OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH FT. WORTH, TCOVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Cary	мі G	OFFICE USE ONLY
NAME	NICKNAME	LAST Moon	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	RECEIVED
Change of Address	:554 CODE	THOME MIMDED	FYTENDIAN	100 2 2 2021
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	PHONE NUMBER 688- 2839	EXTENSION	Date Hand-delivered or Date Postmarked CITY OF FORT WORTH
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Lift Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2829 Beaty 0 FW TX 7611		UITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(817)	PHONE NUMBER 688-2839	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 1 / 21	THROUGH 4	
11 ELECTION	Month Day 5 / 1	Year Primary 21 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	FW City C	ouncil Dist #4	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
			·	
Additional Pages	GENERAL -	COMMITTEE ADDRESS		/
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Cary Moon		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	OTHER THAN S 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	\$ 12,320.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 90.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,103.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	\$ 33,129.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$ 0.00
The state of the s	wear, or affirm, under penalty of perjury, that the accompanying quired to be reported by me under Title 15, Election Code.	g report is true and correct and includes all information
	Sir	gnature of Candidate or Officeholder
(1) Affidavit OF 190764 03-15-20 NOTARY STAMP) SEA	Please complete either opti	
Sworn to and subscribed	before me by	this the $\frac{23}{6}$ day of $\frac{1}{2}$,
20, to certify Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
Mor manual la	, and my d	ate of birth is
	, and my do	
iviy audicəə iə	(street) (city	(state) (zip code) (country)
Executed in	County, State of , on the d	ay of, 20 (month) (year)
*	Signat	ture of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Cary Moon	20 Filer ID (Ethics Co	mmission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT inc	lude this page in the r	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Cary Mod	on		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
04/02/2021	6 Contributor address; City;	State; Zip Code 7 TX 76110	350.00
		9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
The Instruction Guide explains how to complete this form. 2 FILER NAME Cary Moon 4 Date 5 Full name of contributor Jeff Davis 6 Contributor address; City: State; Zip Code 2325 Mistle Toe Dr FW TX 76110 8 Principal occupation / Job title (See Instructions) Real Estate Title Pate Date Date Full name of contributor O4/02/2021 Full name of contributor Contributor address; City: State; Zip Code 1401 Lizzy Dr Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor O4/02/2021 Principal occupation / Job title (See Instructions) Full name of contributor O4/02/2021 Principal occupation / Job title (See Instructions) Full name of contributor O4/02/2021 Amount of contribution (\$) Fort Worth Professional Fire Fighters Assoc			
			1,000.00
:	. 1	Employer (See Instructi	ons)
Date			Amount of contribution (\$)
04/02/2021			5 000 00
	·		0,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of contribution (\$)
04/05/2021		State: Zip Code	250 00
	,		230.00
	!	Employer (See Instructi	ons)
Dusiness O	WITE		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT inc	lude this page in the r	eport.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Cary Mod	n		3 Filer ID (Ethics Commission Filers)	
4 Date	Lela Nichols	ID#:)	7 Amount of contribution (\$)	
04/08/2021	6 Contributor address; City;	State; Zip Code / TX 76244	50.00	
_	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)	
Date			Amount of contribution (\$)	
The Instruction Guide explains how to complete this form. 2 FILER NAME Cary Moon 4 Date 5 Full name of contributor Lela Nichols 6 Contributor address; City; State; Zip Code 4101 Willingham Ct FW TX 76244 8 Principal occupation / Job title (See Instructions) Retired 7 Amount of contribution (\$) 50.00				
		Employer (See Instructi	ons)	
	Thomas Krampitz Contributor address; City;	State; Zip Code		
	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	-	(ID#:)	40000	
04/10/2021			100.00	
		Employer (See Instructi	ions)	

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cary Moo	n	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Joy Krebs	7 Amount of contribution (\$)
04/10/2021	6 Contributor address; City; State; Zip Code 5000 Granite Shoals FW TX 76103	25.00
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Conservative Voter Forum	Amount of contribution (\$)
04/12/2021	Contributor address; City; State; Zip Code 1144 Terrace Trl Hurst, TX 76053	1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/12/2021	Don Campbell Contributor address; City; State; Zip Code 221 Willow Ridge Rd FW TX 76103	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/17/2021	Greg Wurtele Contributor address; City; State; Zip Code 9937 Broiles Ln FW TX 76244	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Cary Mod	on	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Greater FW Real Estate Council	7 Amount of contribution (\$)
04/17/2021	6 Contributor address; City; State; Zip Code 301 Commerce St FW TX 76102	1,000.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/20/2021	Hammer and Nails Contributor address; City; State; Zip Code 100 E 15th St FW TX 76102	500.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:) Travis Clegg	Amount of contribution (\$)
04/20/2021	Contributor address; City; State; Zip Code 4020 Volk St FW TX 76244	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/21/2021	Gary Cumbie Contributor address; City; State; Zip Code 400 Willow Ridge Rd FW TX 76103	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Cary Mo	oon				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description	
04/21/2021	7 Contributor address; City; State;	Zip Code	0.00	Communication to PAC supporters.	
	PO Box 1176 Austin, TX 7870	01	Check if travel outsi	I de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JL	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
40 16	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
16 If Contributor	is a clinic, law lifth of parent(s) (if diff) (if enteres) (e)				
Date	Full name of contributor)	Amount of Contribution \$		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JL	IDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
spense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to c	Vages/Contract Labor	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Cary Moon		3 Filer ID (Ethics	Commission Filers)
4 Date 04/21/2021	5 Payee name Wine Thief			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
130.01				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Campaign Meeting			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/19/2021	Del Friscos Grill			
Amount (\$)	Payee address;	City;	State;	Zip Code
101.19	Fort Worth, TX 76102			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Campaign Team Meals			
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
04/06/2021	Google Suites			
Amount (\$)	Payee address;	City;	State;	Zip Code
6.40				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	ı, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 2 Cary Moon 4 Date 5 Payee name 04/01/2021 Murphy-Nasica 6 Amount (\$) 7 Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin, TX 78701 11,982.33 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Advertsing, Print, Canvassing, EXPENDITURE Consulting (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 04/14/2021 NationBuilder Amount (\$) Zip Code City; State: Payee address; 269.00 Category (See Categories listed at the top of this schedule) Description Campaign Database **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/01/2021 Wal Mart Amount (\$) Payee address; City; State; Zip Code 314.01 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign supplies, Easter Candy OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category					category no	not listed above)	
Great Card Taymork		The Instruction Guide	explains how to	complete this form.				
Total pages Schedule H: 1	2 FILER NA Cary M				3 Filer ID	(Ethics Co	mmission Filers	
4 _{Date} 04/05/2021	5 Business Trinity							
6 Amount (\$) 30.24	7 Business 4212 H\	address; WY 360 Ste 100	FW TX 761	City; 155	St	ate;	Zip Code	
PURPOSE OF EXPENDITURE		(See Categories listed at the to n Meeting	p of this schedule)	(b) Description				
	(c) C	Check if travel outside of Texas. Co	mplete Schedule T.	Check if Aus	stin, TX, officeholder	living expens	Se	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	!	Office sought		Offic	ce held	
Date	Business	name						
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code	
PURPOSE OF	Category	(See Categories listed at the top	o of this schedule)	Description				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Offic	e held	
Date	Business	name						
Amount (\$)	Business	address;		City;	Sta	ate;	Zip Code	
PURPOSE	Category	(See Categories listed at the top	o of this schedule)	Description				
OF EXPENDITURE								
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T. C			Check if Aus	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Offic	e held	

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