### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| The C/OH Instruction G  | uide explains how to complete this form.                      | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:   |
|---|---|---------------------------------------|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS / MRS / MR FIRST  MOCTIN  NICKNAME LAST                    | MI  SUFFIX                            | OFFICE USE ONLY  Date Received   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | Mork Scotte  ADDRESS / PO BOX; APT / SUITE #; CO  338 Bernuda | SITY; STATE; ZIP CODE                 | JAN 1 8 2022<br>Rthurta  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE PHONE NUMBER  | EXTENSION                             | Date Hand-delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR FIRST  CO / O. I                                | MI                                    | Receipt # Amount \$  Date Processed  Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SI                   | UITE #; CITY;                         | STATE; ZIP CODE  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE PHONE NUMBER (361 )814-9220                         | EXTENSION                             |  |
| 9 REPORT TYPE   | January 15 30th day before e                                  |                                       | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR) |
| 10 PERIOD<br>COVERED  | Month Day Year 7 / I / 21                                     | THROUGH 12 /                          | Day Year / 21  |
| 11 ELECTION   | ELECTION DATE  Month Day Year Primary  General                | Runoff Description  Special           |  |
| 12 OFFICE   | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known            | n)   |
|   | GO ТО   | PAGE 2                                |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 14 C/OH NAME   |  | 1   | 15 Filer ID (Ethics Commission Filers) |  |
|--|--|---|--|--|
|  | Mor  | k Scott   | Ther is (Edillos 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 |   |  |  |
| 9  | COMMITTEE TYPE   | COMMITTEE NAME  | ,                                      |  |
|  | GENERAL  |   |  |  |
|  | SPECIFIC   | COMMITTEE ADDRESS   |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME   |  |  |
| Additional Pages   |  |   |  |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |  |
| 17 CONTRIBUTION<br>TOTALS  | PLEDG  | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>RIBUTIONS MADE ELECTRONICALLY) | \$                                     |  |
|  | 100.00   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |   | \$ 130.37                              |  |
|  | 4. TOTAL POLITICAL EXPENDITURES \$ 130.37  |   |  |  |
| CONTRIBUTION BALANCE   | 701-0070 N. CHRAN MOD DEVICE   | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>PORTING PERIOD   | S 34.61                                |  |
| OUTSTANDING<br>LOAN TOTALS   | 000014 W 2000 MM NORTH   | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>AY OF THE REPORTING PERIOD   | * 5000                                 |  |
| 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.    Notary ID #: 12694354-8   My Commission Expires   My Commi |  |   |  |  |
| O6/26/2025  Signature of Candidate or Officeholder   |  |   |  |  |
| AFFIX NOTARY STAMP / SEALABOVE   |  |   |  |  |
| Sworn to and subscribed before me, by the said Malc Scott, this the 18th   |  |   |  |  |
| day of January   | , 20 <mark>22</mark> ,   | to certify which, witness my hand and seal of office  |  |  |
| SCoul  |  |   | ;<br>                                  |  |
| 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   | mmission Filers)   |                    |
|---|--------------------|--------------------|
| Mark Scott  |                    |                    |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE                                  |                    | SUBTOTAL<br>AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                        |                    | \$                 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS          |                    | \$                 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                    |                    | \$                 |
| 4. SCHEDULE E: LOANS  |                    | \$ 5,000           |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO           | ONTRIBUTIONS       | \$                 |
| 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 FU             | INDS               | \$                 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO            | A BUSINESS OF C/OH | \$                 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C        | ONTRIBUTIONS       | \$                 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER | TIONS RETURNED     | \$                 |
|   |                    |                    |

### MONETARY POLITICAL CONTRIBUTIONS 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) Mark Scott 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; Zip Code State; 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Contributor address; 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; 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

| Th                       | e Instruction Guide explains how to complete this form      | ١.                                    | 1 Total pages Schedule A2:                                     |
|--------------------------|---|---------------------------------------|--|
| 2 FILER NAME  MORK SCOTT |   | 3 Filer ID (Ethics Commission Filers) |  |
| 4 TOTAL O                | F UNITEMIZED IN-KIND POLITICAL CONTRIE                      | BUTIONS                               | \$   |
| 5 Date                   | 6 Full name of contributor                                  | )                                     | 8 Amount of 9 In-kind contribution Contribution \$ description |
|                          | 7 Contributor address; City; State;                         | Zip Code                              |  |
|                          |   |                                       | Check if travel outside of Texas. Complete Schedule T.         |
| <b>10</b> Principal occ  | upation / Job title (FOR NON-JUDICIAL) (See Instructions)   | <b>11</b> Employe                     | r (FOR NON-JUDICIAL)(See Instructions)                         |
| 12 Contributor's         | principal occupation (FOR JUDICIAL)                         | 13 Contribu                           | tor's job title (FOR JUDICIAL) (See Instructions)              |
| 14 Contributor's         | employer/law firm (FOR JUDICIAL)                            | <b>15</b> 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                                    | )                                     | Amount of . In-kind contribution Contribution \$ . description |
| Œ                        | Contributor address; City; State;                           | Zip Code                              |  |
|                          |   |                                       | Check if travel outside of Texas. Complete Schedule T.         |
| Principal occ            | supation / Job title (FOR NON-JUDICIAL) (See Instructions)  | Employe                               | er (FOR NON-JUDICIAL)(See Instructions)                        |
| Contributor's            | principal occupation (FOR JUDICIAL)                         | Contribu                              | tor'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           | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          |   |                                       |  |
|                          | ATTACH ADDITIONAL COPIES OF I                               |                                       |  |

#### PLEDGED CONTRIBUTIONS SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mark Scott TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#:\_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID#:\_ In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 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.

## LOANS

#### SCHEDULE E

|   | The                                     | Instruction Guide explains how to compl | ete this form.                               | 1 Total pages Schedule E:               |
|---|---|---|--|---|
| 2                                       | FILER NAME                              |   |  | 3 Filer ID (Ethics Commission Filers)   |
|   |   | Mark Scott                              | <b>.</b>                                     |   |
|   |   | V-107K 31611                            |  |   |
| 4                                       | TOTAL OF UN                             | IITEMIZED LOANS                         |  | \$                                      |
| 5                                       | Date of loan                            | 7 Name of lender  ut-of-state F         | PAC (ID#:)                                   | 9 Loan Amount (\$)                      |
|   | 5/19/17                                 | Mark & Corol Scot                       | 4  | 5,000                                   |
|   | Is lender                               | 8 Lender address; City;                 | State; Zip Code                              | 10 Interest rate                        |
|   | a financial<br>Institution?             | 338 Bermuda                             |  | Ø                                       |
|   | Y (N)                                   |   | Mr. O  | 11 Maturity date                        |
| 42                                      |   | CC TX                                   | 78911  | None                                    |
| 12                                      |   | on / Job title (See Instructions)       | 13 Employer (See Instructions)               |   |
|   | Title                                   | Insulance                               | San Jacinta                                  | Title                                   |
|   | Description of Colla                    | ateral                                  | Check if personal fund account (See Instruct | ds were deposited into political ions)  |
|   | GUARANTOR<br>INFORMATION                | 17 Name of guarantor                    |  | 19 Amount Guaranteed (\$)               |
| 140 141 141 141 141 141 141 141 141 141 |   |   |  |   |
|   | Ka.                                     | 18 Guarantor address; City;             | State; Zip Code                              |   |
|   | not applicable                          |   |  |   |
| 20                                      | Principal Occupat                       | iion (See Instructions)                 | 21 Employer (See Instructions)               |   |
|   | Date of loan                            | Name of lender                          | PAC (ID#:)                                   | Loan Amount (\$)                        |
|   |   |   | ) (ID#)                                      |   |
|   | *************************************** |   |  |   |
|   | ls lender<br>a financial                | Lender address; City;                   | State; Zip Code                              | Interest rate                           |
|   | Institution?                            |   |  | Maturity date                           |
|   | Y N                                     |   |  | materity date                           |
|   | Principal occupation                    | on / Job title (See Instructions)       | Employer (See Instructions)                  |   |
|   |   |   |  |   |
|   | Description of Coll                     | ateral                                  | Chook if personal fun                        | de were deposited into political        |
|   | none                                    |   | account (See Instruct                        | ds were deposited into political tions) |
|   | GUARANTOR<br>INFORMATION                | Name of guarantor                       |  | Amount Guaranteed (\$)                  |
|   |   | Guarantor address; City;                | State; Zip Code                              |   |
|   | not applicable                          |   |  |   |
| -                                       |   | ion (See Instructions)                  | Employer (See Instructions)                  | 1                                       |
|   | 2000000                                 | , | (222 33233)                                  |   |
| =                                       |   |   |  |   |
| 14                                      |   | ATTACH ADDITIONAL COP                   | IES OF THIS SCHEDULE AS NE                   | EDED                                    |

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

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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<br>Credit Card Payment     | al Committee Legal Services Salaries/V  The Instruction Guide explains how to o | Vages/Contract Labor Other (enter a category not listed above)  complete this form. |
|--|---|---|
| 1 Total pages Schedule F1:                                 | 2 FILER NAME Martin L. Sco  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date   | 5 Payee name  | <u> </u>  |
| 6 Amount (\$)  | 7 Payee address;  | City; State; Zip Code   |
| 8 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)                | (b) Description   |
| v * v  | (C) Check if travel outside of Texas. Complete Schedule T.                      | Check if Austin, TX, officeholder living expense                                    |
| 9 Complete ONLY 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<br>OF  | Category (See Categories listed at the top of this schedule)                    | Description   |
| EXPENDITURE  |   |   |
|  | 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<br>H  | Office sought Office held   |
| Date   | Payee name  |   |
| Amount (\$)  | Payee address;  | City; State; Zip Code   |
| PURPOSE<br>OF<br>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/O  | Candidate / Officeholder name   | Office sought Office held   |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEEDED  |

#### UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) Mark Scort 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Gategories e top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name Date Amount (\$) Zip Code Payee address; City; State: TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

| Т            | he Instruction Guide explains how to complete this form.   | 1 Total pages Schedule F3:            |
|--------------|--|---------------------------------------|
| 2 FILER NAME | Mork Scory   | 3 Filer ID (Ethics Commission Filers) |
| 4 Date       | 5 Name of person from whom investment is purchased         |                                       |
|              | 6 Address of person from whom investment is purchased; Cit | y; State; Zip Code                    |
|              | 7 Description of investment                                |                                       |
|              | 8 Amount of investment (\$)                                |                                       |
|              |  |                                       |
| Date         | Name of person from whom investment is purchased           |                                       |
|              | Address of person from whom investment is purchased; Cit   | y; State; Zip Code                    |
| ×            |  |                                       |
|              | Description of investment                                  |                                       |
|              | Amount of investment (\$)                                  |                                       |
|              |  |                                       |
| Z.           | ATTACH ADDITIONAL COPIES OF THIS SCHEDUL                   | E AS NEEDED                           |

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Other (enter a category not listed above)

| Contributions/Donations Made By Candidate/Officeholder/Political |  | se Printing Expense Salaries/Wages/Contract Labor | Travel Out Of District Other (enter a category not listed above) |
|--|--|---|--|
|  | The Instruction Guide e                        | xplains how to complete this form.                |  |
| 1 Total pages Schedule F4:                                       | 2 FILER NAME MORK SCO                          | ort   | 3 Filer ID (Ethics Commission Filers)                            |
| 4 TOTAL OF UNITEMI   | ZED EXPENDITURES CHARC                         |   | \$   |
| 5 Date   | 6 Payee name                                   |   |  |
| 7 Amount (\$)  | 8 Payee address;                               | City;   | State; Zip Code  |
| 9 TYPE OF<br>EXPENDITURE   | Political                                      | Non-Political                                     |  |
| 10   | (a) Category (See Categories listed at the top | of this schedule) (b) Description                 |  |
| PURPOSE<br>OF  |  |   |  |
| EXPENDITURE  |  |   |  |
|  | (c) Check if travel outside of Texas. Co       | mplete Schedule T. Check if A                     | austin, TX, officeholder living expense                          |
| 11 Complete ONLY if direct expenditure to benefit C/OH           | Candidate / Officeholder nam                   | e Office sought                                   | Office held  |
| Date   | Payee name                                     |   |  |
| Amount (\$)  | Payee address;                                 | City;   | State; Zip Code  |
| TYPE OF<br>EXPENDITURE   | Political                                      | Non-Political                                     |  |
| PURPOSE<br>OF  | Category (See Categories listed at the to      | p of this schedule) Description                   |  |
| EXPENDITURE  | Check if travel outside of Texas. C            | omplete Schedule T. Check if                      | Austin, TX, officeholder living expense                          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH       | Candidate / Officeholder nan                   | ne Office sought                                  | Office held  |
|  |  |   |  |
|  | ATTACH ADDITIONAL COP                          | IES OF THIS SCHEDULE AS N                         | EEDED  |

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

| Credit Card Payment  | The Instruction Guide explains how t  | to complete this form.                           |         |
|--|---|--|---------|
| 1 Total pages Schedule G:  | 2 FILER NAME Mark Scott   | 3 Filer ID (Ethics Commission                    | Filers) |
| 4 Date   | 5 Payee name  | ·  |         |
| 6 Amount (\$)  Reimbursement from political contributions intended | 7 Payee address;  | City; State; Zip Co                              | ode     |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)                            | (b) Description                                  |         |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH | (c) Check if trivel outside of Terias. Complete Schedule T.  Candidate / Office holder name | Office sought Office held                        | I       |
| Date   | Payee name  |  |         |
| Amount (\$)  | Payee address;  | City; State; Zip C                               | ode     |
| Reimbursement from political contributions intended                |   |  |         |
| PURPOSE<br>OF<br>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/           | Candidate / Officeholder name OH  | Office sought Office held                        | k<br>   |
| Date   | Payee name  |  |         |
| Amount (\$)  | Payee address;  | City; State; Zip Cod                             | le      |
| Reimbursement from political contributions intended                |   |  |         |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/OH                | Candidate / Officeholder name   | Office sought Office held                        | d<br>   |
|  | ATTACH ADDITIONAL COPIES OF THIS  | S SCHEDULE AS NEEDED                             |         |

#### **PAYMENT MADE FROM POLITICAL** CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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/Politi<br>Credit Card Payment      | cal Committee Legal Services Salaries  The Instruction Guide explains how to | Wages/Contract Labor complete this form. | Other (enter a category not listed above)    |
|---|--|--|--|
| 1 Total pages Schedule H:                                 | 2 FILER NAME  MOCK SCOTT   |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date  | 5 Business name  |  |  |
| 6 Amount (\$)   | 7 Business address;  | City;                                    | State; Zip Code                              |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category (See Categories listed at the top of this schedule)             | (b) Description                          |  |
| 9 Complete ONLY if direct expenditure to benefit C/O      | Candidate / Officeholder name  Candidate / Officeholder name                 | Office sought                            | TX, officeholder living expense  Office held |
| Date  | Business name  |  |  |
| Amount (\$)   | Business address;  | City;                                    | State; Zip Code                              |
| PURPOSE<br>OF<br>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 ONLY if direct expenditure to benefit C/C        | Candidate / Officeholder name  | Office sought                            | Office held                                  |
| Date  | Business name  |  |  |
| Amount (\$)   | Business address;  | City;                                    | State; Zip Code                              |
| PURPOSE<br>OF<br>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/C | Candidate / Officeholder name  | Office sought                            | Office held                                  |
|   | ATTACH ADDITIONAL COPIES OF THIS   | S SCHEDULE AS NEE                        | DED  |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

| The Instruction Guide explains how to complete this form. |  |  |                            |                  |
|---|--|--|----------------------------|------------------|
| <b>1</b> Total pages Schedule I:                          | 2 FILER NAME  Mark Scott   | 3  | Filer ID (Ethics Co.       | mmission Filers) |
| 4 Date  | 5 Payee name   |  |                            |                  |
| 6 Amount (\$)   | 7 Payee address;   | City   | State                      | Zip Code         |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instruent (See instruent) | uctions regarding type of  | information      |
| Date  | Payee name   |  |                            |                  |
| Amount (\$)   | Payee address;   | City   | State                      | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instr                         | uctions regarding type of  | information      |
| Date  | Payee name   |  |                            |                  |
| Amount (\$)   | Payee address;   | City   | State                      | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instr                         | ructions regarding type of | information      |
| Date  | Payee name   |  |                            |                  |
| Amount (\$)   | Payee address;   | City   | State                      | Zip Code         |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)     | Description (See instrequired.)                | ructions regarding type of | f information    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

| The   | Instruction Guide explains how to complete this form.       | 1 Total pages Sched    | dule K:              |
|---|---|------------------------|----------------------|
| 2 FILER NAME  | Mork Scott  | 3 Filer ID (Ethics     | s Commission Filers) |
| 4 Date  | 5 Name of person from whom amount is received               |                        | 8 Amount (\$)        |
|   | 6 Address of person from whom amount is received; City; Sta |                        |                      |
| 4.  | 7 Purpose for which amount is received Check if             | political contribution | returned to filer    |
|   | - Cristian  | ponticul contribution  | retarried to mer     |
| Date  | Name of person from whom amount is received                 |                        | Amount (\$)          |
| f ,   | Address of person from whom amount is received; City; Sta   |                        |                      |
|   |   |                        |                      |
|   | Purpose for which amount is received Check if               | political contribution | returned to filer    |
| Date  | Name of person from whom amount is received                 |                        | Amount (\$)          |
|   | Address of person from whom amount is received; City; Sta   |                        |                      |
| . 1   | Purpose for which amount is received                        | political contribution | returned to filer    |
| Date  | Name of person from whom amount is received                 |                        | Amount (\$)          |
|   | Address of person from whom amount is received; City; St    | Zip Code               |                      |
|   | Purpose for which amount is received                        | political contribution | returned to filer    |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED |   |                        |                      |

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

| The Instruction Guide explains how to complete this form.  |   |   |             | 1 Total pages Schedule T:             |               |  |
|--|---|---|-------------|---------------------------------------|---------------|--|
| 2 FILER NAME   | FILER NAME Mark Scott   |   |             | 3 Filer ID (Ethics Commission Filers) |               |  |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                            |   |   |             |                                       |               |  |
| 5 Contribution / Expenditure   | e reported on:  |   |             |                                       |               |  |
| Schedule A2  | Schedule B  | Schedule B(J)   | Schedule C2 | Schedule D                            | Schedule F1   |  |
|  | Schedule F4   | Schedule G  |             |                                       |               |  |
| Schedule F2  |   |   | Schedule H  | Schedule COH-UC                       | Schedule B-SS |  |
| 6 Dates of travel 7  | 7 Name of person(s) traveling   |   |             |                                       |               |  |
| 8  | 8 Departure city or name of departure location                          |   |             |                                       |               |  |
| 9  | 9 Destination city or name of destination location                      |   |             |                                       |               |  |
| 10 Magne of transportation   |   |   |             |                                       |               |  |
| 10 Means of transportation 11 Purpose of Vavel (including name of conference, seminar, or other event) |   |   |             |                                       |               |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                              |   |   |             |                                       |               |  |
| Contribution / Expenditure reported on:  |   |   |             |                                       |               |  |
|  |   | Cohodula DAN  | Cohodula Co | Cohodula D                            |               |  |
|  | Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 |   |             |                                       |               |  |
| Schedule F2  | Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS         |   |             |                                       |               |  |
| Dates of travel  | Name of person(s) traveling   |   |             |                                       |               |  |
| ,  | Departure city or name of departure location                            |   |             |                                       |               |  |
|  | Destination city or name of destination location                        |   |             |                                       |               |  |
| Means of transportation  | Purp  | Purpose of travel (including name of conference, seminar, or other event) |             |                                       |               |  |
|  |   |   |             |                                       |               |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                              |   |   |             |                                       |               |  |
| Contribution / Expenditur  | re reported on:   |   |             |                                       |               |  |
| Schedule A2  | Schedule B  | Schedule B(J)   | Schedule C2 | Schedule D                            | Schedule F1   |  |
| Schedule F2  | Schedule F4   | Schedule G  | Schedule H  | Schedule COH-UC                       | Schedule B-SS |  |
| Dates of travel  | Name of person(s) traveling   |   |             |                                       |               |  |
|  | Departure city or name of departure location                            |   |             |                                       |               |  |
|  | Destination city or name of destination location                        |   |             |                                       |               |  |
|  |   |   |             |                                       |               |  |
| Means of transportation  | Purp  | Purpose of travel (including name of conference, seminar, or other event) |             |                                       |               |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |   |   |             |                                       |               |  |

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|   | The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••   |   |                                       |  |  |  |  |
|---|---|---|---------------------------------------|--|--|--|--|
| 1 | C/OH N  | Mark Scott  | 2 Filer ID (Ethics Commission Filers) |  |  |  |  |
| 3 | SIGNA   |   |                                       |  |  |  |  |
| J | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign  |   |                                       |  |  |  |  |
|   |   | tions or make any campaign expenditures without a campaign treasurer appo   |                                       |  |  |  |  |
| 4 |   | WHO IS NOT AN OFFICEHOLDER  | Signature of Candidate / Officeholder |  |  |  |  |
|   | •• Com  | plete A & B below <i>only</i> if you are not an officeholder. ••  |                                       |  |  |  |  |
|   | A.  | CAMPAIGN FUNDS  |                                       |  |  |  |  |
|   | Check   | conly one:  |                                       |  |  |  |  |
|   |   | I do not have unexpended contributions or unexpended interest or income ea  | arned from political contributions.   |  |  |  |  |
|   |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |                                       |  |  |  |  |
|   | B.  | ASSETS  |                                       |  |  |  |  |
|   | Check   | conly one:  |                                       |  |  |  |  |
|   |   | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |                                       |  |  |  |  |
|   |   | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.   |                                       |  |  |  |  |
|   |   |   | Signature of Candidate                |  |  |  |  |
|   |   |   |                                       |  |  |  |  |
| 5 | 5 OFFICEHOLDER  •• Complete this section only if you are an officeholder ••   |   |                                       |  |  |  |  |
|   | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. |   |                                       |  |  |  |  |
|   |   |   | Signature of Officeholder             |  |  |  |  |