

# 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.		<b>1 ACCOUNT #</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b>  10
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Cary</b> LAST <b>Moon</b>	MI <b>G</b> SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5016 Exposition Way Fort Worth, TX 76244</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( <b>817</b> )	PHONE NUMBER <b>688-2839</b>	EXTENSION
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr.</b> NICKNAME	FIRST <b>Marshall</b> LAST <b>Walker</b>	MI  SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2829 Beaty Ct Fort Worth, TX 76112</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( <b>817</b> )	PHONE NUMBER <b>688-2839</b>	EXTENSION
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year <b>04 / 25 / 2019</b> THROUGH    Month Day Year <b>06 / 30 / 2019</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>City of Fort Worth District 4</b>		<b>13 OFFICE SOUGHT (if known)</b>
<b>GOTO PAGE 2</b>			

OFFICE USE ONLY

Date Received	
Date Hand-delivered or Received	
Receipt #	Amount
Date Processed	
Date Imaged	

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

additional pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 50.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 8,300.00**

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 1368.92**

4. TOTAL POLITICAL EXPENDITURES **\$ 14,823.40**

**CONTRIBUTION  
BALANCE**

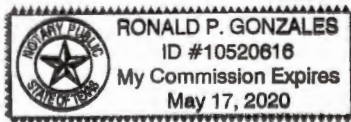
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD **\$ 20,345.51**

**OUTSTANDING  
LOAN TOTALS**

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

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cary G. Moon, this the 7th day of July, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales Signature of officer administering oath  
Ronald P. Gonzales Printed name of officer administering oath  
Notary 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  
05/01/2019

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Kasey Pipes

**7** Amount of contribution (\$)  
250.00

**8** In-kind contribution description (if applicable)

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

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)  
Attorney

**10** Employer (See Instructions)  
Korley and Pipes

Date  
5/1/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Darren Lewis

Amount of contribution (\$)  
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
9100 Centre Point  
West Center, OH 45069

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Kelley, Hart, and Hall

Date  
05/3/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
PHX FF Local Fire PAC 493

Amount of contribution (\$)  
1300.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
61 E Columbus Ave  
Phoenix AZ

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/03/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Joe Panigua

Amount of contribution (\$)  
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
8125 Mount Shasta Corcle  
FW TX 76137

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
Developer

Employer (See Instructions)

Date  
05/03/2019

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
FW Retired Fire Fighters and Widows Assoc

Amount of contribution (\$)  
5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
1817 Tierney Rd  
FW TX 76112

(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: 1 of 1	
2 FILER NAME Cary Moon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/13/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conservative Voters Forum	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1144 Terrace Trail Hurst TX 76053		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)	
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)	

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# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. **1** Total pages Schedule B:

**2** FILER NAME **3** ACCOUNT # (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED PLEDGES:      ⇒      ⇒      ⇒      ⇒      ⇒      ⇒      \$

<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (if applicable)
..... <b>7</b> Pledgor address;      City;      State;      Zip Code			
(If travel outside of Texas, complete Schedule T)			

**10** Principal occupation / Job title (See Instructions) **11** Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
..... Pledgor address;      City;      State;      Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
..... Pledgor address;      City;      State;      Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
..... Pledgor address;      City;      State;      Zip Code			
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions)      Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
..... Pledgor address;      City;      State;      Zip Code			
(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**  
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**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.

<b>1</b> Total pages Schedule F: 1 of 2	<b>2</b> FILER NAME Cary G. Moon	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Payee name Wal Mart		
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code 8520 N BEach FW TX 76244		
<b>8</b> 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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 05/21/2019	Payee name Gardner Brashear		
Amount (\$) \$2550.00	Payee address; City; State; Zip Code 124 S Main S Keller, TX 76248		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	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
Date 05/01/19 - 6/30/2019	Payee name Google Adwords		
Amount (\$) \$8.74	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

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**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.

<b>1</b> Total pages Schedule F: 2 of 2		<b>2</b> FILER NAME Cary G. Moon		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 04/25/19 - 06/30/19		<b>5</b> Payee name NationBuilder			
<b>6</b> Amount (\$) \$497		<b>7</b> Payee address; City; State; Zip Code 520 S Grand Ave 2nd Fl LA, CA 90071			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Data Base		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/25/19-6/30/2019		Payee name Starbucks			
Amount (\$) \$45.79		Payee address; City; State; Zip Code 3300 Heritage Trace Pkwy FW TX 76179			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food Beverage Expense - Coffee with Cary		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/07/2019		Payee name Murphy Nasica			
Amount (\$) \$5202.71		Payee address; City; State; Zip Code 2713 Stone Bridge Arlington TX 76112			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Mailer/Postage		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Cary Moon		Office sought Office held	
Date		Payee name AT&T			
Amount (\$) \$720.00		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 - Telephone/ Data		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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.

<b>1</b> Total pages Schedule F: 2 of 2	<b>2</b> FILER NAME Cary G. Moon	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 06/30/2019	<b>5</b> Payee name Cary Moon	
<b>6</b> Amount (\$) \$904.80	<b>7</b> Payee address; City; State; Zip Code 2829 Beaty Ct FW, TX 76112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Travel Inside District	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/14/19-05/18/19	Payee name Various. National Peace Officers Week	
Amount (\$) \$475.13	Payee address; City; State; Zip Code Various Washington DC	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel Outside of District Travel, Meals, Lodging	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/17/2019	Payee name Dupont Pizza	
Amount (\$) \$154.00	Payee address; City; State; Zip Code 2004 P St NW Washington DC 20036	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Meals Event	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Cary Moon	Office sought Office held
Date 5/13/19-5/18/19	Payee name UBER	
Amount (\$) \$467.47	Payee address; City; State; Zip Code 55 Prospect St Brokkly, NY 11201	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Travel outside of District	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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.

<b>1</b> Total pages Schedule H: 1	<b>2</b> FILER NAME Cary G Moon	<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 5/1/19 - 6/30/19	<b>5</b> Business name Keller Tavern		
<b>6</b> Amount (\$) \$243.97	<b>7</b> Business address; City; State; Zip Code 128 S Main St Keller, TX 76248		
<b>8</b> 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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name Tax Ticket, LLC		
Amount (\$) \$1500.00	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	Business name Texas Bleu		
Amount (\$) \$1376.82	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

# 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" \*\*

<b>1 C/OH NAME</b> Cary G Moon	<b>2 ACCOUNT #</b> (Ethics Commission Filers)
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**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