### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			OOVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR. SCOTT  NICKNAME LAST  CARY	J. Suffix	OFFICE USE ONLY  Date Received ASCEIVED  JUL 07 2016
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	404 CANYON WREN DR., BUDA	STATE: ZIPCODE , TX 78610	Date Hand-delivered or Postwarked F
5 CANDIDATE/ OFFICEHOLDER PHONE	(512) 295-3902	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MERRIDITH	L.	Date Imaged
	NICKNAME LAST CARY	SUFFIX	
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE #. 404 CANYON WREN DR., BUDA,	спу, state; ТХ 78610	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 295-3902	EXTENSION	
REPORT TYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly)  Final report (Attach C/OH - FR)
COVERED	forth Day Year THROUGH	Month Day 06/30/	Year 16
	Tonth Day Year Primary	Runoff Gene	eral Special
	MORTOR OR MAR PRICE	3 OFFICE SOUGHT (ff.kinown)	
	GO TO PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	SCOTT	J. CARY	5 ACCOUNT # (Ethics Commission Filers NA	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE	COMMITTEE NAME		
440 NO.	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		\$ 8	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ \$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		zed \$ 4.00	
	4. TOTAL	\$ 4.00		
CONTRIBUTION BALANCE	5. TOTAL P OF REP	s 169.94		
OUTSTANDING LOAN TOTALS	6. TOTAL F	\$ 2,000.00		
BI 25. W 30.5	AMELA K. ENGLAN COMMISSION EXPI June 19, 2017	is true and correct and includes all i me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by idate or Officehold	
Sworn to and subs		me, by the said Scht J. Car  1, 20 16, to certify which, witness m  Pame A FNG AND		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	e By lical Committee	Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Re Office O Polling E Printing Salaries/	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Ex Transportation Equipment & Travel In District Travel Out Of District Other (enter a category not	Related Expense
1 Total pages Schedule F	1. 2 EH ED N	ALIC	mo now to	complete this form.		
Collegate L					3 Filer ID (Ethics Com	mission Filere)
4 Date /	5 Payee na	Scott J. Cary				1 1013
5/31/16	0 1 ayou 110	30000	4	1.		
6 Amount (\$)	7 Payee ad	BROADWAY	DAN	K		
11 0	1				1	
4. –		7 N.E. Loop		SAN A	whomio, Tx	78209
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE		/		Check if travel outs	side of Texas. Complete Schedule T	
EXPENDITURE	Acc	counting/Banking		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candida H	le / Officeholder name		Office sought	Office	held
Date	Payee nam	10				
	. ayoo nan					
Amount (\$)	Daves silv		-			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Payee add	ess; City; State; Zip	Code			
	Category (S	ee Categories listed at the top of this sch				and the same of th
PURPOSE	//	and a second at the top of this sch	ledule)	Description		
OF EXPENDITURE			1	Check if pavel outside	of Texas. Complete Schedule T.	
THE CHAPTONE				Check If Austin, TX	, officeholder living expense	
C						1
Complete ONLY if direct expenditure to benefit C/OH	Candidate	/ Officeholder name	/	Office sought	Office he	ld
Date	Payee name	X				
	· wywo rearre					
Amount (\$)	Payee addre					
	. Ayou dade	ss; City; State; Zip (	Code			
0.11	Category (See	Categories listed at the top of this sched	iule)	Description		
PURPOSE						
OF EXPENDITURE				Cheek " A	Texas: Complete Schedule T.	
				Uneck if Auslin, TX,	officeholder wing expense	
complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office sought		
Defield C/OH					Office hel	d
	ATTACH	ADDITIONAL CODICO OF	Tillo o c	A 200 CO. 1		
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