### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

(512) 463-5800 CITY SECRETARY FORM C/OH FT. WORDOVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
		MI	17
3 CANDIDATE / OFFICEHOLDER		G	OFFICE USE ONLY
NAME	Mr. Cary		Date Received
	NICKNAME LAST	SUFFIX	2345678
	Moon		200
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	RECEIVED
OFFICEHOLDER MAILING	4040 Vernon Way Fort Worth, TX 7	76244	ISI DOLLAR
ADDRESS			Date Hand-delivered or Rosemarked
change of address			Receipt # CITY Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
OFFICEHOLDER PHONE	( 817) 741-7777		Date Processed 9 9 7 8 7
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Imaged
TREASURER NAME	Mr. PAUL		
TA/ TAIL	NICKNAME LAST	SUFFIX	
	GARDNER		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS	3833 Drexmore Rd.	Fort Worth, TX 762	44
(residence or business)	ood Broxillore Na.		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	( 817 ) 688-2839		
FILONE			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment
			(officeholder only)
	July 15 X 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month Day	Year
COVERED	04 / 01 / 2015 THROUGH	04 / 30 /	2015
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	Runoff	General Special
	05 / 09 / 2015		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		City of Fort Worth Co	uncil District #4
			400.00
	GO TO PA	GE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Cary G Moon		1	5 ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE  COMMITTEE NAME  Fort Worth Police Officer Association PAC  COMMITTEE ADDRESS				
	SPECIFIC 904 Collier Fort Worth, TX 76102  COMMITTEE CAMPAIGN TREASURER NAME				
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS 904 Collier Fort Worth, TX 76102			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	1 4 100100			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 12,900.00				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		S 813.60		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,347.61		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	AY \$ 14,677.04		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 0		
111 5 7 /4 5 3	RONALD P. GONZALES Y COMMISSION EXPIRES May 17, 2018	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAM	IP / SEAL ABOVE	Signature of Cano	didate or Officeholder		
Sworn to and substitute day	May		ny hand and seal of office.  Makany		
Signature of officer adm	inistering 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	1 Total pages Schedule A: 1 of 3		
2	FILER NAME Cary Moo	n		3 ACCOUNT # (E	thics Commission Filers)
4	Date 4/13/2015	<ul> <li>Full name of contributor  □ out-of-state PAC (ID#</li></ul>		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See I		r rezus, comprete concedure 1)
	Date 4/06/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		5925 Forest Ln Fort Worth, TX 76112	,	(If travel outside o	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 4/15/2015	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
		9709 Sam Bass Fort Worth, TX 76244		(If travel outside of	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 4/05/2015	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 3009 Sandy Ln Fort Worth, TX 76112		100.00	
					of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 4/23/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 5025 Marble Falls Rd Fort Worth, TX 76103		100.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch 2 of 3	nedule A:
2	FILER NAME Cary Moo	in .			thics Commission Filers)
4	Date 4/30/2015	5 Full name of contributorout-of-state PAC (ID#: For Worth Police Officer Asociation	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 904 Collier Fort Worth, TX 76104		\$20,461.54	Signs, Literature, Campaign Mangement Voter Turn-out
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
	Date 4/27/15	Full name of contributor  out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	-		Fredrick (Oral		of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 4/30/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 304 Havenwood Dr Fort Worth, TX 7611	2	100.00	
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date 4/30/15	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 920 Country Club Rd Fort Worth, TX 76112	,	100.00	
					of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor 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 occup	pation / Job title (See Instructions)	Employer (See		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sch 3 of 3	edule A:
2 FILER NAMI Cary Mo			3 ACCOUNT # (E	thics Commission Filers)
<b>4</b> Date 04/21/2015	<ul> <li>Full name of contributor</li></ul>		7 Amount of contribution (\$) 10,000.00	8 In-kind contribution description (if applicable)
			(If travel outside	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See i		,
Date 04/27/2015	Full name of contributor  out-of-state PAC (ID#_ Fort Worth Retired Fire Fighters and Widow  Contributor address; City; State; Zip Code 1617 Tierney Rd Fort Worth, TX 76112	rs	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
			(If travel outside of	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	apadent, see his (eee mendeliene)	Employer (oco )	,	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
		T		of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
				of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## **PLEDGED CONTRIBUTIONS**

P.O. Box 12070

#### SCHEDULE B

,	The Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule B:
FILER NAI	ME		3 ACCOUNT # (Et	hics Commission Filers)
тс	OTAL OF UNITEMIZED PLEDGES:	D D D	⇒ ⇒	\$
Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)
				of Texas, complete Schedule T)
Principal of	eccupation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal of	occupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code			
Date			pledge (\$)	(if applicable)
		Employer (See I	pledge (\$)	(if applicable)
	Pledgor address; City; State; Zip Code		pledge (\$)	
Principal of	Pledgor address; City; State; Zip Code		pledge (\$)  (If travel outside of natructions)	(if applicable)  of Texas, complete Schedule To
Principal of	Pledgor address; City; State; Zip Code  occupation / Job title (See Instructions)  Full name of pledgor		pledge (\$)  (If travel outside of pledge (\$)	(if applicable)  of Texas, complete Schedule T)  In-kind description (if applicable)
Principal of	Pledgor address; City; State; Zip Code  occupation / Job title (See Instructions)  Full name of pledgor		pledge (\$)  (If travel outside of pledge (\$)  Amount of pledge (\$)	(if applicable)  of Texas, complete Schedule Ty  In-kind description (if applicable)
Principal of	Pledgor address; City; State; Zip Code  ccupation / Job title (See Instructions)  Full name of pledgor	Employer (See I	pledge (\$)  (If travel outside of pledge (\$)  Amount of pledge (\$)	(if applicable)  of Texas, complete Schedule T  In-kind description (if applicable)
Principal of Date	Pledgor address; City; State; Zip Code  occupation / Job title (See Instructions)  Full name of pledgor	Employer (See I	pledge (\$)  (If travel outside of pledge (\$)  (If travel outside of pledge (\$)  (If travel outside of pledge (\$)	(if applicable)  of Texas, complete Schedule T,  In-kind description (if applicable)  of Texas, complete Schedule T,
Principal of Date	Pledgor address; City; State; Zip Code  occupation / Job title (See Instructions)  Full name of pledgor	Employer (See I	(If travel outside of nestructions)  Amount of pledge (\$)  (If travel outside of nestructions)  Amount of pledge (\$)	(if applicable)  of Texas, complete Schedule T)  In-kind description (if applicable)  of Texas, complete Schedule T)

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

LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	plete this form.	1	ages Schedule E:
2 FILER NAME Cary G Moon			3 ACCOL	JNT # (Ethics Commission Filers)
4 Tota	L OF UNITEMIZED LOANS:	ф ф ф ф	⇔	\$ 0
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll  in none	ateral	15 Check if personal funds were	e deposited	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (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 occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal funds were	deposited	I into political account
none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NE truction guide for additional re		quirements.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of District Office Overhead/R	ntract Labor sing Expense rict ental Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Offic OTHER (enter a c	uipment & Related Expense
	The Instruction Guide	explains how to	complete this fo	rm.	
1 Total pages Schedule F: 1 of 5	2 FILER NAME Cary G. Moon			3 ACCOUNT	T # (Ethics Commission Filers)
4 Date 04/06/2015	5 Payee name Wal Mart				
6 Amount (\$)		te; Zip Code			
\$144.98	8520 N Beach Fort Worth TX	76244			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Food/Beverage Expense	of this schedule)	Food for ca	(If travel outside of Tex mpaign Kickoff Austin, TX, officeholde	as, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	1	Office sough	nt	Office held
Date 04/13/15	Payee name Chik Fil A				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
73.55	2870 Hertigage Trace For	t Worth, TX 7624	14		
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Food Beverage			d for event Austin, TX, officeholde	er living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				301 30 1
Amount (\$)	Payee address; City; State	te; Zip Code		<u> </u>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)		(If travel outside of Tex	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough		Office held
Date 04/02/2015 - 04/30/201	Payee name 5 FaceBook				
Amount (\$)	Payee address; City; Stat	te; Zip Code	,		
\$609.79	1 Hacker Way Menlo Par	rk, CA 94025			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Advertising	of this schedule)	Social Me		xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name		Office sough	nt	Office held
i popujuju na	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS	NEEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor raising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F: 2 of 5	2 FILER NAME Cary G. Moon		3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04/14/15	5 Payee name Fed Ex		
6 Amount (\$) \$464.13	<b>7</b> Payee address; City; State; Zip Code 6600 N Freeway #132 Fort Worth, TX 76137		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Printing Expense	Print	(if travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
Date 04/23/15	Payee name Fed EX		
Amount (\$) \$148.84	Payee address; City; State; Zip Code 6600 N Freeway #132 Fort Worth, TX 76137		
PURPOSE OF EXPENDITURE  Complete ONLY if direct	Category (See categories listed at the top of this schedule)  Printing Expense  Candidate / Officeholder name		(If travel outside of Texas, complete Schedule T)  Austin, TX, officeholder living expense  at Office held
expenditure to benefit C/			
Date 04/22/2015	Payee name Woodhaven CC		
Amount (\$) \$750	Payee address; City; State; Zip Code 913 Country Cub Ln Fort Worth, TX 76112		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Beverage Expense	Campaign	(If travel outside of Texas, complete Schedule T)  event  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sough	nt Office held
Date 04/10/2015	Payee name Google Adwords		
Amount (\$) \$449.36	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 9	4043	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Social Me	n (If travel outside of Texas, complete Schedule T) idia  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.		Office sough	ht Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS	NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Accounting/Banking Legal Services Solicitation/Fundraising Expense Consulting Expense Food/Beverage Expense Travel In District Event Expense Polling Expense Travel Out Of District		ontract Labor hising Expense trict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME Cary G. Moon			3 ACCOUNT #	(Ethics Commission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	o of this schedule)		(If travel outside of Texas, c	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
Date 04/21/2015	Payee name Impact Products				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$157.34	204 S Main St Keller, T	X 76244			
PURPOSE OF	Category (See categories listed at the to	p of this schedule)	Description Newslette	(If travel outside of Texas, c	omplete Schedule T)
EXPENDITURE	Advertising		Check if A	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sough	nt	Office held
Date 04/16/2015	Payee name Murphy Nasika				
Amount (\$) \$3505.76		ate; Zip Code in, TX 78701			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Advertising	p of this schedule)	Signs	(If travel outside of Texas, o	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
04/08/2015	Upword Consulting				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$226.75	2 Brook Hollow Trophy Cl	lub, TX 76262			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Event Expense	op of this schedule)	Literature	(If travel outside of Texas, - 40ver Austin, TX, officeholder liv	
Complete ONLY if direct expenditure to benefit Co			Office sough	nt	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED	

P.O. Box 12070

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In Distri Polling Expense Travel Out Of	s/Contract Labor draising Expense ct District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F: 4 of 5	2 FILER NAME Cary G. Moon		3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04/13/2015	5 Payee name North Texas Signs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$138.02	220 N Main St Keller, TX 76248		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Signs  Check if A	Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	nt Office held
Date 04/24/2015	Payee name Office Depot		
Amount (\$) \$400	Payee address; City; State; Zip Code 7608 Denton Hwy Ste 340 Watauga, TX 7	6148	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Print	Print	(If travel outside of Texas, complete Schedule T)  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Office held
Date 04/24/2015	Payee name AT&T		
Amount (\$) \$396.00	Payee address; City; State; Zip Code 6600 N Freeway #120 Fort Worth, TX 7613	7	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Campaigr	(If travel outside of Texas, complete Schedule T)  Phone  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	nt 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)		n (If travel outside of Texas, complete Schedule T)  Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sough	ht Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS	NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense explains how to complete this to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F: 5 of 5	2 FILER NAME Cary G. Moon		3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/02/2015	5 Payee name Paul Gardner		
6 Amount (\$) \$750.00		e; Zip Code n, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Contract Labor	Campai	on (If travel outside of Texas, complete Schedule T) gn Managment if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght Office held
Date	Payee name	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	
Amount (\$)	Payee address; City; Stat	e; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top o		f Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sou	ght Office held
Date 04/06/2015	Payee name Reatta		
Amount (\$) \$201.26	Payee address; City; State 31 Hoston St Fort Worth,	e; Zip Code TX 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Food & Beverage	CAmpai	on (If travel outside of Texas, complete Schedule T) gn Event If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co		Office sou	ght Office held
Date 4/22/2015	Payee name Italy Pizza		
Amount (\$) \$176.27	Payee address; City; State 6751 Bridge St Fort Worth, T.	e; Zip Code X 76112	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of Food Beverage	Campai	on (If travel outside of Texas, complete Schedule T) gn Event if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C		Office sou	ght Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE A	SNEEDED

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

**Event Expense** 

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense

P.O. Box 12070

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead  The Instruction Guide explains how to	/Rental Expense OTHER (enter a category not listed above) o complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)  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)  Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)  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)  Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)  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)  Check if Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)  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)  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 CA	ATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tr Polling Expense Tr Printing Expense Of	alaries/Wages/Cont olicitation/Fundraisi ravel In District ravel Out Of Distric ffice Overhead/Rer	ract Labor L ng Expense T C t ttal Expense C	oan Repayment/Reimbursement fransportation Equipment & Related Expense contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above)
	The Instruction Guide ex	plains now to co	mpiete this form	
1 Total pages Schedule H: 1	2 FILER NAME Cary G Moon			3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04/06/2015	5 Business name Keller Tavern			
6 Amount (\$) \$18.06	7 Business address; City; State; 128 S Main St Keller, TX 76.	-		
8 PURPOSE OF EXPENDITURE	Food Beverage Expense Campaign Te		travel outside of Texas, complete Schedule T)  Feam Meals  stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought	Office held
Date 04/20/2015	Business name Daltons Corner		•	
Amount (\$) \$99.51	Business address; City; State; 200 S Main Burleson, T.			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Food Beverage Expense	nis schedule)	CAmpaign Te	travel outside of Texas, complete Schedule T) eam Meals in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH		Office sought	Office held
Date	Business name			
Amount (\$)	Business address; City; State;	, Zip Code		
PURPOSE OF	Category (See categories listed at the top of the	his schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE			Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		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 t	this schedule)		travel outside of Texas, complete Schedule T) stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sought	Office held
	ATTACH ADDITIONAL COP	PIES OF THIS S	CHEDULE AS N	EEDED

#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	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

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAI	ME	3 ACCOUNT # (Ethics Commission Filers)			
1 Date	5 Name of person from whom amount is received	8 Amount (\$)			
	6 Address of person from whom amount is received; City; State; Zip Co	de			
	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 Co	de			
	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 Co	de			
	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 Co	de			

	BUTION OR POLITICAL EXPENITSIDE OF TEXAS	DITURE SCHEDULE T	
The Instruction Gu	ide explains how to complete this form.	1 Total pages Schedule T:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Name of Contributor / Corporati	on or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure report Schedule A Schedule H	Schedule B Schedule C Schedule C Schedule N COH-UC COH-T	le D Schedule F Schedule G PAC-C PAC-E	
7 Name of person(s) traveling			
	nation city or name of departure location		
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)	
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee		
Contribution / Expenditure report  Schedule A  Schedule H  Dates of travel  Name	ed on:  Schedule B Schedule C Schedule C Schedule N COH-UC COH-T of person(s) traveling		
	ure city or name of departure location		
Means of transportation	Purpose of travel (including name of conference, se	minar, or other event)	
Name of Contributor / Corporation	on or Labor Organization / Pledgor / Payee		
Contribution / Expenditure report  Schedule A  Schedule H	schedule B Schedule C Schedule C Schedule N COH-UC COH-T		
Dates of travel Name	of person(s) traveling		
Departe	ure city or name of departure location		
Destina	tion city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, se	eminar, or other event)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUI	F AS NEEDED	