

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY SECRETARY**


**FORM C/OH
COVER SHEET PG 1**

FT. WORTH, TX
1 Filer ID (Ethics Commission Filers)

The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Cary	MI G	OFFICE USE ONLY Date Received 	
	NICKNAME	LAST Moon	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; 5016 Exposition Way	CITY; STATE; ZIP CODE Fort Worth, TX 76244			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 688-2839	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Marshall	MI B	Receipt #	Amount \$
	NICKNAME	LAST Walker	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 2829 Beaty Ct		CITY; STATE; ZIP CODE Fort Worth, TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 688-2839	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 04 / 27 / 2017		THROUGH	Month Day Year 06 / 30 / 2017	
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) City of Fort Worth Cit Council District #4		13 OFFICE SOUGHT (if known)		

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5100. 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	\$ 2407. ⁰⁰
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 type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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

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
04/27/2017

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

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
11916 S Granite Ave Tulsa, OK. 74137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/28/2017

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

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
3700 Country Club Dr FW TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/01/2017

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

Amount of contribution (\$)
\$1000.00

Contributor address; City; State; Zip Code
201 Main St Ste 2700 FW, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/02/2017

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6212 Curzon Ave FW TX 76116

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)
4 Date 06/07/2017	5 Payee name Susan Cloud	
6 Amount (\$) \$2700.00	7 Payee address; City; State; Zip Code 613 Lynwood Burleson TX 76028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contact Labor - Campagin Mgmt Social Media	(b) Description <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 04/27/2017	Payee name Cary Moon	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 5016 Exposition Way FW, TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIM Travel in District	Description <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 06/17/2017	Payee name Whiskey and Rye	
Amount (\$) \$107.00	Payee address; City; State; Zip Code 1300 Houston St FW, TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals - Citizen	Description <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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 05/03/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atlantic Pacific Communities	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1025 Kane Concourse, Ste 215 Bay Harbour FL 33154		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Tarrant County	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code 6350 Baker Blvd Richland Hills, TX 76118		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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