

# 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

OFFICE USE ONLY

Date Received

RECEIVED  
JUL 12 2018  
ELECTION OFFICE

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

404 CANYON WREN DR., BUDA, TX 78610

☐ change of address5 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 / 18

THROUGH

Month Day Year

06 / 30 / 18

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)

JOP, PCT. 5

GOTO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

SCOTT J. CARY

15 ACCOUNT # (Ethics Commission Filers)

NA

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

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

\$ 763.96

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,770.00

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,475.10

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 5,803.80

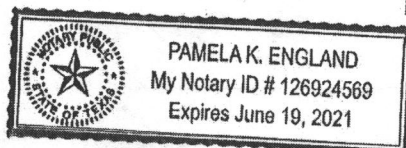
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,000.00

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Scott J. Cary, this the 9th day of July, 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Scott J. Cary

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,770. <sup>00</sup>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,738. <sup>49</sup>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,000. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,475. <sup>10</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

①

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

5/29/18

5 Full name of contributor

Ronald G. Delord

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

30320 La Quinta Georgetown TX 78628

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

6/2/18

Full name of contributor

Robert Perez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

327 Shrike Dr. Buda TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/2/18

Full name of contributor

Tiffany Curnutt

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

P.O. Box 271 Kyle TX 78640

Principal occupation / Job title (See Instructions)

Projects Manager

Employer (See Instructions)

Travis County S.O.

Date

6/2/18

Full name of contributor

John Hatch

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

216 Lear Ave Buda, TX 78610

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Texas Petition Strategies

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



2

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

6/2/18

5 Full name of contributor

Mr. & Mrs. E.J. Burke

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

255 N. EGRET Bay Blvd #1204 League City, TX 77573

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

6/3/18

Full name of contributor

Donna Haschke

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$65.00

Contributor address;

City; State; Zip Code

308 Fox Hollow Buda, TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/3/18

Full name of contributor

Gerald Haschke

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

308 Fox Hollow Buda, TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/3/18

Full name of contributor

Dr. Michael Bishop

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

501 Oak Forest Dr. Buda, TX 78610

Principal occupation / Job title (See Instructions)

Dr.

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

(3)

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

6/3/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Sandra Tenorio

6 Contributor address; City; State; Zip Code

373 Tobin Dr. Buda, TX 78610

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)

Self

9 Employer (See Instructions)

Self

Date

6/3/18

Full name of contributor

☐ out-of-state PAC (ID#:

Merideth Keller

Contributor address; City; State; Zip Code

10242 Brangus Rd. Driftwood, TX 78619

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Self

Employer (See Instructions)

Self

Date

6/3/18

Full name of contributor

☐ out-of-state PAC (ID#:

Laurie Young

Contributor address; City; State; Zip Code

220 Butterscup St. Kyle, TX 78640

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

6/3/18

Full name of contributor

☐ out-of-state PAC (ID#:

Georgie Cunningham

Contributor address; City; State; Zip Code

208 Nuthatch Buda, TX 78610

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

4

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

6/4/18

5 Full name of contributor

John Alexander

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City; State; Zip Code

10 Longwood Lane Austin, TX 78737

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

5/20/18

Full name of contributor

Richard Spence

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

9001 Bubbling Springs Trl. Austin, TX 78729

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/20/18

Full name of contributor

Richard Ursha

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1921 Corporate Dr, Ste 102 San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

Self

Date

5/20/18

Full name of contributor

Lamont Ramage

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

12631 Red Bud Trl. Buda, TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

65

5

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

5/20/18

5 Full name of contributor

Mark St. Louis

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

805 Cardenas Ln.

City; State; Zip Code

Austin, TX 78748

8 Principal occupation / Job title (See Instructions)

Production Mgr.

9 Employer (See Instructions)

St. Louis Designs, Inc.

Date

5/20/18

Full name of contributor

Pamala Nelson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

206 Treetop Way

City; State; Zip Code

Buda, TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

5/20/18

Full name of contributor

Joyce Goodman

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250.00

Contributor address;

209 Verdin Dr.

City; State; Zip Code

Buda, TX 78610

Principal occupation / Job title (See Instructions)

Paralegal

Employer (See Instructions)

Reeves & Brightwell, LLP

Date

5/20/18

Full name of contributor

Karen McCormick

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$150.00

Contributor address;

5600 W. Lovers Lane Ste 116-165 Dallas, TX 75209

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

550

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

5/20/18

5 Full name of contributor

Peter Sprouse

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

600 Elliott Ranch Rd. Buda, TX

8 Principal occupation / Job title (See Instructions)

Biologist

9 Employer (See Instructions)

Zara Environmental

Date

6/7/17

Full name of contributor

Linda Rodriguez

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

105 Tonkawa Cove, Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

6/3/18

Full name of contributor

Terry Cummings

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$55.00

Contributor address;

City; State; Zip Code

2778 Garlic Creek Dr., Buda, TX 78610

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Seton Medical

Date

6/3/18

Full name of contributor

John Deringer

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

123 Hartkopf St., Buda, TX 78610

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



⑦

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">8</div>
2 FILER NAME <div style="font-size: 1.2em;">Scott J. Cary</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">6/13/18</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Bret Kierster</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em;">\$ 150.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">206 Summer Pointe, Buda, TX 78610</div>		
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Non-profit Executive</div>		9 Employer (See Instructions) <div style="font-size: 1.2em;">YMCA of Austin</div>
Date <div style="font-size: 1.2em;">5/31/18</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Austin Apartment Association</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$500.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">4107 Medical Pkwy #100, Austin, TX 78756</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Austin Apartment Association</div>		Employer (See Instructions) <div style="font-size: 1.2em;">SELF/ASSOCIATION</div>
Date <div style="font-size: 1.2em;">6/18/18</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Beijing Bistro, LLC</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$200.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">3420B FM 967 st B-110, Buda, TX 78610</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Restaurant</div>		Employer (See Instructions) <div style="font-size: 1.2em;">SELF</div>
Date <div style="font-size: 1.2em;">6/27/18</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-size: 1.2em;">Steve Pendergrass</div>	Amount of contribution (\$) <div style="font-size: 1.5em;">\$200.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">173 BRINS Way, Dripping Springs, TX 78620</div>		
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Retired</div>		Employer (See Instructions) <div style="font-size: 1.2em;">Retired</div>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

1050

8

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 Date

6/19/18

5 Full name of contributor

MEGAN CARY

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

110 S. 15th Street #101 Richmond, VA

8 Principal occupation / Job title (See Instructions)

Account Manager

9 Employer (See Instructions)

Run SIGN UP

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2,738.49

5 Date

4/22/18

6 Full name of contributor

☐ out-of-state PAC (ID#:

Providence Photography / Ryan Herring

7 Contributor address;

City; State; Zip Code

Buda, TX 78610

8 Amount of Contribution \$

\$250.00

9 In-kind contribution description

Photography Services

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Police Officer

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Austin Police Dept.

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

6/3/18

Full name of contributor

☐ out-of-state PAC (ID#:

Helen's Casa ALDE / Rene Alcala

Contributor address;

City; State; Zip Code

108 N. Main Buda, TX 78610

Amount of Contribution \$

\$288.49

In-kind contribution description

Food & Beverage

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Restaurant Owner

Employer (FOR NON-JUDICIAL) (See Instructions)

Helen's Casa ALDE

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A2

Revised 9/8/2015



3

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

3

2 FILER NAME

Scott J. Cory

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2,738.49

5 Date

3/1/18

6 Full name of contributor ☐ out-of-state PAC (ID#:

GAP STRATEGIES

8 Amount of Contribution \$

\$1,200.00

9 In-kind contribution description

Web Design & Advice

7 Contributor address; City; State; Zip Code

3470 JACK C. HAYS, AUDA, TX 78610

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Political Advisors

11 Employer (FOR NON-JUDICIAL) (See Instructions)

GAP STRATEGIES

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# LOANS

## SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

①

2 FILER NAME

Scott J. Cary

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 4,000.00

5 Date of loan

2009

7 Name of lender

☐ out-of-state PAC (ID#:

Scott & Meredith Cary

9 Loan Amount (\$)

2,000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

404 Canyon Wren Dr.

Buda, TX

78610

10 Interest rate

0

11 Maturity date

NA

12 Principal occupation / Job title (See Instructions)

Justice of the Peace

13 Employer (See Instructions)

Hays County

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account (See Instructions)

☒

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2017

Name of lender

☐ out-of-state PAC (ID#:

Scott & Meredith Cary

Loan Amount (\$)

2,000.00

Is lender a financial institution?

Y ☒ N

Lender address;

City;

State;

Zip Code

404 Canyon Wren Dr.

Buda, TX

78610

Interest rate

0

Maturity date

NA

Principal occupation / Job title (See Instructions)

Justice of the Peace

Employer (See Instructions)

Hays County

Description of Collateral

☒ none

Check if personal funds were deposited into political account (See Instructions)

☒

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☒ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

①

# 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: <b>3</b>		2 FILER NAME <b>Scott J. Cary</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/10/18</b>		5 Payee name <b>A&amp;E SIGNS &amp; GRAPHICS</b>			
6 Amount (\$) <b>\$795.64</b>		7 Payee address; City; State; Zip Code <b>100 Houston St. Buda, TX 78610</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Scott J. Cary</b>		<del>Office sought</del> Office held <b>Hays County JP-5</b>	
Date <b>6/2/18</b>		Payee name <b>LA Super Michoacana</b>			
Amount (\$) <b>\$126.65</b>		Payee address; City; State; Zip Code <b>2002 E. 4th St. Austin, TX 78702</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>		Description <input type="checkbox"/> Check 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 <b>Scott J. Cary</b>		<del>Office sought</del> Office held <b>Hays County JP-5</b>	
Date <b>6/6/18</b>		Payee name <b>Merridith Cary</b>			
Amount (\$) <b>\$178.35</b>		Payee address; City; State; Zip Code <b>404 Canyon Wren Dr. Buda, TX 78610</b>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <input type="checkbox"/> Check 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 <b>Scott J. Cary</b>		<del>Office sought</del> Office held <b>Hays County JP-5</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>3</b>	2 FILER NAME <b>Scott J. Cary</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6/13/18</b>	5 Payee name <b>United States Postal Service</b>	
6 Amount (\$) <b>\$100.00</b>	7 Payee address; City; State; Zip Code <b>1320 Cabela's Dr., Buda, TX 78610</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising Expense (grays)</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Scott J. Cary</b>	<del>Office sought</del> Office held <b>Hays County JP-5</b>
Date <b>6/20/18</b>	Payee name <b>Hays Activity Fund #210</b>	
Amount (\$) <b>\$175.00</b>	Payee address; City; State; Zip Code <b>4860 Jack C. Hays Trl., Buda, TX 78610</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check 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 <b>Scott J. Cary</b>	<del>Office sought</del> Office held <b>Hays County JP-5</b>
Date <b>6/20/18</b>	Payee name <b>Fire Light Laser</b>	
Amount (\$) <b>\$36.00</b>	Payee address; City; State; Zip Code <b>1645 Main St., Ste B, Buda, TX 78610</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check 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 <b>Scott J. Cary</b>	<del>Office sought</del> Office held <b>Hays County JP-5</b>

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3

# 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: <b>3</b>		2 FILER NAME <b>Scott J. Cary</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>6/29/18</b>		5 Payee name <b>Act BLUE</b>			
6 Amount (\$) <b>\$63.46</b>		7 Payee address; City; State; Zip Code <b>POB-X 441146 Somerville, MA 02144</b>			
8  PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)  <b>Fees (credit card)</b>		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Scott J. Cary</b>		Office sought <b>Hays County</b> Office held <b>SP-5</b>	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check 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  <input type="checkbox"/> Check 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  <input type="checkbox"/> Check 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	

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