OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	ow to complete this form.	1 Filer ID (Ethics Commission Filer	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	Cary	MI G	OFFICE USE ONLY
NAME	NICKNAME	LAST Moon	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	OX; APT / SUITE #; C	CITY; STATE; ZIP CODE	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	APR - 1 2021 Date Hand-delivered or Date Postmarked CITY OF FORT WORLH CITY SECRETARY Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	_{FIRST} Marshall	MI	Date Processed
A parameters	NICKNAME	Walker Valker	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2829 Beaty FW, TX 76		UITE #, CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) \(^16\)	PHONE NUMBER	EXTENSION	. I
9 REPORT TYPE	January 15	30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elect	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 01 / 21	THROUGH 03	
11 ELECTION	Month Day 05 01	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth (City Council District	13 OFFICE SOUGHT (if know	wn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
	¥	COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO P	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	f	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$
,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	I. TOTAL POLITICAL EXPENDITURES	\$ 18,002.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$28,237.99
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	, or affirm, under penalty of perjury, that the accompanying report is true to be reported by me under Title 15, Election Code.	e and correct and includes all information
		//11-
	Signature of Co	andidate or Officebolder
	Signature of Ca	ndidate or Officeholder
(1) Affidavit 19076A	Please complete either option below	/:
NOTARY STAMP/SEAL Sworn to and subscribed before	e me by this the _	150 day of 200'1
	•	day of 1-10c. 1.,
meess of	, witness my hand and seal of office. Melissa K Bruno	c notorce
Signature of officer administering o		Title of officer administer in g oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is		51 5
	(street) (city) (st	tate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	ommission Filers)	
	CARY Moon		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 40,150.00
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	NTRIBUTIONS	\$ 18,002.02
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 FUN	NDS	\$
10.	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 345.78
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1

If the reque	ested information is not applica	able, DO NOT in	nclude this page in the	: report.
The	e Instruction Guide explains how	w to complete th	is form.	1 gotal pages Schedule A1:
2 FILER NAME Car	ry Moon			3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2021	The state of the s	_	AC (ID#:)	7 Amount of contribution (\$) 500.00
¥	6 Contributor address;	City;	State; Zip Code	
	2829 Beaty Ct	FW	TX 76112	
8 Principal occu Restauran	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 02/21/21	Full name of contributor Joel Fincher	_	AC (ID#:)	Amount of contribution (\$)
02.2	Contributor address;	City;	State; Zip Code	500.00
1	4514 HWY 360		TX 76155	ĺ
Principal occup Restaul	 pation / Job title (See Instructions) rant		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
02/10/21	Ronnie Ford	***************************************		
	Contributor address;	City;	State; Zip Code	500.00
	479 Morning Star Ct	Keller, TX	76244	1
Principal occup Real Estate	pation / Job title (See Instructions)		Employer (See Instructi	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Addie Carroll			500.00
02/10/21	Contributor address;	City;	State; Zip Code	000.00
	220 Smith St Burlesor	n TX 7	76028	
	pation / Job title (See Instructions) eal Estate		Employer (See Instructi	ions)
	ATTACH ADDIT	IONAL COPIES (OF THIS SCHEDULE AS NE	EEDED

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

If the reque	ested information is not applicable, DO NOT II	nclude this page in the	report.	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME Cary Moor		y-	3 Filer ID (Ethics Commission Filers)	
4 Date 2/10/21	5 Full name of contributor out-of-state PA Anthony Vilaros 6 Contributor address; City; 224 Center St Arlington T	7 Amount of contribution (\$) \$500.00		
8 Principal occu Retail	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date 02/10/21	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$) \$1500.00	
	3300 Milton Ave Dallas, TX 752	205		
Principal occupation / Job title (See Instructions) Real Estate Employer (See Instructions)			tions)	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	
03/01/21	Contributor address; City; 6235 Skylark NRH, TX 7	State; Zip Code	\$500	
Principal occup Restaurant	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)	
03/01/21	Contributor address; City;	State; Zip Code	\$10,000.00	
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.				

If the requ	lested information is not appli	cable, DO NOT	include this page in the	e report.
TI	he Instruction Guide explains h	ow to complete th	his form.	1 Total pages Schedule A1:
2 FILER NAM Cary Mo				3 Filer ID (Ethics Commission Filers)
4 Date 3/01/21	5 Full name of contributor FW Fire Fighters Cor	mmittee	PAC (ID#:)	7 Amount of contribution (\$)
0.0	6 Contributor address;	City;	State; Zip Code	\$5000.00
	3855 Tulsa, Way	FW	TX 76107	
8 Principal occ	cupation / Job title (See Instruction	s)	9 Employer (See Instruc	ctions)
Date	Full name of contributor William Burgan	out-of-state P	PAC (ID#:)	Amount of contribution (\$)
03/01/21	Contributor address;	City;	State; Zip Code	\$100.0
	9341 Sundial	FW	TX 76244	
Principal occi Retired	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/07/21	Nelson Mitchell		AC (ID#:)	Amount of contribution (\$) \$500.00
	Contributor address;	City;	State; Zip Code	
	5016 Montclair	Colleyvi	ille, TX 76034	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/10/21	Full name of contributor Good Government Fu	out-of-state PA	AC (ID#:)	Amount of contribution (\$) \$1250.00
	Contributor address;	City;	State; Zip Code	
	201 Main St Ste 2700	FW TX 761	02	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
			1	
	ATTACH ADDI		OF THIS SCHEDULE AS N ruction guide for additional r	

The	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Cary Moon				3 Filer ID (Ethics Commission Filers)
Date 03/10/21	5 Full name of contributor PSEL PAC		C (ID#:	7 Amount of contribution (\$) \$1250.00
	6 Contributor address;	City;	State; Zip Code	``
	201 Main St Ste 2700	FW TX 76	102	,
Principal occi	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date 03/12/21	Full name of contributor Brian Black	_	C (ID#:)	Amount of contribution (\$) \$50.00
	Contributor address;	City;	State; Zip Code	·
	9136 Tate	FW TX	76244	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
03/12/21	Mark Berry			\$1000.00
	Contributor address;	City;	State; Zip Code	
	1700 Forest Bend	Keller TX	76248	
Principal occup Engineer	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date 03/16/21	Full name of contributor Sandra McGlothlin	out-of-state PAC	(ID#:)	Amount of contribution (\$) \$1000.00
	Contributor address;	City;	State; Zip Code	
	5301 Sun Valley FW	ΓX 76119		
Principal occup	I pation / Job title (See Instructions)		Employer (See Instru	I ctions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM		3 Filer ID (Ethics Commission Filers)	
4 Date 03/16/21	5 Full name of contributor ☐ out-of-state PAC (Jeff Hamilton	(ID#:)	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; 9908 Channing Dr FW TX	State; Zip Code 76244	
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 03/16/21	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$) \$250.00
	Contributor address; City;	State; Zip Code	
	777 Taylor St Ste 1030 FW TX	76102	
Principal occu Energy	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/17/21	Full name of contributor		Amount of contribution (\$) \$500.00
	Contributor address; City; 3700 Country Club Ln FW TX 76	State; Zip Code	
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/20/21	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; 4837 Eddelman Dr FW TX 76244	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Enginee	r		

SCHEDULE A1

The	e Instruction Guide explains how to complete this	is form	1 Total pages Schedule A1:
-		3 TOFM.	
2 FILER NAME Cary Moo			3 Filer ID (Ethics Commission Filers)
	T		
4 Date 03/22/21	5 Full name of contributor ☐ out-of-state PAC Tom Galbreath	C (ID#:)	7 Amount of contribution (\$) \$200.00
	6 Contributor address; City;	State; Zip Code X 76008	
8 Principal occur Engine	upation / Job title (See Instructions)	9 Employer (See Instruc	:tions)
Date 03/22/21	Full name of contributor	, 4	\$100.00 \$100.00
	Contributor address; City;	State; Zip Code	
	2220 Hawthorne FW TX 76	6110	1
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/22/21	Full name of contributor	ž	Amount of contribution (\$)
	Contributor address; City; PO Box 7243 FW TX 76243	State; Zip Code	4
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/24/21	Greater FW Realtors Assoc	C (ID#:)	Amount of contribution (\$) \$2500.00
	Contributor address; City; 301 Commerce St FW TX 76102	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

II the reque	sted information is not applica	able, DO NOT II	lciuue iiiis paye iii iiie	утероп.
The	e Instruction Guide explains hov	w to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME Cary Moon		; - r		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/21	5 Full name of contributor Tim Fleet		AC (ID#:)	7 Amount of contribution (\$) \$2500.00
	6 Contributor address; 3045 Lackland FW	City;	State; Zip Code	
8 Principal occu	upation / Job title (See Instructions))	9 Employer (See Instruc	ctions)
Real E	Estate			
\$03/24/21	Full name of contributor Jeff Davis	ii ii	.C (ID#:)	Amount of contribution (\$) \$100.00
	Contributor address;	City;	State; Zip Code	¥160102
	13408 Quail Valley			
Principal occup Engineer	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/24/21	Full name of contributor Charles Picciuti	out-of-state PAC) (ID#:)	Amount of contribution (\$) \$200.00
	Contributor address;	City; FW TX 762	State; Zip Code 244	
Principal occupa Retired	pation / Job title (See Instructions)	,	Employer (See Instruct	tions)
Date 03/24/21	Full name of contributor Don Klick		C (ID#)	Amount of contribution (\$) \$100.00
	Contributor address;	City;	State; Zip Code	
		FW 76244		
Principal occupation / Job title (See Instructions) Real Estate Employer (See Instructions)				tions)
	ATTACH ADDITI		OF THIS SCHEDULE AS NI uction guide for additional re	

SCHEDULE A1

50 35 T 10 E g	, , , , , , , , , , , , , , , , , , ,		
The	e Instruction Guide explains how to complete this	is form.	1 Total pages Schedule A1:
2 FILER NAME Cary Moon			3 Filer ID (Ethics Commission Filers)
4 Date 03/16/21	Ken Wardle	AC (ID#:)	7 Amount of contribution (\$) \$ 250.
	6 Contributor address; City; 3809 Eddleman Dr FW T	State; Zip Code	
8 Principal occu Finan	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Fran Rhoades	.C (ID#:)	Amount of contribution (\$) \$50.00
03/24/21	Contributor address; City; 10613 Elmhurst FW TX 7624	State; Zip Code	
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruc	:tions)
Date 03/24/21	Full name of contributor	C (ID#:)	Amount of contribution (\$) \$1000.00
đ	Contributor address; City; 2751 Southlake Blvd Southlake, T.	State; Zip Code 「X 76092	
Principal occup Real Est	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 03/25/2021	Full name of contributor Out-of-state PAC OUT-out-of-state PAC OUT-out-of-state PAC OUT-out-of-state PAC OUT-out-out-out-out-out-out-out-out-out-out	1	Amount of contribution (\$) \$5000.00
ı	Contributor address; City; 1617 Tierney FW TX 76112	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
			•
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

II the reques	ested information is not applicable, DO NOT in	iciude this page in the	; report.
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Cary Moo			3 Filer ID (Ethics Commission Filers)
4 Date 03/25/21	5 Full name of contributor □ out-of-state PAC Chris Douglas	AC (ID#:)	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City;	State; Zip Code	1
- 100	409 havenwood FW TX 761		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 3/25/21	Full name of contributor out-of-state PAC Robert Folzenlogan	C (ID#:)	\$150.00 (\$)
	Contributor address; City;	State; Zip Code	
	1916 Berleky FW	TX 76110	
Principal occup Real Esta	pation / Job title (See Instructions)	Employer (See Instruct Hillwood	tions)
Date 03/31/21	Full name of contributor	; (ID#)	\$50.00 (\$)
ľ	Contributor address; City;	State; Zip Code	
	PO Box 136215 FW TX 76136		
	eation / Job title (See Instructions) Estate	Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#)	Amount of contribution (\$)
03/31/21	Clairita Porter		\$100.00
	Contributor address; City; 809 Havenwood Ln S FW TX	State; Zip Code	
Principal occupation / Job title (See Instructions) Education - Retired			tions)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instruc		

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

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)			
1 Total pages Schedule F1:	5-4-9-40 3-49-40-40-40-40-4-40-4-1 (5-4-40-40-40-4-4-40-4-4-4-4-4-4-4-4-4-4-	3 Filer ID (Ethics Commission Filers)			
4 Date 02/08/21	5 Payee name Murphy Nasica				
6 Amount (\$) 8000.00	7 Payee address; 815-A Brazos	City; State; Zip Code Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pollin	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held			
Date	Payee name				
02/14/21	Murphy Nasica	\$			
Amount (\$)	Payee address;	City; State; Zip Code			
5019.34	815-A Brazos	Austin, TX 78701			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Signs, Door hangers	*,			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
01/01 - 03/31	Murphy Nasica				
Amount (\$)	Payee address;	City; State; Zip Code			
1000.0	815-A Brazos	Austin, TX 78701			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Managment	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED			

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 **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 01/01 - 03/31/21 Nationbuilder 6 Amount (\$) 7 Payee address; City; State; Zip Code \$2152.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE **IT Software** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Wal Mart 03/26/21 Zip Code City; State: Amount (\$) Payee address; 8520 N Beach FW TX 76244 385.66 Category (See Categories listed at the top of this schedule) Description **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 Cafe Republic 02/13/21 Amount (\$) Payee address; State; Zip Code City; 8640 N Beach FW 76244 226.96 Category (See Categories listed at the top of this schedule) Description **PURPOSE** 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

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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	(b) Description			
	(c) Check if travel outside of Texas. Complete Scheo	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Рауее пате		:		
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description			
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austir	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description			
	Check if travel outside of Texas. Complete Schedu	žeT. Check if Austin	, TX, officeholder living 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		FOOd/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N	·······	<u>-</u>	3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this so	chedule) (b) Description			
	(c)	Check if travel outside of Texas. Complete Sch	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought		Office held	
Date	Payee na	me				
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	nedule) Description	and the second of the second		
	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	Candida	ite / Officeholder name	Office sought		Office held	
Date	Payee na	me				
Amount (\$)	Payee ad	iress;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this scho	edule) Description			
		Check if travel outside of Texas, Complete Sche	dule T. Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder name	Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED		

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

SCHEDULE H

		EXPENDIT	URE CATEG	ORIES	FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services	ense als Expense	Office Of Polling E Printing Salaries	Expense Wages/Contract Labor	Transport Travel In Travel Ou	ation Equip District It Of Distric	sing Expense , orment & Related Expense at only not listed above)		
1 Total pages Schedule H:	The Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)									
Total pages Schedule H.	² Cary M	oon				3 THOI I	J (Ellilo	s commission i nors,		
4 Date 02/23/21	5 Business Daltons									
6 Amount (\$)	7 Business	address;			City;		State;	Zip Code		
·	200 S Main St Burleson, TX 76028									
8	(a) Category	(See Categories listed at	t the top of this sche	dule)	(b) Description					
PURPOSE OF										
EXPENDITURE										
	(c) C	heck if travel outside of Tex	xas. Complete Sched	ule T.	Check if Austin,	, TX, officehol	der living e	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officeholder r	name		Office sought			Office held		
Date	Business	name								
		N ₁						\		
Amount (\$)	Business	address;			City;		State;	Zip Code		
		*								
		,								
	Category (See Categories listed at	the top of this sched	lule)	Description					
PURPOSE										
OF EXPENDITURE										
	Ch	neck if travel outside of Texa	as. Complete Schedu	leT.	Check if Austin,	neck if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder n	ame		Office sought		,	Office held		
Date	Business i	name								
Amount (\$)	Business a	address;			City;		State;	Zip Code		
N4	Catagon (See Categories listed at t	the top of this pohed	lula)	Description					
BUDD005	Category (ree Categories listed at t	are top or any soried	uicj	Description					
PURPOSE OF										
EXPENDITURE			0			TV -#	5.7			
	Ch	eck if travel outside of Texa	as, Complete Schedul	e I.	Check if Austin,	IX, officehold	er living ex	pense		
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder na	ame		Office sought			Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										