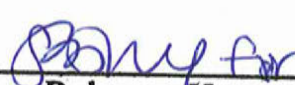


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <u>Martin</u>	MI <u>L</u>	OFFICE USE ONLY Date Received Date Filed <u>10/7/2024</u>  Rebecca Huerta City Secretary
	NICKNAME <u>Mark</u>	LAST <u>Scott</u>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>338 Bermuda Pl. CC TX 78411</u>			
	Date Handled by (Print Name and Title) <u>Rebecca Huerta</u>			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>877-7797</u>	EXTENSION	Date Handled by (Print Name and Title)
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR	FIRST <u>Carol</u>	MI <u>A</u>	Receipt #
	NICKNAME <u>Scott</u>	LAST	SUFFIX	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>338 Bermuda Pl CC TX 78411</u>			Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>814-9220</u>	EXTENSION	Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year <u>7 / 1 / 24</u>		THROUGH	Month Day Year <u>9 / 30 / 24</u>
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 5 / 24</u>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>City Council At-Large</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

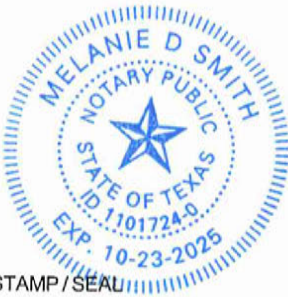
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,775
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6449.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 60,360.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Martin Scott
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Martin Scott this the 4 day of Oct, 2024 to certify which, witness my hand and seal of office.

Melanie D. Smith Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,775
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6499.44
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

Date	Org/PAC	Last Name	First Name	Address	City	TX	Zip	Contribution
2024-07-10		Speirling	Cheri		Corpus Christi	TX	78418	\$ 500.00
2024-07-17		Cofey	John		Corpus Christi	TX	78414	\$ 500.00
2024-07-17		Fritsch	Paul D.		Houston	TX	77059	\$ 500.00
2024-07-17		Gilbert	Jesse		Portland	TX	78374	\$ 250.00
2024-07-17		Pool	Butch		Corpus Christi	TX	78412	\$ 250.00
2024-07-17		Scott	Alexandra		Corpus Christi	TX	78404	\$ 25.00
2024-07-17		Watts	Seth		Corpus Christi	TX	78414	\$ 250.00
2024-07-18		Deville	Renwick		Baton Rouge	LA	70808	\$ 500.00
2024-07-18		Hastings	Stephanie		Corpus Christi	TX	78414	\$ 100.00
2024-07-18		Hicks	Charlie		Corpus Christi	TX	78411	\$ 500.00
2024-07-19		Adler	Chris		Corpus Christi	TX	78411	\$ 400.00
2024-07-19		Adler	Matt		Corpus Christi	TX	78413	\$ 100.00
2024-07-19		Adler	Troy		Corpus Christi	TX	78409	\$ 200.00
2024-07-19		Barnette	Jim		Corpus Christi	TX	78414	\$ 1,000.00
2024-07-19		Bell	Jane		Corpus Christi	TX	78411	\$ 100.00
2024-07-19		Bhakta	Deven & Mayuri		Corpus Christi	TX	78414	\$ 1,000.00
2024-07-19		Bratton	John		Corpus Christi	TX	78413	\$ 250.00
2024-07-19		Briones	Michael R.		Corpus Christi	TX	78411	\$ 100.00
2024-07-19		Camtu	Ed		Corpus Christi	TX	78413-5526	\$ 100.00
2024-07-19		Crull	MaryJane & Carl		Corpus Christi	TX	78414	\$ 100.00
2024-07-19		Deleon	Alejandro A		Corpus Christi	TX	78412	\$ 100.00
2024-07-19		Griffin	Ken		Corpus Christi	TX	78380	\$ 250.00
2024-07-19		Guerra	Gabe		Corpus Christi	TX	78414	\$ 500.00
2024-07-19		Hamilton	Chris		Corpus Christi	TX	78413	\$ 1,000.00
2024-07-19		Hummell	Michael		Corpus Christi	TX	78466	\$ 300.00
2024-07-19		Kelly	William		Corpus Christi	TX	78401	\$ 500.00
2024-07-19		Loeb	David C.		Corpus Christi	TX	78411	\$ 1,000.00
2024-07-19		Steen	Mark		Corpus Christi	TX	78413	\$ 150.00
2024-07-19		Tennapel	Sandra		Corpus Christi	TX	78414	\$ 1,000.00
2024-07-19		Valls	Laurence		Corpus Christi	TX	78414	\$ 250.00
2024-07-19		Wilson	Alan & Catrina		Corpus Christi	TX	78413	\$ 250.00
2024-07-19		Womack	John A		Corpus Christi	TX	78414	\$ 1,000.00
2024-07-19		Zykoski	Robert S		Lutz	FL	33558-9005	\$ 200.00
2024-07-22		Bonilla	Ruben		Corpus Christi	TX	78465	\$ 500.00
2024-07-22		Engel	David		Corpus Christi	TX	78404	\$ 500.00
2024-07-23		Mitchell	R		Austin	TX	78760	\$ 1,000.00
2024-07-24		Hargis	Dwayne		Corpus Christi	TX	78413	\$ 200.00
2024-08-16		Survant	Corey		Corpus Christi	TX	78418	\$ 250.00
2024-08-23		Hicks	Gloria		San Antonio	TX	78415	\$ 500.00
2024-08-23	Pape-Dawson Engineers PAC				San Antonio	TX	78213	\$ 1,000.00
2024-08-23		Riojas	Lillian		San Antonio	TX	78209	\$ 250.00
2024-08-23		Scott	M.D.		Corpus Christi	TX	78380	\$ 1,500.00
2024-08-23	Haiff Associates-State PAC				Richardson	TX	75081	\$ 1,000.00

2024-08-23 Valero PAC

2024-09-03	Bell	John & Myriam		San Antonio	TX	78269	\$	1,000.00
2024-09-03	Lippincott	Mike		Corpus Christi	TX	78418	\$	500.00
2024-09-12	Valls	John Edward		Corpus Christi	TX	78411	\$	1,000.00
2024-09-17	Steinbruck	Roxann		Corpus Christi	TX	78401	\$	250.00
2024-09-19	Anderson	Derwood		Corpus Christi	TX	78418	\$	100.00
2024-09-19	Barrera	Gustavo		Corpus Christi	TX	78411	\$	250.00
2024-09-19	Cox	Robin		Corpus Christi	TX	78411	\$	500.00
2024-09-19	Jones	Al		Corpus Christi	TX	78413	\$	100.00
2024-09-19	Williams	W.D.		Corpus Christi	TX	78411	\$	2,000.00
2024-09-20	Fulton	Joe P.		Corpus Christi	TX	78418	\$	100.00
2024-09-22	Fisher, MD	George H		Corpus Christi	TX	78403	\$	500.00
2024-09-23	Durrill, Jr.	William R.		Corpus Christi	TX	78411	\$	2,000.00
2024-09-23	Hammonds II	Willard		Corpus Christi	TX	78401	\$	500.00
2024-09-23	Wallace	Ben B.		Corpus Christi	TX	78411	\$	500.00
2024-09-24	Donahue	Kevin		Corpus Christi	TX	78401	\$	1,000.00
2024-09-25	Ahuja	Rajan		Corpus Christi	TX	78404	\$	1,000.00
2024-09-26	Childers	Cecil		Corpus Christi	TX	78411	\$	2,000.00
2024-09-26	Hoffman	David		Corpus Christi	TX	78418	\$	250.00
2024-09-26	Hoffman	Elaine		Corpus Christi	TX	78418	\$	500.00
2024-09-26	Hoffman	Nicholas		Corpus Christi	TX	78418	\$	1,000.00
2024-09-26	Hoffman	Patrick W.		Corpus Christi	TX	78418	\$	100.00
2024-09-26	Hooper	Kyle		Portland	TX	78374	\$	250.00
2024-09-26	Leshin	Richard		Corpus Christi	TX	78410	\$	150.00
2024-09-26	Liles	William		Corpus Christi	TX	78404	\$	250.00
2024-09-26	Parker	Robert		Corpus Christi	TX	78418	\$	50.00
2024-09-26	Ramirez	Phillip & Michelle		Corpus Christi	TX	78469	\$	2,500.00
2024-09-30	Birmingham	Patrick		Corpus Christi	TX	78411	\$	2,000.00
2024-09-30				Knoxville	TN	37950	\$	500.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7/18</i>	5 Payee name <i>Eddie Seal</i>
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6 Amount (\$) <i>433.00</i>	7 Payee address; <i>506 Parade</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78412</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description <i>PHOTOS Campaign</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>7/26</i>	Payee name <i>Arrow Signs</i>
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Amount (\$) <i>2638.50</i>	Payee address; <i>1343 S. Staples</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/15</i>	Payee name <i>3rd Coast Strategies</i>
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Amount (\$) <i>320.00</i>	Payee address; <i>2961 Rivercrest</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78415</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>	Description <i>Production/Design</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>8/22</i>	5 Payee name <i>CC Beachcombers</i>
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6 Amount (\$) <i>\$500</i>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Event Adv</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/23</i>	Payee name <i>Buscaneer Commission</i>
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Amount (\$) <i>\$300</i>	Payee address; City; State; Zip Code <i>1415 Water St CC TX 78401</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv</i>	Description <i>Event Adv</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>8/27</i>	Payee name <i>Arrow Display</i>
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Amount (\$) <i>1028.35</i>	Payee address; City; State; Zip Code <i>1343 S. Staples CC TX 78404</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Signs</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/20</i>	5 Payee name <i>David Pena</i>
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6 Amount (\$) <i>\$375.00</i>	7 Payee address; <i>6626 Meadow Heights cc</i>	City; <i>TX</i>	State; <i>TX</i>	Zip Code <i>78414</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event NAACP</i>	(b) Description <i>Ticket Reimbursement</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/24</i>	Payee name <i>Commercial Screen Printing</i>
---------------------	---

Amount (\$) <i>242.20</i>	Payee address; <i>4001 Ayes</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78415</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv</i>	Description <i>Campaign T-Shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>9/30</i>	Payee name <i>Padre Island Bus Assoc.</i>
---------------------	--

Amount (\$) <i>355.00</i>	Payee address; <i>14493 SP10 suite A</i>	City; <i>CC</i>	State; <i>TX</i>	Zip Code <i>78418</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv</i>	Description <i>Ad in mthy Mag</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mark Scott</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/30</i>	5 Payee name <i>Anedot</i>
-----------------------	-------------------------------

6 Amount (\$) <i>307.30/xx</i>	7 Payee address; <i>1340 Poydras</i>	City; <i>New Orleans</i>	State; <i>LA</i>	Zip Code <i>70112</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Online Payment Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED