CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		¥	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr Cary NICKNAME LAST Moon	MI G SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE		ort Worth, TX 76244 EXTENSION	PECEIVED JAN 1 6 2020 CITY OF FORT WORTH CITY SECRETARY Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr Marshall NICKNAME LAST Walker	B SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / St 2829 Beaty Ct Fort Worth, TX 76112	UITE#; CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 688-2839	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Allach C/OH - FR)
10 PERIOD GOVERED	Month Day Year 07 / 01 / 2019	Month THROUGH 12 /	Day Year / 31 / 2019
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 4	13 OFFICE SOUGHT (if known	1)
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Fi	ler 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	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	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) \$ 500.00		\$ 500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. \$ 1,803.08		\$ 1,803.08
	4. TOTAL POLITICAL EXPENDITURES \$ 8,828.80		\$ 8,828.80
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 11,899.30		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0		\$ 0
18 AFFIDAVIT			
AN POST	MARY J. KAYSI		
	ary Public, State o mm. Expires 01-1 Notary ID 38960	1-2021	1111-
1 minute	Hotaly ID 0000	Signature of Condidate	e or Officeholder
AFFIX NOTARY STAM	P/SEAL ABOVE	<i>a</i>	
Sworn to and subsor	20	o certify which, witness my hand and seal of office.	_, this the
MAS	Xas	- MONYTKAUSER G	4 Sents
Signature of officer/ac	dministering oath	Printed name of officer administering oath T	itle of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Cary Moon		20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONE	TARY POLITICAL CONTRIBUTIONS		\$ 500.00
2. SCHEDULE A2: NON-M	MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGE	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS	. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLIT	ICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 6,287.29
6. SCHEDULE F2: UNPAI	D INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURC	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPE	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITI	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. X SCHEDULE H: PAYME	X SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 692.95
11. SCHEDULE I: NON-POL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTERE RETURNED TO FILER	ST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cary Moon 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:___ Greater FW RE Council 07/19/2019 \$500.00 6 Contributor address; City; State; Zip Code 301 Commerce St FW, TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor __ out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code 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.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District 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 07/01/19-12/31/19	5 Payee name Nationbuilder	A
6 Amount (\$) \$774.00	7 Payee address; City; State; Zip Code 520 S Grand Ave Los Angeles, CA 9007	71
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule) Office Overhead - Database	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District 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 10/24/2019	5 Payee name WalMart	
6 Amount (\$) # 842.00	7 Payee address; City; State; Zip Code 5336 Golden Triangle FW TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Expense Hershey Bars for Halloween	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name - Cary Moon	Office sought Office held FW City Council D4
Date 11/25/2019	Payee name NTTA	
Amount (\$) \$118.07	Payee address; City; State; Zip Code 5555 Pres George Bush Tumpike Irving, TX	< 75038
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District Parking and Tolls	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit G/Oh	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
Date 08/27/2019	Payee name Assist The Officer Donation - Fort Worth	
Amount (\$) \$107.72	Payee address; City; State; Zip Code 9536 Courtright FW TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Toxas. Complete Schedule T. Check if Austin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Foold/Beverage Expense Polling Expense
Gifl/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries N The Instruction Guide explains how to a	Vages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	² FILER NAME Cary Moon	3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2019	5. Payee name Garnder Brashear	
6 Amount (\$) 2760.00	7 Payee address; City: State; Zip Code 124 S Main St Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H Cary Moon	Office sought Office held FW City Council D4
Date 07/01/19 - 12/31/19	Payee name Cary Moon	
Amount (\$)	Payee address; City; State; Zip Code	
\$1145.50	5016 Exposition Way FW, TX 76244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District Mileage REIM	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought Office held
experientare to belieff 0.01	Cary Moon	FW City Council D4
Date 7/01/19/12/31/19	Payee name AT&T	
Amount (\$) \$540.00	Payee address; Gity; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead Phone	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Cary Moon	Office sought Office held FW City Council D4
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Cary Moon 1 Total pages Schedule H: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Business name 12/31/2019 Tax Ticket, LLC 6 Amount (\$) 7 Business address; City; State; Zip Code 500.00 204 S Main St Keller, TX 76248 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Accounting OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held FW City Council D4 Candidate / Officeholder name Office sought 9 Complete ONLY if direct Cary Moon expenditure to benefit C/OH Date Business name 12/01/2019 Texas Bleu Business address: City; State; Zip Code Amount (\$) 124 S Main St Keller, TX 76248 \$192.95 Category (See Categories listed at the top of this schedule) Description PURPOSE ___ Cneck if travel outside of Texas. Complete Schedule T. Event Expense - Meals OF EXPENDITURE __ Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH FW City Council D4 Cary Moon Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED