

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: right; font-size: 2em; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Cary G <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Moon	<div style="border: 2px solid red; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px;"> Date Received </div> <div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or marked </div> <div style="border: 1px solid black; padding: 5px;"> Receipt # Amount </div> <div style="border: 1px solid black; padding: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px;"> Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5016 Exposition Way Fort Worth, TX 76244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 688-2839		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Marshall	<hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Walker	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2829 Beaty Ct Fort Worth, TX 76112		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 688-2839		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2019 THROUGH 03 / 31 / 2019		
11 ELECTION	ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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**

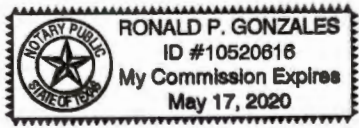
14 C/OH NAME Cary G Moon	15 ACCOUNT # (Ethics Commission Filers)
------------------------------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S) <input checked="" type="checkbox"/> additional pages	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 <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

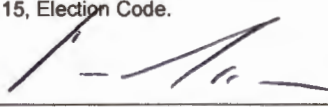
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 746.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,851.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 27,777.75
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.

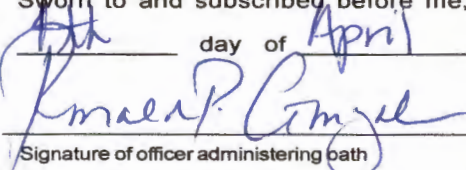


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cary G. Moon, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.



 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 2	
2 FILER NAME Cary Moon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/24/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Navejar	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2701 Calder Ct FW TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Small Business Owner - Utility Locate		10 Employer (See Instructions)	
Date 1/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Krogness	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3721 Arroyo Rd FW TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)	
Date 1/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl Brian Shamburger	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 128 Sycamore Ct Grapevine, TX 76051		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions)	
Date 01/24/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Half Associates PAC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4000 Fossil Creek Blvd FW TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Civil Engineering		Employer (See Instructions)	
Date 02/07/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Randolph	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2650 Meachum Blvd FW TX 76137		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Property Management		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 of 2	
2 FILER NAME Cary Moon		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03/01/2019	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FW Fire Fighters Committee for Public Safety	7 Amount of contribution (\$) 3000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3855 Tulsa Way FW TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/04/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Committee for Public Safety	Amount of contribution (\$) 15,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2501 Parkview Dr FW TX 76102		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/06/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Bachman	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7900 Kathy Ann Ct Arlington TX 76001		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Shankland	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9717 Broiles Ln FW TX 76244		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Airline Pilot		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor 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
If contributor 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 2	2 FILER NAME Cary G. Moon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/07/2019	5 Payee name City of Fort Worth	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 200 Texas Ave FW TX 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees (Filing)	(b) 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	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 01/01/ - 03/31/19	Payee name Google Adwords	
Amount (\$) \$17.48	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 _____	

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: 2 of 2	2 FILER NAME Cary G. Moon	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/1/19 - 3/31/2019	5 Payee name NationBuilder	
6 Amount (\$) \$417.00	7 Payee address; City; State; Zip Code 520 S Grand Ave 2nd Fl LA, CA 90071	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Data Base	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 1/1/19 - 3/31/2019	Payee name Starbucks	
Amount (\$) 273.49	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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 03/11/2019	Payee name Metro Mailer	
Amount (\$) \$1726.59	Payee address; City; State; Zip Code 5719 Rosedale Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing - Signs	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 01/01 - 03/31/19	Payee name AT&T	
Amount (\$) \$540.00	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
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED