

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Cary Moon

16 Filer ID (Ethics Commission Filers)

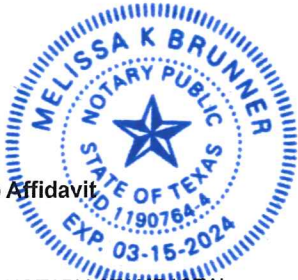
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,320.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 90.09
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,103.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 33,129.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Cary Moon this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Melissa K. Brunner Melissa K. Brunner Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Cary Moon		20 Filer ID (Ethics Commission 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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	■ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested 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 Moon		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Davis 6 Contributor address; City; State; Zip Code 2325 Mistle Toe Dr FW TX 76110	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions) Real Estate Title		9 Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Michael Eggleton Contributor address; City; State; Zip Code 1401 Lizzy Dr Keller, TX 76248	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Transportation		Employer (See Instructions)
Date 04/02/2021	Full name of contributor out-of-state PAC (ID#: _____) Fort Worth Professional Fire Fighters Assoc Contributor address; City; State; Zip Code 3855 Tulsa Way FW TX 76107	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2021	Full name of contributor out-of-state PAC (ID#: _____) Chris Gavras Contributor address; City; State; Zip Code 1301 Throckmorton #2105 FW TX 76102	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Lela Nichols	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 4101 Willingham Ct FW TX 76244	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Linebarger, Googan Blair *& Sampson	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 100 Throckmorton Ste 300 FW TX 76102	
Principal occupation / Job title (See Instructions) Tax Collections		Employer (See Instructions)
Date 04/09/2021	Full name of contributor out-of-state PAC (ID#: _____) Thomas Krampitz	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 807 N Oak Cliff Blvd Dallas TX 75208	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 04/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Joe Paniagua	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 8125 Mount Shasta Cir FW TX 76137	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Joy Krebs	25.00
	6 Contributor address; City; State; Zip Code 5000 Granite Shoals FW TX 76103	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Conservative Voter Forum	1,000.00
	Contributor address; City; State; Zip Code 1144 Terrace Trl Hurst, TX 76053	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2021	Full name of contributor out-of-state PAC (ID#: _____) Don Campbell	100.00
	Contributor address; City; State; Zip Code 221 Willow Ridge Rd FW TX 76103	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2021	Full name of contributor out-of-state PAC (ID#: _____) Greg Wurtele	100.00
	Contributor address; City; State; Zip Code 9937 Broiles Ln FW TX 76244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested 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 Moon

3 Filer ID (Ethics Commission Filers)**4** Date

04/17/2021

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

Greater FW Real Estate Council

7 Amount of contribution (\$)

1,000.00

6 Contributor address; City; State; Zip Code

301 Commerce St FW TX 76102

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

04/20/2021

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

Hammer and Nails

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

100 E 15th St FW TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2021

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

Travis Clegg

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

4020 Volk St FW TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

Date

04/21/2021

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

Gary Cumbie

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

400 Willow Ridge Rd FW TX 76103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested 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 A2: 1	
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 04/21/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter Schools Now, PAC 7 Contributor address; City; State; Zip Code PO Box 1176 Austin, TX 78701	8 Amount of Contribution \$ 0.00	9 In-kind contribution description Communication to PAC supporters. <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2021	5 Payee name Wine Thief	
6 Amount (\$) 130.01	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Meeting	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/19/2021	Payee name Del Friscos Grill	
Amount (\$) 101.19	Payee address; City; State; Zip Code Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Team Meals	Description
	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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/06/2021	Payee name Google Suites	
Amount (\$) 6.40	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office	Description
	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/OH	Candidate / Officeholder name	Office sought Office held

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2021	5 Payee name Murphy-Nasica	
6 Amount (\$) 11,982.33	7 Payee address; City; State; Zip Code 815-A Brazos St Ste 304 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertsing, Print, Canvassing, Consulting	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2021	Payee name NationBuilder	
Amount (\$) 269.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Database	Description
	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/OH	Candidate / Officeholder name	Office sought Office held
Date 04/01/2021	Payee name Wal Mart	
Amount (\$) 314.01	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign supplies, Easter Candy	Description
	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/OH	Candidate / Officeholder name	Office sought Office held

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

The Instruction Guide explains how to complete this form..

1 Total pages Schedule H: 1	2 FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2021	5 Business name Trinity Tavern	
6 Amount (\$) 30.24	7 Business address; City; State; Zip Code 4212 HWY 360 Ste 100 FW TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Meeting	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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/OH	Candidate / Officeholder name	Office sought Office held

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