

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

SCOTT

J.

NICKNAME

LAST

SUFFIX

CARY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

404 CANYON WREN DR., BUDA, TX 78610

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 295-3902

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MRS.

MERRIDITH

L.

NICKNAME

LAST

SUFFIX

CARY

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

404 CANYON WREN DR., BUDA, TX 78610

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 295-3902

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 / 16

THROUGH

Month

Day

Year

06 / 30 / 16

11 ELECTION

Month

ELECTION DATE

Day

Year

11 / 04 / 14

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

JUSTICE OF THE PEACE, PCT. 5

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Revised 09/28/2011

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 & Related 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: ①

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

5/31/16

5 Payee name

BROADWAY BANK

6 Amount (\$)

4.00

7 Payee address;

City; State; Zip Code

1177 N.E. Loop 410

San Antonio, TX 78209

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PURPOSE
OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Accounting/Banking

(b) 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

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

- ☐ 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

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

- ☐ 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

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED