

**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 how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Cary MI: G NICKNAME: _____ LAST: Moon SUFFIX: _____	<div style="text-align: center; border: 2px solid red; border-radius: 50%; padding: 10px; color: white; font-weight: bold;"> RECEIVED APR - 1 2021 CITY OF FORT WORTH CITY SECRETARY </div> Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () _____ _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Marshall MI: _____ NICKNAME: _____ LAST: Walker SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2829 Beaty Ct FW, TX 7611		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 688-2839		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 21 03 / 31 / 21 THROUGH		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 21 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 4	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,002.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28,237.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 15th 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 <i>CARY MOON</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,150.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,002.02
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 345.78
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 9
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall Walker	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2829 Beaty Ct FW TX 76112		
8 Principal occupation / Job title (See Instructions) Restaurant		9 Employer (See Instructions)
Date 02/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joel Fincher	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4514 HWY 360 FW TX 76155		
Principal occupation / Job title (See Instructions) Restaurant		Employer (See Instructions)
Date 02/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Ford	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 479 Morning Star Ct Keller, TX 76244		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 02/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addie Carroll	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 220 Smith St Burleson TX 76028		
Principal occupation / Job title (See Instructions) Real Estate		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

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 2/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Vilaros 6 Contributor address; City; State; Zip Code 224 Center St Arlington TX 76011	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions)
Date 02/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Harrison Contributor address; City; State; Zip Code 3300 Milton Ave Dallas, TX 75205	Amount of contribution (\$) \$1500.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 03/01/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Roby Contributor address; City; State; Zip Code 6235 Skylark NRH, TX 76180	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Restaurant		Employer (See Instructions)
Date 03/01/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Worth Police Officers Association Contributor address; City; State; Zip Code 2501 Parkview Dr FW TX 76102	Amount of contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 3/01/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Fire Fighters Committee	7 Amount of contribution (\$) \$5000.00
6 Contributor address; City; State; Zip Code 3855 Tulsa, Way FW TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Borgan	Amount of contribution (\$) \$100.0
Contributor address; City; State; Zip Code 9341 Sundial FW TX 76244		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/07/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson Mitchell	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5016 Montclair Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund	Amount of contribution (\$) \$1250.00
Contributor address; City; State; Zip Code 201 Main St Ste 2700 FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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 03/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC	7 Amount of contribution (\$) \$1250.00
6 Contributor address; City; State; Zip Code 201 Main St Ste 2700 FW TX 76102		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 03/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Black	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9136 Tate FW TX 76244		

Principal occupation / Job title (See Instructions) Insuranne	Employer (See Instructions)
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Date 03/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Berry	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 1700 Forest Bend Keller TX 76248		

Principal occupation / Job title (See Instructions) Engineer	Employer (See Instructions)
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Date 03/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra McGlothlin	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 5301 Sun Valley FW TX 76119		

Principal occupation / Job title (See Instructions) Construction	Employer (See Instructions)
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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 03/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Hamilton	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 9908 Channing Dr FW TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 03/16/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Rosie Moncrief	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 777 Taylor St Ste 1030 FW TX 76102		
Principal occupation / Job title (See Instructions) Energy		Employer (See Instructions)

Date 03/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacie Pipes	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3700 Country Club Ln FW TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 03/20/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Bergeron	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4837 Eddelman Dr FW TX 76244		
Principal occupation / Job title (See Instructions) Engineer		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>		
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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 03/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Galbreath	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 1117 Cabria Ct Aledo TX 76008		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 03/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Cornelson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2220 Hawthorne FW TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Herring	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code PO Box 7243 FW TX 76243		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions)
Date 03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greater FW Realtors Assoc	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code 301 Commerce St FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 03/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Fleet	7 Amount of contribution (\$) \$2500.00
6 Contributor address; City; State; Zip Code 3045 Lackland FW TX 76116		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions)
Date \$03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Davis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 13408 Quail Valley FW TX 76244		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Picciuti	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 9709 Sam Bass FW TX 76244		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Klick	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8450 TRace Ridge FW 76244		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers) .
4 Date 03/16/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Wardle	7 Amount of contribution (\$) \$ 250.⁰⁰
	6 Contributor address; City; State; Zip Code 3809 Eddleman Dr FW TX 76244	
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions)
Date 03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fran Rhoades	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 10613 Elmhurst FW TX 76244	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Macleod	Amount of contribution (\$) \$1000.00
	Contributor address; City; State; Zip Code 2751 Southlake Blvd Southlake, TX 76092	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 03/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Retired Firefighters and Wodows Assoc	Amount of contribution (\$) \$5000.00
	Contributor address; City; State; Zip Code 1617 Tierney FW TX 76112	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 9
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 03/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Douglas	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 409 havenwood FW TX 76112		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Folzenlogan	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 1916 Berleky FW TX 76110		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Hillwood
Date 03/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Matthews	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code PO Box 136215 FW TX 76136		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 03/31/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clairita Porter	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 809 Havenwood Ln S FW TX 76112		
Principal occupation / Job title (See Instructions) Education - Retired		Employer (See Instructions)

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

POLITICAL 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 FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
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4 Date 02/08/21	5 Payee name Murphy Nasica
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6 Amount (\$) 8000.00	7 Payee address; 815-A Brazos	City; Austin, TX	State; 78701	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Pollin	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 02/14/21	Payee name Murphy Nasica
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Amount (\$) 5019.34	Payee address; 815-A Brazos	City; Austin, TX	State; 78701	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs, Door hangers	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date 01/01 - 03/31	Payee name Murphy Nasica
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Amount (\$) 1000.0	Payee address; 815-A Brazos	City; Austin, TX	State; 78701	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Managment	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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ATTACH ADDITIONAL COPIES OF THIS 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	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 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 01/01 - 03/31/21	5 Payee name Nationbuilder	
6 Amount (\$) \$2152.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) IT Software	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 03/26/21	Payee name Wal Mart	
Amount (\$) 385.66	Payee address; City; State; Zip Code 8520 N Beach FW TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/13/21	Payee name Cafe Republic	
Amount (\$) 226.96	Payee address; City; State; Zip Code 8640 N Beach FW 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS 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	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 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS 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	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 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:	2 FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
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4 Date 02/23/21	5 Business name Daltons Corner
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6 Amount (\$)	7 Business address; City; State; Zip Code 200 S Main St Burleson, TX 76028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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