

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD
CITY 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:

20

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

Mr.

Cary

G

NICKNAME

LAST

SUFFIX

Moon

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5016 Exposition Way Fort Worth, TX 76244

☐ change of address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

741-7777

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

Mr.

PAUL

NICKNAME

LAST

SUFFIX

GARDNER

**7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3833 Drexmore Rd.

Fort Worth, TX 76244

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817)

688-2839

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500
limit

☐ Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

01

01

2016

THROUGH

Month

Day

Year

06

30

2016

11 ELECTION

ELECTION DATE

Month

Day

Year

05

09

2015

ELECTION TYPE

☒ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City of Fort Worth District 4

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Cary G Moon

15 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

☒ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☒ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 22,410.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 1,944.01

4. TOTAL POLITICAL EXPENDITURES \$ 13,947.52

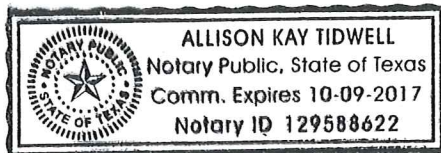
CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 9,560.50

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Cary Moon, this the 15th day of July, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 1 of 1 | |
| 2 FILER NAME Cary Moon | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 01/08/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donald Boren | 7 Amount of contribution (\$) 100.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 1755 Martel Ave Fort Worth, TX 76 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 2/17/16 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G Malcomb Louder | Amount of contribution (\$) 5000.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 500 W 7th ST Unit 27 Fort Worth, TX 76102 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 1/20/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tom Galbreath | Amount of contribution (\$) 100.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code Fort Worth, TX 76102 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Dunway & Assoc | |
| Date 1/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Schneider | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1401 Woodborough Keller, TX 76248 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Civil Engineer | | Employer (See Instructions) Hillwood | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Folzenlogen | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1918 Berkely FW TX 76110 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Hillwood | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Cary Moon | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 01/25/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson | 7 Amount of contribution (\$) 2500.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 100 Throckmorton St FW TX 76102 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FW Fire Fighters Committee for | Amount of contribution (\$) 2500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3855 Tulsa Way FW TX 76107 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mojoy Haddad | Amount of contribution (\$) 1500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2500 NE Green Oaks Arlington TX 76006 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Makens | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 1312 Somerset Ct Colleyville TX 76034 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dan Markson | Amount of contribution (\$) 250.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 3915 Skylark SA, TX 78210 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) NRP | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Cary Moon

3 ACCOUNT # (Ethics Commission Filers)

4 Date
1/25/2016

5 Full name of contributor ☐ out-of-state PAC (ID#:
Debra Guerrero

6 Contributor address; City; State; Zip Code
3915 Skylark SA, TX 78210

7 Amount of
contribution (\$)
110.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)
NRP

Date
01/25/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Becky Haskin

Contributor address; City; State; Zip Code
304 Havenwood Ln FW TX 76112

Amount of
contribution (\$)
300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/25/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Russell Laughlin

Contributor address; City; State; Zip Code
3717 Fox Hollow Ct FW, TX 76109

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/25/16

Full name of contributor ☐ out-of-state PAC (ID#:
Brinton Payne

Contributor address; City; State; Zip Code
6321 Juneau Rd FW, TX 76116

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/25/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Pat Pridemore

Contributor address; City; State; Zip Code
PO Box 8784 FW, TX 76124

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Cary Moon | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 01/25/2016 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Makens | 7 Amount of contribution (\$) 250.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FW Retired Fire Fighters & Widows Assoc | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2855 Tulsa FW, TX | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Freese and Nichols PAC | Amount of contribution (\$) 500.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 4055 International Plaza FW, TX 76109 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Moncrief Campaign | Amount of contribution (\$) 200.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 777 Taylor St FW, TX 76102 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2016 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Timothy Cone | Amount of contribution (\$) 110.00 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 215 W Lynwood SA, TX 78212 | | (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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Cary Moon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/27/2016

5 Full name of contributor

Andrew Tanner

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

110.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

3915 Skylark

SA, TX 78210

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01/27/2016

Full name of contributor

Ken Outcalt

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

110.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3915 Skylark

SA, TX 78210

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/2016

Full name of contributor

J David Heller

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3915 Skylark

SA, TX 78210

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/27/2016

Full name of contributor

Taylor Brown

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

110.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3915 Skylark

SA, TX 78210

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/27/2016

Full name of contributor

Tod Hanson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2750 River Park Plz

FW, TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Architect

Schwarz-Hanson

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME
Cary Moon

3 ACCOUNT # (Ethics Commission Filers)

4 Date
01/27/2016

5 Full name of contributor ☐ out-of-state PAC (ID#:
Gerry Schwarz

6 Contributor address; City; State; Zip Code
2750 River Park Plz FW, TX 76116

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Architect

10 Employer (See Instructions)
Schwarz-Hanson

Date
01/27/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Kyle Lovelady

Contributor address; City; State; Zip Code
3915 Skylark SA, TX 78210

Amount of
contribution (\$)
110.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/27/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Ted Bailey

Contributor address; City; State; Zip Code
3915 Skylark SA, TX 78210

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/27/2016

Full name of contributor ☐ out-of-state PAC (ID#:
Baird Hampton & Brown

Contributor address; City; State; Zip Code
6300 Ridgea Place FW, TX 76

Amount of
contribution (\$)
1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
1/28/2016

Full name of contributor ☐ out-of-state PAC (ID#:
William Meadows

Contributor address; City; State; Zip Code

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Cary Moon

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01/28/2016

5 Full name of contributor

☐ out-of-state PAC (ID#:

Dee Kelley, Jr

6 Contributor address; City; State; Zip Code

201 Main St

FW, TX 76102

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Attorney

10 Employer (See Instructions)

Kelly, Hart, & Hallman

Date

01/28/2016

Full name of contributor

☐ out-of-state PAC (ID#:

Kelly Hart PAC

Contributor address; City; State; Zip Code

201 Main St

FW, TX 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/2016

Full name of contributor

☐ out-of-state PAC (ID#:

PSEL PAC

Contributor address; City; State; Zip Code

201 Main St

FW, TX 76102

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/28/2016

Full name of contributor

☐ out-of-state PAC (ID#:

Good Government Fund

Contributor address; City; State; Zip Code

201 Main St

FW, TX 76102

Amount of contribution (\$)

750.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/28/2016

Full name of contributor

☐ out-of-state PAC (ID#:

Jack and Bernice Teeler

Contributor address; City; State; Zip Code

6208 Forest River Rd FW TX 76112

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Cary Moon | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 2/19/16 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Randolph | 7 Amount of contribution (\$) 1000.00 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code 2650 Meachum Blvd FW, TX 76137 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) Real Estate | | 10 Employer (See Instructions) Mercantile Partners | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | | (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.

SCHEDULE B

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Cary G Moon

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL 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 occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F: 1 of 5 | 2 FILER NAME Cary G. Moon | 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 categories listed at the top of this schedule) | (b) Description (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 6/30/2016 | Payee name AT&T | |
| Amount (\$) 180.00 | Payee address; City; State; Zip Code 6600 N Freeway #120 Fort Worth, TX 76137 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Office Overhead | Description (If travel outside of Texas, complete Schedule T) Campaign Phone <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 Google | |
| Amount (\$) | Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043 | |
| 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 <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 05/02/2016 | Payee name FaceBook | |
| Amount (\$) \$8.51 | Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 | |
| 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 <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**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

| | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------------------------|-------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule F: 5 of 5 | 2 FILER NAME Cary G. Moon | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------------------------|-------------------------------------|-----------------------------------------------|

| | |
|-------------------------------------|-----------------------------------------|
| 4 Date 01/01/16 - 6/30/16 | 5 Payee name Gardner Brashear |
|-------------------------------------|-----------------------------------------|

| | |
|------------------------------------|-------------------------------------------------------------------------------------|
| 6 Amount (\$) \$8,155.82 | 7 Payee address; City; State; Zip Code 3833 Drexmore Fort Worth, TX 76244 |
|------------------------------------|-------------------------------------------------------------------------------------|

| | | |
|---------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Contract Labor | (b) Description (If travel outside of Texas, complete Schedule T) Maintain Database, Public Relations, Fund Raiser, Public Surveys, Mailers. <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 2/01/2016 | Payee name Gardner-Brashear |
|-------------------|--------------------------------|

| | |
|--------------------------|---------------------------------------------------------------------------|
| Amount (\$) \$1785.24 | Payee address; City; State; Zip Code 3833 Drexmore Fort Worth TX 76244 |
|--------------------------|---------------------------------------------------------------------------|

| | | |
|------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Contract Labor | Description (If travel outside of Texas, complete Schedule T) Fundraiser: Invites, Venue Rental and Catering <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 (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 (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 PERSONAL FUNDS

SCHEDULE G

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/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | | |
| 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Date | Payee name | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | | |
|--------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule H: 1 | | 2 FILER NAME Cary G Moon | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 1/2/2019 - 6/30/16 | | 5 Business name Keller Tavern | | | |
| 6 Amount (\$) \$105.10 | | 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 Schedule T) Campaign Team Meals <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 01/09/15 - 6/30/16 | | Business name Tax Ticket, LLC | | | |
| Amount (\$) 1500 | | Business address; City; State; Zip Code 309 Arbor St Houston, TX 77004 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Accounting | | Description (If travel outside of Texas, complete Schedule T) Accounting and Reporting <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 01/09/15 - 6/30/16 | | Business name Texas Bleu | | | |
| Amount (\$) 268.84 | | Business address; City; State; Zip Code 124 S Main Keller, TX 76248 | | | |
| 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) Planning Mtg <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 | | Business name | | | |
| 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 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | |
|----------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|
| 1 Total pages Schedule I: | 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 (See instructions regarding type of information required.) | |
| 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 instructions regarding type of information required.) | |
| 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 instructions regarding type of information required.) | |
| 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 instructions regarding type of information required.) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission Filers)**4** 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 0 10px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | | |
| 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, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 0 10px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | | |
| 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, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 0 10px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | | |
| 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, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 0 10px;"> <div><input type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div> | | | |
| 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, seminar, or other event) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

1 C/OH NAME

Cary G Moon

2 ACCOUNT # (Ethics Commission Filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**.. Complete A & B below *only* if you are not an officeholder. ..**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☒ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**.. Complete this section *only* if you are an officeholder ..

- ☒ 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.

Signature of Officeholder