FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00042268 11 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mary NAME Date Received **ELECTRONICALLY FILED** 01/09/2024 NICKNAME LAST **SUFFIX** Missy Medary CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Katy Kiser NAME NICKNAME LAST **SUFFIX** McNeal **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 658-5351 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 347 Nueces District Judge District 347

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Medary, Mary (The F	lonorable)	14 Filer ID (I 00042268	Ethics Comm	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or POLITICAL consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00		
		TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	8,100.00		
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES		\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	5,242.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$	106,480.32		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT				,			
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		The Hor	orable Mary Medary				
			Candidate or Officehold				
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE					
Sworn to and subsc	cribed before me, by the s	aid	, this the		_ day		
		ertify which, witness my hand and seal of office.					
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administerin	g oath		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVER OFFICE	3 of 11
	Mary (The Honorable)	19 Filer ID 00042268	(Ethics Commission	Filers)
20 SCHEDUI NAME OF	SUBTOTAL AI	MOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	8,100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	5,242.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/11			
2	FILER NAME	ry (The Honorable)			3	Filer ID (Ethics Commission Filers) 00042268		
4	Date 09/22/2023	5 Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$) \$250.00		
		Corpus Christi, TX 7840	4					
8		Principal Occupation		9 Contributor's Job Title				
	Business		Owner					
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)		
12		s a child, law firm of parent(s) (if	anv)	1 47 1				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)		
	12/08/2023	Davis, Tip and James Contributor address; City;	State; Zip Code			\$2,500.00		
		Corpus Christi, TX 7842	7	I				
	Businessma	Principal Occupation		Contributor's Job Title Owner				
_		employer/law firm		Law firm of contributor's sp	s snouse (if any)			
	Self	simpley of have till in		N/A	Jou.	se (ii diiy)		
	If contributor is	s a child, law firm of parent(s) (if	any)	L				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)		
	07/23/2023					\$100.00		
		Contributor address; City;	·					
		Corpus Christi, TX 7840	1					
	Contributor's Principal Occupation Contributor's Job Title							
	Attorney Partner					on the sun of		
Contributor's employer/law firm Donnell, Abernathy and Kieschnick N/A				Law firm of contributor's sp	ous	se (II any)		
_		s a child, law firm of parent(s) (if	any)	1071				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/11		
2	FILER NAME Medary, Mai	ry (The Honorable)			3	Filer ID (Ethics Commission Filers) 00042268
4	Date 11/01/2023	5 Full name of contributor out-of-state PAC (ID#:) Eastwood, Sandra 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Corpus Christi, TX 7841				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney		Attorney			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)
	11/17/2023	Goetz, Jerry Contributor address; City;	<u> </u>			\$100.00
		Corpus Christi, TX 7840	4			
	Contributor's Principal Occupation Contributor's Job Title					
	Lawyer			Lawyer		
Contributor's employer/law firm Self				Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	any)	1		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/14/2023	Hartline Barger LLP	out or state () to () z	,		\$2,500.00
		Contributor address; City; Dallas, TX 75231	State; Zip Code			
-	Contributor's I	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/11	
2	FILER NAME	ry (The Honorable)			3	Filer ID (Ethics Commission Filers) 00042268
4	Date 10/20/2023	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00
		corpus christi, TX 78401				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney		attorney			
10		employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	self	s a child, law firm of parent(s) (if	i anu)	N/A		
12	. II COILLIBULOI I	s a criliu, iaw iiriri or parerii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	08/02/2023	Riojas, Lillian Contributor address; City;	State; Zip Code			\$250.00
		San Antonio, TX 78209				
		Principal Occupation		Contributor's Job Title		
	Business			Owner		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oou	se (if any)
		s a child, law firm of parent(s) (if	· any)	IWA		
	ii continuator i	s a ciliiu, iaw iiiiii oi pareiii(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	07/07/2023	Royston Rayzor Vickery	and Williams LLP			\$500.00
		Contributor address; City;				
	O a material and a second as 1	corpus christi, TX 78401		Occasilente de Joh Tide		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			

6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412 8 Contributor's Principal Occupation Real estate 10 Contributor's employer/law firm Self 11 Law firm of contributor's spouse (if any) N/A 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:	ICAL CONTRIBUTIONS SCHEDULI	≣ A(J)1
Medary, Mary (The Honorable) 4 Date	ains how to complete this form	(J)1:
4 Date 12/08/2023 5 Full name of contributor	3 Filer ID (Ethics Commi	ssion Filers)
12/08/2023 Teas, Tim \$500. 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412 8 Contributor's Principal Occupation Real estate 10 Contributor's employer/law firm Self 11 Law firm of contributor's spouse (if any) N/A 12 If contributor is a child, law firm of parent(s) (if any) Date 07/03/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (s) culbreath, kenneth (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Contributor's Principal Occupation attorney owner Contributor's employer/law firm Law firm of contributor's spouse (if any) N/A	00042268	
8 Contributor's Principal Occupation Real estate 10 Contributor's employer/law firm Self 11 Law firm of contributor's spouse (if any) N/A 12 If contributor is a child, law firm of parent(s) (if any) Date 07/03/2023 Full name of contributor out-of-state PAC (ID#:		\$500.00
Real estate Owner 10 Contributor's employer/law firm Self 11 Law firm of contributor's spouse (if any) N/A 12 If contributor is a child, law firm of parent(s) (if any) Date O7/03/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) culbreath, kenneth (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Contributor's Principal Occupation attorney owner Contributor's employer/law firm Law firm of contributor's spouse (if any) N/A	TX 78412	
Real estate Owner 10 Contributor's employer/law firm Self 11 Law firm of contributor's spouse (if any) N/A 12 If contributor is a child, law firm of parent(s) (if any) Date O7/03/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) culbreath, kenneth (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Contributor's Principal Occupation attorney owner Contributor's employer/law firm Law firm of contributor's spouse (if any) N/A	_	
Self N/A 12 If contributor is a child, law firm of parent(s) (if any) Date	Owner	
Self N/A 12 If contributor is a child, law firm of parent(s) (if any) Date	11 Law firm of contributor's spouse (if any)	
Date O7/03/2023 Full name of contributor out-of-state PAC (ID#:		
Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Contributor's Principal Occupation attorney Contributor's employer/law firm Self Culbreath, kenneth (Mr.) \$150. \$150. Contributor address; City; State; Zip Code Contributor's Job Title owner Law firm of contributor's spouse (if any) N/A	arent(s) (if any)	
Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Contributor's Principal Occupation Contributor's Job Title owner Contributor's employer/law firm Law firm of contributor's spouse (if any) Self N/A	ributor	\$)
Contributor's Principal Occupation attorney Contributor's employer/law firm Self Contributor's principal Occupation Contributor's Job Title owner Law firm of contributor's spouse (if any) N/A	eth (Mr.)	\$150.00
Contributor's Principal Occupation attorney Contributor's Job Title owner Contributor's employer/law firm Law firm of contributor's spouse (if any) N/A		
attorney owner Contributor's employer/law firm Law firm of contributor's spouse (if any) Self N/A		
Contributor's employer/law firm Law firm of contributor's spouse (if any) N/A		
Self N/A	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES 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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 8/11	Medary, Mary (The Honorable)	00042268
4	Date	5 Payee name	•
	10/13/2023	BSN SPORTS LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$609.38	PO BOX 7726	
		DALLAS, TX 75209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Staff shirts.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiantiale to belief of of	'	
	Date	Payee name	
	12/04/2023	CCBA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$168.00	555 N. Carancahua street	
		Suite 260	
		Corpus Christi, TX 78401	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
		Foinsettias it	or event.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
-	Data		
	Date 07/23/2023	Payee name Davis Kalagridis Foundation	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2504 Pebble Beach Drive	
		Austin, TX 78747	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Liverit Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Donation to r	- ·
			•
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/4 Rpt: 9/11	Medary, Mary (The Honorable) 00042268	
4	Date	5 Payee name	_
	12/11/2023	Majic 104.9fm	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	po box 270547	
		Robstown, TX 78427	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Radio Ads.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	07/17/2023	Medary, Missy	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$245.00	901 Leopard	
		Corpus Christi, TX 78401	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Reimbursement for event paid for out of personal	
		funds.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	=
	11/15/2023	NCRP	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$1,500.00	5151 Flynn Pkwy	
	, ,	Suite 103	
		Corpus Christi, TX 78411	
	PURPOSE	63.5	_
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Filing Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/O	·	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed	above)
L	·			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 3/4 Rpt: 10/11		Medary, Ma	ary (The Hono	rable)					00042268		
4	Date	5	Payee name									
	09/10/2023		NCSOA									
<u>-</u>	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
ľ	\$500.00	ľ	3122 Leopa		Olulo	, Zip 00	uc					
l	Ψ300.00		JIZZ Leope	did Street								
l												
L			Corpus Chi	isti, TX 78408								
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse							nplete Schedule T.	
								—		officeholder livin	g expense	
								Table for NC	SU	A event		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	experiulture to benefit C/Oi											
	Date		Payee name									
	08/08/2023		National Pe	n Company								
H	Amount (\$)	H	Payee addre	ss; City;	State	; Zip Co	de					
	\$549.81		P.O. Box 8									

			Dollag TV	75204								
L			Dallas, TX	75284		,						
	PURPOSE OF	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				=		de of Texas. Cor , officeholder livin	nplete Schedule T.	
								Pens (Red)	, 17,	onicendider livin	g expense	
								r one (rrou)				
⊢	Complete ONLY if direct	<u> </u>	Candidata/Off	ceholder name		Office sou	abt			Office h	old	
l	expenditure to benefit C/OI		Januluale/On	cenolael name		Jilice sou	grit			Office	eiu	
┕		_										
	Date		Payee name									
	08/08/2023		National Pe	n Company								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$549.81		P.O. Box 8	47203								
			Dallas, TX	75284								
H	PURPOSE	(a)					(h)	Description				
	OF	(۳)	Advertising	ee Categories listed a	at the top of this sch	iedule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE		Advertising	Lxperise				<u></u>		officeholder livin		
								Pens (blue)				
一	Complete ONLY if direct		Candidate/Off	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI											
\vdash												
ı												

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 11/11	Medary, Mary (The Honorable) 00042268
4	Date	5 Payee name
	09/20/2023	Vasquez, Criselda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	901 Leopard
		Corpus Christi, TX 78401
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Adoption toys for kids.
		rtombalcomont for Adoption to your Made.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/23/2023	Vasquez, Criselda
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	901 Leopard
		Corpus Christi, TX 78401
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tshirts for staff.
		isilits for stail.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/21/2023	shull, william
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	901 Leopard
		Corpus Christi, TX 78401
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event expense for CSCD
		Event expense for 6360
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	