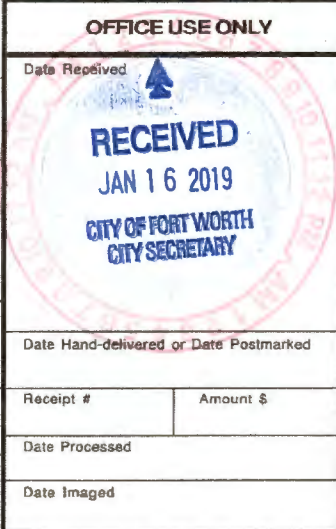


OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

**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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Cary	MI G
	NICKNAME	LAST Moon	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 5016 Exposition Way	APT / SUITE #;	CITY; STATE; ZIP CODE Fort Worth TX 76244
<input checked="" type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 688-2839	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Walker	MI
	NICKNAME	LAST Marshall	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2829 Beaty Ct Fort Worth, TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 688-2839	EXTENSION
9 REPORT TYPE	<input checked="" 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 Month Day Year 07 / 01 / 2018 THROUGH 12 / 31 / 2018		
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST 4 FORT WORTH	13 OFFICE SOUGHT (if known)	



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Cary Moon** 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

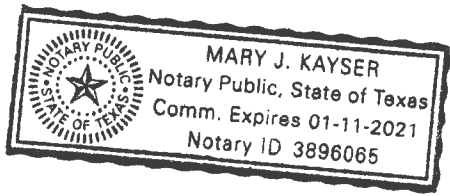
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,950.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1106.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,651.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,435.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cary Moon, this the 16th day of Jan, 2019, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

MARY J KAYSER
Printed name of officer administering oath

[Handwritten Title]
Title of officer administering oath

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	\$ 18,950
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	\$ 11,435
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	\$ 509.90
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: 1
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Polson	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4820 Bateman RD FW TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/05/2018	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)		Employer (See Instructions)
Date 10/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tony Vilaros	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5432 Brazoria Grand Prairie, TX 75052		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Clegg	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4020 Volk St FW TX 76244		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 10/19/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Kotter	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 5100 Shelley Ray FW TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Hay	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 703 Renaissance Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Eggleton	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 1401 Lizzy Dr Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Kosek	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4121 Bolen Dt FW TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Edmonds	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 721 Green River FW TX 76112		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/22/2018	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 Dr FW TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debra Salazar	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9725 Broiles Ln FW TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dan Markson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 200 Concord Plaza SA TX 78216		
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Montesi	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 2108 Bradford Park FW TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Smith	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10705 Traymore FW TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Fickes Campaign	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 4021 Hilltop Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Teeler	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6208 Forest Ridge FW TX 76112		
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 11/01/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Macleod	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 251 Southlake Blvd Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Galbreath	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 11717 Cambria Aledo, TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Welch	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 821579 NRH TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Light	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 6116 Kenwick FW TX 76116		
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 11/02/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PSEL PAC	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 201 Main St Ste 2500 FW TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Good Government Fund	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 201 Main St Ste 2500 FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G Malcomb Louden	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code 500 W 7th St Unit 27 Ste 1007 FW TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Fleet	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3045 Lackland FW TX 76116		
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 11/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson	7 Amount of contribution (\$) 2500.00
6 Contributor address; City; State; Zip Code 100 Throckmorton FW TX 76102		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 816 Congress Ave Ste 1120 Austin TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Krampitz	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 807 N Oak Cliff Dr Dallas TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freese and Nichols PAC	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4055 Internationalk Plaza Ste 200 FW TX 76109		
Principal occupation / Job title (See Instructions)		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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Cary Moon		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Norris	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4109 Ridglea Club Dr FW TX 76126		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mojy Haddad	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 2500 NE Green Oaks Dr Arlington, TX 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Moten	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 167 St Andrews Ln Aledo, TX 76008		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Pavlik	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1300 Summit St Ste 725 FW TX 76102		
Principal occupation / Job title (See Instructions)		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>		

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 07/01/18-12/31/18	5 Payee name NationBuilder	
6 Amount (\$) 714.00	7 Payee address; City; State; Zip Code 520 S Grand Ave LA, CA 90071	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other - Campaign Database	(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 12/07/2018	Payee name Gardner Brashear	
Amount (\$) 1275.00	Payee address; City; State; Zip Code 10113 Vintage Dr FW, TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Management	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 10/18/2018	Payee name Mariott	
Amount (\$) 3140.41	Payee address; City; State; Zip Code 3001 Amador FW TX 76177	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	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

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 01/01-06/30/18	5 Payee name AT&T	
6 Amount (\$) 698.38	7 Payee address; City; State; Zip Code 6600 N Freeway FW, TX 76137	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office	(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 11/01/2018	Payee name Grace's	
Amount (\$) 1132.00	Payee address; City; State; Zip Code 777 Main FW TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	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 12/31/2018	Payee name Tax Ticket	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3009 Arbor St Houston, TX 77004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting	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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 10/31/2018	5 Payee name Wal Mart	
6 Amount (\$) 1939.93	7 Payee address; City; State; Zip Code 8520 N Beach TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Events	(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 12/07/2018	Payee name Mercury Chophouse	
Amount (\$) 145.00	Payee address; City; State; Zip Code 525 Taylor St FW TX 76102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Meails	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 7/01/2018	Payee name Google	
Amount (\$) \$21.85	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Sol/citation/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 12/31/2018	5 Business name TaxTicket
-----------------------------	-------------------------------------

6 Amount (\$) 500.00	7 Business address; City; State; Zip Code 3009 Arbor Houston, TX 77004
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/01/2018	Business name Keller Tavern
--------------------	--------------------------------

Amount (\$) \$9.90	Business address; City; State; Zip Code 128 S Main St Keller TX 76248
-----------------------	--

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
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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