Texas Ethics Commissio	on P.O. Box 12070 Austin, Texas	78711-2078 ECOR5) 2) 46	63-5800 (TDD 1-800-735-2989)
		ITY SECRETARY FT. WORTH, TX	FORM C/OH Cover Sheet pg 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Cary NICKNAME LAST Moon	MI G SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS /PO BOX; APT / SUITE #; CITY; 4040 Vernon Way Fort Worth, TX	STATE; ZIP CODE 76244	Date Hand-delivered of Roomarkey
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817 741-7777	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. PAUL NICKNAME LAST GARDNER	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3833 Drexmore Rd.	CITY; STATE; Fort Worth, TX 762	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 688-2839	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 X 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 05 01 2015 THROUGH	Month Day	Year 2015
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 05 09 2015	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) City of Fort Worth District 4	13 OFFICE SOUGHT (if known)	
	GO TO PAC	GE 2	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME Cary G Moon		1	5 ACCOUNT # (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		
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4000.00	
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$ 1129.33	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,548.16	
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$ 3,999.55	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	^{HE} \$ 0	
Notary	ISON KAY TIDWELL Public, State of Tex Commission Expires	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by	
	ctober 09, 2017		idate or Officeholder	
AFFIX NOTARY STAMF		ne, by the said Allison Tidwell	, this the	
ll is ay	of July	, 20 15 , to certify which, witness my	γ hand and seal of office.	
Signature of officer admin	istering oath	Printed name of officer administering oath	Title of officer administering oath	

(512)463-5800 (T

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Sch 1 of 1	-	
2 FILER NAME Cary Mod	on		3 ACCOUNT # (E	thics Commission Filers)	
4 Date 06/08/2015	5 Full name of contributor □ out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	121 E Exchange Fort Worth, TX 76164		(If travel outside	 of Texas, complete Schedule T)	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
Date 5/21/15	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 3904 Hamilton Ave Fort Worth, TX 7610	7	250.00		
Deineinelleren		Englaver (See 1		of Texas, complete Schedule T)	
Principal occuj	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
6/09/2015	Contributor address; City; State; Zip Code 100 Throckmorton Ste 300 Fort Worth, TX	76102	2500.00		
				of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date 6/19/2015	Full name of contributor out-of-state PAC (ID#: Robert Herchert)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code 4055 International Plaza Fort Worth, TX 76	109	250.00		
				f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See li	nstructions)		
Date	Full name of contributor 🗌 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code				
			(If travel outside o	f Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)		
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.	

SCHEDULE **B** PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES: ⇔ \$ ⇔ ⇔ ⇔ ⇔ ⇔ 5 Date Amount of 8 In-kind description 6 Full name of pledgor 9 out-of-state PAC (ID#:_ pledge (\$) (if applicable) 7 Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Amount of In-kind description Full name of pledgor Date out-of-state PAC (ID#:__ (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_ Amount of In-kind description Full name of pledgor (if applicable) pledge (\$) . . City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind description Amount of Full name of pledgor out-of-state PAC (ID#:____ pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind description Full name of pledgor Amount of out-of-state PAC (ID#:__ (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) 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.

(512) 463-5800

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E: 1 of 1
2 FILER NAME Cary G Moon	2		3 ACCOUNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:		⇒ \$ 0
5 Date of loan	7 Name of lender] out-of-state PAC (ID#:) 9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	I
14 Description of Coll	lateral	15 Check if personal funds were o	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender] out-of-state PAC (ID#:) Loan Amount (\$)
ls lender a financial Institution?	Lender address; City; State; Z	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Colla	iteral	Check if personal funds were d	deposited into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	tate; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	I
lf lend	ATTACH ADDITIONAL COPIE ler is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED action guide for additional repor	

(512) 463-5800

(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES		SCHEDULE F		
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages// Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loa raising Expense Tra Co strict /Rental Expense OT	an Repayment/Reimbursement insportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)		
1 Total pages Schedule F:	2 FILER NAME	•	3 ACCOUNT # (Ethics Commission Filers)		
1 of 5 4 Date	Cary G. Moon 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)	_	avel outside of Texas, complete Schedule T) h, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	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)	_	vel outside of Texas, complete Schedule T) , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Check if Austin Office sought	, TX, officeholder living expense Office held		
Date 05/02/2015 - 06/30/201	Payee name 5 FaceBook				
Amount (\$) \$552.83	Payee address;City; State; Zip Code1 Hacker WayMenlo Park, CA 94025				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Social Media	vel outside of Texas, complete Schedule T) TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-80

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee strict OTHER (enter a category not listed above) complete this form. Candidate/Officeholder/Political Committee
1 Total pages Schedule F: 2 of 5	2 FILER NAME Cary G. Moon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 05/04/15	5 Payee name Fed Ex	
6 Amount (\$) \$252.09	7 Payee address; City; State; Zip Code 6600 N Freeway #132 Fort Worth, TX 76137	*
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Print / Postage Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date 05/09/15	Payee name Flips Patio Grill	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	6613 Fossill Bluff Dr Fort Worth, TX 76137	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Results Watching Party Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office held
Date 05/28/2015	Payee name Woodhaven CC	1
Amount (\$) \$549.23	Payee address; City; State; Zip Code 913 Country Cub Ln Fort Worth, TX 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Reimbursement for April Campaign event Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date 05/11/2015	Payee name Google Adwords	
Amount (\$)	Payee address; City; State; Zip Code	
\$473.26	1600 Ampitheatre Pkwy Mountain View, CA 94	043
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Social Media Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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POLITICAL	EXPENDITURES			SCHEDULE F
			÷	
	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense S Legal Services S Food/Beverage Expense T Polling Expense T	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/R	ntract Labor Loa ising Expense Tra Cor rict	n Repayment/Reimbursement nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide ex	xplains how to a	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Cary G. Moon			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			I
6 Amount (\$)	7 Payee address; City; State;	; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of t	this schedule)	_	vel outside of Texas, complete Schedule T) , TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	,l	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 top	his schedule)	_	vel outside of Texas, complete Schedule T) TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sought	Office held
Date 05/18/2015	Payee name Murphy Nasika			
Amount (\$) \$1650.75	Payee address; City; State; 815-A Brazos St Austin, 7	Zip Code TX 78701		
PURPOSE OF	Category (See categories listed at the top of th Advertising	his schedule)	Description (If trav Auto Dial Phor	rel outside of Texas, complete Schedule T) ie Bank
EXPENDITURE			Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held
Date 05/01/2015 - 06/30/20	Payee name 15 Upword Consulting			
Amount (\$)	Payee address; City; State;	Zip Code		
\$1100.00	2 Brook Hollow Trophy Cllub,			
PURPOSE	Category (See categories listed at the top of th Advertising	his schedule)	Web Master an	rel outside of Texas, complete Schedule T) d Social Media
EXPENDITURE	3		Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
	ATTACH ADDITIONAL COPI	IES OF THIS SO	CHEDULE AS NEE	DED

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POLITICAL	EXPENDITURES			SCHEDULE F		
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor Lo aising Expense Tr Co trict Rental Expense O	oan Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)		
	The Instruction Guide	explains how to	complete this form.			
1 Total pages Schedule F: 4 of 5	2 FILER NAME Cary G. Moon			3 ACCOUNT # (Ethics Commission Filers)		
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code				
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule)	(b) Description (If the	ravel outside of Texas, complete Schedule T)		
OF EXPENDITURE						
LAFENDITORE			Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held		
Date	Payee name					
Amount (\$)	Payee address; City; Stat	ie; Zip Code				
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)		
OF EXPENDITURE			Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held		
Date 05/04/2015	Payee name AT&T					
Amount (\$)		e; Zip Code				
\$300.00	6600 N Freeway #120 Fort Wor	th, TX 76137				
PURPOSE	Category (See categories listed at the top o	f this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)		
OF	Office Overhead		Campaign Ph			
EXPENDITURE				n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	Office held		
Date	Payee name					
Amount (\$)	Payee address; City; State	e; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o	f this schedule)	_	avel outside of Texas, complete Schedule T)		
	Condidate / Officet-Id			n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held		
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS NEE	EDED		

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(TDD 1-800-735-2989)

POLITICAL	EXPENDITURES				SCHEDULE F
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tr Polling Expense Tr	alaries/Wages/Co olicitation/Fundra ravel In District ravel Out Of Dist ffice Overhead/R	ontract Labor nising Expense trict Rental Expense	Loan Repayment/Reir Transportation Equipm Contributions/Donation Candidate/Officeho OTHER (enter a categ	nent & Related Expense ns Made By older/Political Committee
1 Total pages Schedule F:	2 FILER NAME				Ethics Commission Filers)
5 of 5	Cary G. Moon				
4 Date 05/1/2015-06/30/15	5 Payee name Paul Gardner				
6 Amount (\$)	7 Payee address; City; State;				
\$6250.00	3833 Drexmore Fort Worth,	TX 76244			
8 PURPOSE	(a) Category (See categories listed at the top of the	his schedule)		(If travel outside of Texas, c	omplete Schedule T)
OF EXPENDITURE	Contract Labor		_	Managment	
	Candidate / Officeholder name		Office sought	ustin, TX, officeholder liviı +	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Onice sough	L	Onice held
Date	Payee name				
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of th	iis schedule)	Description (If travel outside of Texas, co	omplete Schedule T)
OF EXPENDITURE			Check if Au	ıstin, TX, officeholder livir	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name		• •		
Amount (\$)	Payee address; City; State;	Zip Code			
PURPOSE	Category (See categories listed at the top of thi	is schedule)	Description (I	If travel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE			Check if Au	ıstin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		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 the	is schedule)	_	If travel outside of Texas, co stin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS N	EEDED	

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	- EXPENDITURES OM PERSONAL FUNDS	SCHEDULE G
	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/ The Instruction Guide explains how to	aising Expense Transportation Equipment & Related Expense Strict Contributions/Donations Made By Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITORE		Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
		Check if Austin, TX, officeholder living expense
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

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Austin, Texas 78711-2070

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Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D Printing Expense Office Overhead	Contract Labor raising Expense Contributions/Donations Made	elated Expense By itical Committee
1 Total pages Schedule H:	The Instruction Guide explains how to 2 FILER NAME Cary G Moon	o complete this form. 3 ACCOUNT # (Ethics C	commission Filers)
4 Date 05/09/2015	5 Business name Keller Tavern		
6 Amount (\$) \$151.48	7 Business address; City; State; Zip Code 128 S Main St Keller, TX 76248		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage Expense	(b) Description (If travel outside of Texas, complete So Campaign Team Meals	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office	e held
Date 06/29/2015	Business name Tax Ticket, LLC		
Amount (\$) \$1920.00	Business address;City; State; Zip Code309 Arbor StHouston, TX 77004		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting	Description (If travel outside of Texas, complete Sch Accounting and Reporting	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought Office	e held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sch	nedule T)
EXPENDITURE		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	held
Date	Business name		1
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Sch	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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	ITICAL EXPENDITURES	JTIONS	SCHEDULE
	The Instruction Guide explains he	ow to complete th	is form.
1 Total pages Schedule	: 2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (Sea required.)	instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See required.)	instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See required.)	instructions regarding type of information
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See required.)	instructions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

The Instruction Guide explains now to complete this form.		1 Total pages Schedule K:
		3 ACCOUNT # (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C Schedule	e D Schedule F Schedule G				
Schedule H Schedule N COH-UC COH-T					
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G				
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A Schedule B Schedule C Schedule	D Schedule F Schedule G				
Schedule H Schedule N COH-UC COH-T	PAC-C PAC-E				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, sem	inar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

(512) 463-5800 (TDD 1-800-735-2989)

		NDIDATE / OFFICEHOLDER REPORT: SIGNATION OF FINAL REPORT	FORM C/OH - FR		
		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fin	form. nal Report" ••		
1	C/OH I Car	JAME y G Moon	2 ACCOUNT # (Ethics Commission Filers)		
3	SIGNATURE				
	report a	expect any further political contributions or political expenditures in connection with my can s a final report terminates my campaign treasurer appointment. I also understand that I ma e any campaign expenditures without a campaign treasurer appointment on file.			
		Signatu	re of Candidate / Officeholder		
4		HO IS NOT AN OFFICEHOLDER te A & B below <i>only</i> if you are not an officeholder. ••			
	Α.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from pe	olitical contributions.		
		I have unexpended contributions or unexpended interest or income earned from political or not convert unexpended political contributions or unexpended interest or income earned or use. I also understand that I must file an annual report of unexpended contributions an contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions ar earned on political contributions in accordance with the requirements of Election Code, § 2	on political contributions to personal d that I may not retain unexpended r than six years after filing this final and unexpended interest or income		
	в.	ASSETS			
	Chec	eck only one:			
		I do not retain assets purchased with political contributions or interest or other income fro	m political contributions.		
		I do retain assets purchased with political contributions or interest or other income from poli I may not convert assets purchased with political contributions or interest or other income fro use. I also understand that I must dispose of assets purchased with political contributions is of Election Code, § 254.204.	om political contributions to personal		
		S S	ignature of Candidate		
5		EHOLDER Dete this section <i>only</i> if you are an officeholder ••			
	X	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Sig	gnature of Officeholder		