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 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mary NAME Date Received **ELECTRONICALLY FILED** 01/10/2025 NICKNAME LAST **SUFFIX** Missy Medary CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 2492 MAILING Receipt # Amount **ADDRESS** Change of Address Corpus Christi, TX 78401 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); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2714 Wagonwheel Drive **ADDRESS** (Residence or Business) Dallas, TX 75006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 658-5351 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 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** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/07/2028 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 347 Nueces District Judge District 347

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 5

| 13 C / OH NAME | Medary, Mary (The I | Honorable) | 14 Filer ID (| Ethics Commission Filers) | | | |
|--|----------------------------------|---|------------------------|---------------------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder | ommittees to support the holder's knowledge or tice of such expenditures. | | | | | |
| Additional Pages | COMMITTEE TYPE TO COMMITTEE NAME | | | | | | |
| _ | GENERAL | | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | SS | | | | |
| 16 CONTRIBUTION TOTALS | | IIZED POLITICAL CONTRIBUTIONS(OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE ELE | | \$ 0.00 | | | |
| | | TICAL CONTRIBUTIONS | 6) | \$ 0.00 | | | |
| EXPENDITURE | ` | PLEDGES, LOANS, OR GUARANTEES OF LOAN IIZED POLITICAL EXPENDITURES | 3) | \$ 0.00 | | | |
| TOTALS | 4. TOTAL POLIT | TICAL EXPENDITURES | | | | | |
| | | | | \$ 2,130.65 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITION REPORTING PI | \$ 98,695.88 | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCI 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 penalt true and correct and includes a under Title 15, Election Code. | | | | | |
| | | The Hor | norable Mary Medary | | | | |
| | | Signature of | Candidate or Officehol | der | | | |
| AFFIX NOT | ΓARY STAMP / SEAL AE | OVE | | | | | |
| | | eaid | , this the | day | | | |
| of | , 20, to c | ertify which, witness my hand and seal of office. | | | | | |
| Signature of offic | er administering oath | Printed name of officer administering oath | Title of officer | administering oath | | | |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | | | 3 of 5 | | | | | | |
|------|---|----------|-------------|--|--|--|--|--|--|
| | 18 FILER NAME Medary, Mary (The Honorable) 19 Filer ID (Ethics Commission Filers) 00042268 | | | | | | | | |
| l | 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | | | |
| 1. | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | | | | | | |
| 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: | 6 | \$ 2,130.65 | | | | | | |
| 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 | \$ | | | | | | |
| | | | | | | | | | |

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/Political Committee I Credit Card Payment | | | Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | OTHER (enter a category not listed above) | | | | |
|---|--|----------------|---------------------|---|-----------------------|------------|------|---|-------|---------------------|--------------------|------------|
| | | _ | | | | now to co | mpie | ete tnis form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commissi | on Filers) |
| | Sch: 1/2 Rpt: 4/5 | | Medary, Ma | ry (The Honor | able) | | | | | 00042268 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 09/01/2024 | | CCBA | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State: | Zip Co | de | | | | | |
| ľ | \$150.00 | | • | ncahua street | • | p 00 | | | | | | |
| | 4200.00 | | Suite 260 | | | | | | | | | |
| | | | | TV 70404 | | | | | | | | |
| | | | Corpus Chri | sti, TX 78401 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Bar dues. | | | | | | | | nplete Schedule T. | |
| | | | | | | | | Yearly CCBA | | officeholder livin | g expense | |
| | | | | | | | | rearry CCDA | uu | 163. | | |
| _ | | <u> </u> | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | Jandidate/Offic | ceholder name | C | Office sou | ght | | | Office h | eld | |
| | | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 07/30/2024 | | CCPOA | | | | | | | | | |
| | Amount (\$) | | Payee addres | ss; City; | State; | Zip Co | de | | | | | |
| | \$300.00 | | 3122 Leopa | rd Street | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Cornus Chri | sti, TX 78408 | | | | | | | | |
| | PURPOSE | (2) | - | | | | (h) | Description | | | | |
| | OF | ^(a) | | e Categories listed a | t the top of this sch | edule) | (D) | Description Check if travel of | nutsi | de of Texas, Com | nplete Schedule T. | |
| | EXPENDITURE | | Event Exper | ise | | | | = | | officeholder livin | | |
| | | | | | | | | CCPOA even | ıt. | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | | Office sou | ght | | | Office h | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| _ | Date | | Payee name | | | | | | | | | |
| | 10/31/2024 | | Vasquez, Cı | ricolda | | | | | | | | |
| | | _ | | | | | | | | | | |
| | Amount (\$) | | Payee addres | | State; | Zip Co | de | | | | | |
| | \$166.00 | | 901 Leopard | d | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Corpus Chri | sti, TX 78401 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | the top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Event Exper | | | · | | | | | plete Schedule T. | |
| | LAFENDITORE | | | | | | | | , TX, | officeholder living | g expense | |
| | | | | | | | | Office shirts. | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office h | eld | |
| L | experialities to benefit 6/011 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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: 2/2 Rpt: 5/5 | Medary, Mary (The Honorable) 00042268 |
| 4 | Date | 5 Payee name |
| | 08/19/2024 | casa |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$800.00 | 2602 Prescott |
| | | |
| | | corpus christi, TX 78404 |
| 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 |
| | | Casa event. |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 07/17/2024 | pens.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$534.65 | 1 Sharpie Way |
| | | |
| | | Shelbyville, TN 37160 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Gift/Awards/Memorials Expense |
| | | Check if Austin, TX, officeholder living expense Logo pens. |
| | | Logo perio. |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 07/22/2024 | shull, william |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$180.00 | 901 Leopard |
| | | |
| | | 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. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | CSCD week. |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/Ol | |
| | | |
| | | |
| | | |