CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Milton Cary NICKNAME LAST SUFFEX LATY Houston	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 9302 Brandon Ln. Miles TX 76861	JAN 15 2020
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 656 - 5569	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Mr. Jim. Bob. NICKNAME LAST SUFFIX	Date Imaged Amount \$ Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 6408 Spy Glass Drive San Angelo TX	76904
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 895 - 0735	
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month THROUGH	Day Year
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Correct Pct. 1 Tom Gra	sioner een Co.
	GO TO PAGE 2	
Forms provided by Texas F	thics Commission www.ethics.state.tx.us	Revised 9/8/2015

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	M. Cari	11 1	15 Filer ID (Ethics Commission Filers)
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		_
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	-
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	s Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,600.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$		
	4. TOTAL POLITICAL EXPENDITURES \$ 8,931.89		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY S 1. 268.		
OUTSTANDING LOAN TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1, 268, \$ 4,600.00		
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 & ode. Signature of Candidate or Officeholder			
AFFIX NOTARY STAMP / SEALABOVE			
Sworn to and subscribed before me, by the said			
day of January, 20 20, to certify which, witness my hand and seal of office.			
Upra La doe		VONA HUDSON Notary Public, State of Texas Notary UD# 1142115-1	Notary
Notary Public, State of Textus Notary Public, State of Textus			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Mr. M. Cary Houston 20 Filer ID (Ethics Commission Filers)			
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5,6000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	_	\$ 4,600°0 \$ 8,931 89
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 8,931 89
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 750°D
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. M. Cary 5 Full name of contributor 7 Amount of contribution (\$) 5,000.00 6 Contributor address; City; State; 6408 Spy Glass Drive San Angelo TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) __ out-of-state PAC (ID#:____ Amount of contribution (\$) 9-10-2019 Martin Self Contributor address; 206 Clover Da State; Zip Code 200.00 San Angelo TX 76903 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Amount of contribution (\$) City; 100.00 Christoval Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: 1-6-2020 Part Logan Contributor address; P. D. Box 61054 City; San Angelo 300.00 76906 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.

MONETARY POLITICAL CONTRIBUTIONS

LOANS			SCHEDULE E
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME	M Cary Houston		3 Filer ID (Ethics Commission Filers)
	0 IITEMIZED LOANS		\$ 4,600.00
5 Date of loan 8-5-2019 6 Is lender a financial Institution? Y	7 Name of lender out-of-state F Cary + Carla Houston 8 Lender address; City; 9302 Brandon In Miles	State; Zip Code	9 Loan Amount (\$) 100 10 Interest rate 11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION not applicable	17 Name of guarantor18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan 8-12-2019 Is lender a financial Institution?	Name of lender out-of-state F Cary + Carla Houston Lender address; City; 9.302 Brandon In Miles	State; Zip Code	Loan Amount (\$) 2,500.00 Interest rate Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor Guarantor address; City;	State; Zip Code	Amount Guaranteed (\$)
	on (See Instructions)	Employer (See Instructions)	
	nder is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	
Forms provided by Texas	s Eurics Commission www.eu	IIICS.SIGLE.IX.US	Venizer alsols

LOANS	SCHEDULE I	E	
The Instruction Guide explains how to com	nplete this form. 1 Total pages Schedule E:	 2	
Mr. M. Cary Houston	3 Filer ID (Ethics Commission I	Filers)	
4 TOTAL OF UNITEMIZED LOANS	\$		
5 Date of loan 7 Name of lender out-of-state 12-26-2019 Cary 4 Carla Housto 6 Is lender a financial 8 Lender address; City;	9 Loan Amount (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)		
a financial Institution? Y N 9302 Brandon Ln. Mile	25 TX 7686 11 Maturity date		
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collateral	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 Name of lender out-of-state	te PAC (ID#:) Loan Amount (\$)		
Is lender Lender address; City; a financial Institution?	State; Zip Code Interest rate		
Y N	Maturity date		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral none	Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR Name of guarantor INFORMATION	Amount Guaranteed (\$)		
Guarantor address; City;	State; Zip Code		
not applicable Principal Occupation (See Instructions)	Employer (See Instructions)		
	PIES 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

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 d	complete this form.	Other (enter a categor)	not listed above)
1 Total pages Schedule F1:	2 FILER NAME Mr. M. Cary Houst	M	3 Filer ID (Ethics	Commission Filers)
4 Date 8-13-2019	J rayce name			
6 Amount (\$)	Stephen McLaughlin Adver 7 Payer address;	City;	State;	Zip Code
\$2,500.00	115 South Park	San Angelo	TX	76961
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Reto	iner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
12-27-2019	Stephen McLaughlin Ad	vertising		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 6,431.89	115 South Park	San Angelo	TX	76901
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	5	igns	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	ffice 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 Austir	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement
Accounting/Banking Fees Office Overhead/Rental Expense
Consulting Expense Food/Beverage Expense Polling Expense
Contributions/Donations Made By Gift/Awards/Memorials Expense
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form

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 G:	Mr. M. Cary, Houston	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Tom Green County Republican Party 7 Payee address; City; State; Zip Code		
6 Amount (\$) 750 Reimbursement from political contributions intended	7 Payee address; 0 225 South Abe	State; Zip Code San Angelo TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (Filing) (c) Check if Iravel outside of Texas. Complete Schedule T.	(b) Description Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	M. Cary Houston, Tom (Office sought Office held Green County Commissioner Pet 1	
Date	Payee name	0	
Amount (\$)	Payee address;	City; State; Zip Code	
political contributions intended	Cotocoo (O. Court de la constitución de la constitu	Dozoristica	
PURPOSE OF EXPENDITURE	Category (See Calegories 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/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			