee address; City; State; Zip Code 3771 Vinecrest Dallas, TX 76229
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) campaign services
------------------------	--	--

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

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: <i>14</i>		2 FILER NAME <i>Robert L. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filer)	
4 Date <i>10/3/13</i>		5 Payee name <i>Layne Moreno</i>			
6 Amount (\$) <i>2087.45</i>		7 Payee address; City; State; Zip Code <i>1213 Kelpie Ct. Port Worth, TX 76111</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>salaries/wages/contract labor</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>campaign services</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/15/13</i>		Payee name <i>Anne Mariden</i>			
Amount (\$) <i>15,000</i>		Payee address; City; State; Zip Code <i>801 Cherry St. #1500 Port Worth, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>campaign reimbursement</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/15/13</i>		Payee name <i>Ralph Duggins</i>			
Amount (\$) <i>2500</i>		Payee address; City; State; Zip Code <i>600 W. 6th St. Port Worth, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>u u</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/15/13</i>		Payee name <i>Layne Moreno</i>			
Amount (\$) <i>1,000</i>		Payee address; City; State; Zip Code <i>1213 Kelpie Ct. Port Worth, TX 76111</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>salaries/wages/contract labor</i>		Description (If travel outside of Texas, complete Schedule T) <i>campaign services</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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: <i>17</i>	2 FILER NAME <i>Robert L. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/24/13</i>	5 Payee name <i>Al Lazarus</i>
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6 Amount (\$) <i>500</i>	7 Payee address; City; State; Zip Code <i>115 W. 21st #202 Port Worth, TX 76102</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>candidate reimbursement</i>
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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 <i>10/24/13</i>	Payee name <i>Tim Evans</i>
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Amount (\$) <i>2,000</i>	Payee address; City; State; Zip Code <i>115 W. 21st #202 Port Worth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>10/24/13</i>	Payee name <i>Don Andy</i>
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Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>412 W. Bellway Port Worth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>10/24/13</i>	Payee name <i>Brent Weeks</i>
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Amount (\$) <i>318.84</i>	Payee address; City; State; Zip Code <i>6512 Hal's Point Dr Port Worth, TX 76132</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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

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: <i>14</i>	2 FILER NAME <i>Robert L. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/17/13</i>	5 Payee name <i>Betty Arvin</i>
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6 Amount (\$) <i>400</i>	7 Payee address; City; State; Zip Code <i>1206 Clara St. Rnt Wmth, TX 76110</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution for reimbursement</i>
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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 <i>10/18/13</i>	Payee name <i>Rud Davis</i>
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Amount (\$) <i>250</i>	Payee address; City; State; Zip Code <i>P.O. Box 13463 Arlington, TX 76044</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>"</i>
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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 <i>10/19/13</i>	Payee name <i>Mark Ed Swindle</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>300 Commerce #3500 Rnt Wmth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>"</i>
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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 <i>10/19/13</i>	Payee name <i>Janet Hahn</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>807 Champ St #2000 Rnt Wmth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>"</i>
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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: <i>14</i>	2 FILER NAME <i>Robert L. "Bib" Gill</i>	3 ACCOUNT # (Ethics Commission Filer)
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4 Date <i>10/19/13</i>	5 Payee name <i>Mark Porter</i>
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6 Amount (\$) <i>100</i>	7 Payee address; City; State; Zip Code <i>924 Summercrest Blvd Barleson, TX 76028</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (if travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>
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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 <i>10/19/13</i>	Payee name <i>Jack Strickland</i>
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Amount (\$) <i>150</i>	Payee address; City; State; Zip Code <i>909 Throckmorton Pkwy Wirtz, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (if travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>10/19/13</i>	Payee name <i>Nizam Peerwani</i>
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Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>P.O. Box 206 Pkwy Wirtz, TX 76101-0206</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (if travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>10/24/13</i>	Payee name <i>Lance Evans</i>
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Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>115 W. 21 #202 Pkwy Wirtz, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (if travel outside of Texas, complete Schedule T) <i>" "</i>
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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: <i>14</i>		2 FILER NAME <i>Robert K. "Bib" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>14-114-11-9-22</i>	
4 Date <i>10/19/13</i>		5 Payee name <i>Doug Pen An</i>			
6 Amount (\$) <i>100</i>		7 Payee address; City; State; Zip Code <i>1214 Briar Ridge Dr. Dallas, TX 76248</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>		
	Candidate / Officeholder name		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10/19/13</i>		Payee name <i>Edward Wilkerson</i>			
Amount (\$) <i>100</i>		Payee address; City; State; Zip Code <i>401 W. Belknap Fort Worth, TX 76196</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10/19/13</i>		Payee name <i>Tim Brown</i>			
Amount (\$) <i>250</i>		Payee address; City; State; Zip Code <i>7425 Jamie Renee Lane North Richland Hills, TX 76182</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					
Date <i>10/19/13</i>		Payee name <i>Morgan Minahan</i>			
Amount (\$) <i>250</i>		Payee address; City; State; Zip Code <i>4500 Riveridge Dr. Fort Worth, TX 76104</i>			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>		
	Candidate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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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: <i>14</i>		2 FILER NAME <i>Robert L. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>14 JAN 14 AM 9:22</i>	
4 Date <i>10/17/13</i>		5 Payee name <i>Chris Pruitt</i>			
6 Amount (\$) <i>1,000</i>		7 Payee address; City; State; Zip Code <i>201 Main #801 Port Wm T. TX 76102</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/17/13</i>		Payee name <i>Randall Dean</i>			
Amount (\$) <i>1,010</i>		Payee address; City; State; Zip Code <i>201 Main #801 Port Wm T. TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/17/13</i>		Payee name <i>Mark Oliver</i>			
Amount (\$) <i>1,000</i>		Payee address; City; State; Zip Code <i>201 Main #801 Port Wm T. TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/17/13</i>		Payee name <i>Donald Perrill</i>			
Amount (\$) <i>1,000</i>		Payee address; City; State; Zip Code <i>201 Main #801 Port Wm T. TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
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: <i>14</i>	2 FILER NAME <i>Robert L. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filer)
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4 Date <i>10/25/13</i>	5 Payee name <i>Tom Krampitz</i>
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6 Amount (\$) <i>250</i>	7 Payee address; City; State; Zip Code <i>744 Main St. Rnt Worth, TX 76164</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Contribution reimbursement</i>
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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 <i>10/25/13</i>	Payee name <i>Doc Raley, Jr.</i>
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Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>2412 Medford Ct. East Rnt Worth, TX 76109</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>10/25/13</i>	Payee name <i>Tracy Lottin</i>
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Amount (\$) <i>500</i>	Payee address; City; State; Zip Code <i>144 Woodland Hills Dr. Aledo, TX 76008</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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 <i>11/5/13</i>	Payee name <i>John Lueberger</i>
------------------------	-------------------------------------

Amount (\$) <i>750.00</i>	Payee address; City; State; Zip Code <i>201 Main # 801 Rnt Worth, TX 76102</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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: <i>14</i>		2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>BY ELECTIONS ADMINISTRATION 2014 JAN 14 AM 10:22</i>	
4 Date <i>10/25/13</i>		5 Payee name <i>Robert Gill</i>			
6 Amount (\$) <i>200</i>		7 Payee address; City; State; Zip Code <i>514 E. Belknap Fort Worth TX 76102</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/25/13</i>		Payee name <i>Alex Tandy</i>			
Amount (\$) <i>500</i>		Payee address; City; State; Zip Code <i>777 Lanesome Dove Trail Hurst TX 76054</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/25/13</i>		Payee name <i>Carter Ferguson</i>			
Amount (\$) <i>150</i>		Payee address; City; State; Zip Code <i>100 Main St Fort Worth TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>10/25/13</i>		Payee name <i>Mike Heiskell</i>			
Amount (\$) <i>250.00</i>		Payee address; City; State; Zip Code <i>5601 Bridge St Fort Worth TX 76112</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>14</i>		2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>2013 JAN 14 AM 9:22</i>	
4 Date <i>10/24/13</i>		5 Payee name <i>Mark David</i>			
6 Amount (\$) <i>3318.84</i>		7 Payee address; City; State; Zip Code <i>115 W. 2nd St. Port Worth, TX 76102</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>candidate reimbursement</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>10/24/13</i>		Payee name <i>Rob Frahm</i>			
Amount (\$) <i>800.00</i>		Payee address; City; State; Zip Code <i>623 W. Division Arlington, TX 76011</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>10/24/13</i>		Payee name <i>Charles Yeargan</i>			
Amount (\$) <i>250</i>		Payee address; City; State; Zip Code <i>5425 Cypress Point Dr Port Worth, TX 76132</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <i>10/25/13</i>		Payee name <i>Rob Green</i>			
Amount (\$) <i>500</i>		Payee address; City; State; Zip Code <i>500 W. 7th St Port Worth, TX 76102</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>reimbursement</i>		Description (If travel outside of Texas, complete Schedule T) <i>" "</i>	
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
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

2013 JAN 14 AM 9:22
 STEVE ROBERTSON
 ELECTIONS ADMINISTRATOR
 TARRANT COUNTY
 FILED

1 Total pages Schedule F: <i>14</i>	2 FILER NAME <i>Robert L. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>11/5/13</i>	5 Payee name <i>Michael Conner</i>	
6 Amount (\$) <i>25</i>	7 Payee address; City; State; Zip Code <i>5609 Wedgemont Circle N Fort Worth, TX 76133</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>11/5/13</i>	Payee name <i>Debney Bessel</i>	
Amount (\$) <i>150</i>	Payee address; City; State; Zip Code <i>206 E. 8th St. #201 Fort Worth, TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	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 <i>11/5/13</i>	Payee name <i>Patrick Reardon</i>	
Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>1000 Macon #300 Fort Worth, TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	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 <i>11/22/13</i>	Payee name <i>Rebecca Meinhardt</i>	
Amount (\$) <i>50</i>	Payee address; City; State; Zip Code <i>5120 Karen Dr. North Richland Hills TX 76180</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	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.

RECEIVED
 ETHICS COMMISSION
 REGISTRATOR
 OCT 25 11 AM 9:22
 TARRANT COUNTY

1 Total pages Schedule F: <i>14</i>	2 FILER NAME <i>Robert L. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
--	---	--

4 Date <i>10/25/13</i>	5 Payee name <i>Lynn Rose, Jr.</i>
---------------------------	---------------------------------------

6 Amount (\$) <i>250</i>	7 Payee address; City; State; Zip Code <i>3650 Lovell Ave. Fort Worth TX 76107</i>
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/25/13</i>	Payee name <i>William Warren</i>
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Amount (\$) <i>250</i>	Payee address; City; State; Zip Code <i>4420 W. Vickery Blvd. Fort Worth, 76107</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/25/13</i>	Payee name <i>Randall Moore</i>
-------------------------	------------------------------------

Amount (\$) <i>250</i>	Payee address; City; State; Zip Code <i>1301 Bellinger Fort Worth, TX 76102</i>
---------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/25/13</i>	Payee name <i>Ruby Smedley</i>
-------------------------	-----------------------------------

Amount (\$) <i>200</i>	Payee address; City; State; Zip Code <i>3501 Mopper Ct. Granbury, TX 76048</i>
---------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>" "</i>
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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: <i>14</i>	2 FILER NAME <i>Robert L. "Bob" Gih</i>	3 ACCOUNT # (Ethics Commission Filer)
--	--	---------------------------------------

4 Date <i>12/14/13</i>	5 Payee name <i>Sarah Bossus</i>
6 Amount (\$) <i>100</i>	7 Payee address; City; State; Zip Code <i>923 Tule St. Keller, TX 76248</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>reimbursement</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12/14/13</i>	Payee name <i>Meredith Strategic Comm</i>
Amount (\$) <i>400</i>	Payee address; City; State; Zip Code <i>3771 Vinecrest Dallas, TX 75229</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>campaign services</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12/17/13</i>	Payee name <i>Alison Media LLC</i>
Amount (\$) <i>225</i>	Payee address; City; State; Zip Code <i>921 Cavalry Ridge Trail Austin, TX 78732</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>campaign services</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>12/26/13</i>	Payee name <i>Robby Acton</i>
Amount (\$) <i>4500</i>	Payee address; City; State; Zip Code <i>4416 Camp Bowie Fort Worth, TX 76107</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>reimbursement</i>	Description (If travel outside of Texas, complete Schedule T) <i>contribution reimbursement</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>4</i>	2 FILER NAME <i>Robert K "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------------	--	--

4 Date <i>9/10/13</i>	5 Payee name <i>stickers Banners.com</i>
6 Amount (\$) <i>372.22</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>3741 Venture Dr. # 335 Duluth, GA 30046</i>

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description (if travel outside of Texas, complete Schedule T) <i>bumper stickers</i>
--------------------------	--	---

Date <i>9/22/13</i>	Payee name <i>stickers Banners.com</i>
Amount (\$) <i>44.65</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3741 Venture Dr. #335 Duluth, GA 30046</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (if travel outside of Texas, complete Schedule T) <i>bumper stickers</i>
------------------------	--	---

Date <i>8/22/13</i>	Payee name <i>stickers Banners.com</i>
Amount (\$) <i>333.33</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3741 Venture Dr. # 335 Duluth, GA 30046</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (if travel outside of Texas, complete Schedule T) <i>bumper stickers</i>
------------------------	--	---

Date <i>8/12/13</i>	Payee name <i>Vista Point</i>
Amount (\$) <i>15.86</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>45 Hayden Ave Levinston, MA 02421</i>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (if travel outside of Texas, complete Schedule T) <i>labels</i>
------------------------	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>4</i>	2 FILER NAME <i>Robert K "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filer)
---------------------------------------	--	---------------------------------------

4 Date <i>9/5/13</i>	5 Payee name <i>Print Place</i>
-------------------------	------------------------------------

6 Amount (\$) <i>90.72</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1130 Ave. H East Arlington, TX 76011</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>printing expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>posters</i>
--------------------------	---	---

Date <i>9/2/13</i>	Payee name <i>Print Place</i>
-----------------------	----------------------------------

Amount (\$) <i>29.70</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1130 Ave H East Arlington, TX 76011</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>business cards</i>
------------------------	--	--

Date <i>8/22/13</i>	Payee name <i>Print Place</i>
------------------------	----------------------------------

Amount (\$) <i>32.94</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>1130 Ave H East Arlington, TX 76011</i>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>printing expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>business cards</i>
------------------------	---	--

Date <i>8/31/13</i>	Payee name <i>Build A Sign . com</i>
------------------------	---

Amount (\$) <i>107.14</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>11525 A Stone hollow Dr. #100 Austin, TX 78758</i>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>advertising expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Campaign sign</i>
------------------------	--	---

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <i>4</i>		2 FILER NAME <i>Robert K. "Bob" Gill</i>		3 ACCOUNT # (Ethics Commission Filer) <i>12070</i>	
4 Date <i>9/2/13</i>		5 Payee name <i>Staples</i>			
6 Amount (\$) <i>80.12</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>8000 Denton Hwy Watauga, TX 76148</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>wholly expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>fundraiser flyers</i>	
Date <i>8/18/13</i>		Payee name <i>Staples</i>			
Amount (\$) <i>35.13</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>8000 Denton Hwy. Watauga, TX 76148</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>event expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>name badges</i>	
Date <i>10/6/13</i>		Payee name <i>Print Place</i>			
Amount (\$) <i>28.62</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>1130 Ave H East Arlington, TX 76011</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>business cards</i>	
Date <i>9/26/13</i>		Payee name <i>USPS</i>			
Amount (\$) <i>92</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>251 W. Lancaster Fort Worth, TX 76102-9997</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>advertising expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>letter mailing</i>	

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FILED
 TARRANT COUNTY
 2013 JAN 14 AM 9:23
 CLERK OF COUNTY
 ELECTIONS ADMINISTRATOR

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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.

TRAVIS COUNTY
 CLERK
 AM 11
 AM 9:23
 COUNTY
 SEVEN ADMINISTRATOR

1 Total pages Schedule G: <i>4</i>	2 FILER NAME <i>Robert K. "Bob" Gill</i>	3 ACCOUNT # (Ethics Commission Filer)
---------------------------------------	---	---------------------------------------

4 Date <i>8/15/13</i>	5 Payee name <i>Mulholland's</i>
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6 Amount (\$) <i>17.30</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1332 N. Meade Fort Worth, TX 76164</i>
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>name badges</i>
--------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

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INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

Robert L. "Bob" Gill

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/11/13

5 Name of person from whom amount is received

Stampede Consulting

6 Address of person from whom amount is received; City; State; Zip Code

1400 Lavaca Austin, TX 78701

8 Amount (\$)

324.75

7 Purpose for which amount is received

refund of overcharge

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

FILED
TARRANT COUNTY
2014 JAN 14 AM 9:23
STEVE HARRISON
ELECTIONS ADMINISTRATOR
RY:

Date

Name of person from whom amount is received

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED