# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST CAROL	A.	OFFICE USE ONLY				
NAME	NICKNAME LAST	SUFFIX	Oate Received				
	Scott	3	DEL MAR COLLEGE				
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	4	CITY: STATE; ZIP CODE	OCT 0 5 2020				
Change of Address	Corpus CHRIST	11 /8411	RISK MANAGEMENT				
5 CANDIDATE/ OFFICEHOLDER PHONE	(301) 813.888	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$				
NAME	Same LAST	SUFFIX	Date Processed				
		Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE, ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  ( )  Same	EXTENSION					
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 7 / 10 / 2020	Month	Day Year 30 / ZOZO				
11 ELECTION	Month Day Year Primary  11 / 3 / 2070 General	Runoff Other Description  Special					
12 OFFICE	Del Mar College REGENT AT CARG	De MAX REGENT	College AT CARGE				
	GO TO	PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/QH COVER SHEET PG 2

THE BOX IS FOR MOTIC OF POLITICAL COMMITTEE(S)  THE BOX IS FOR MOTIC OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL COMBITTEES TO SUPPORT THE CANDIDATE / POTICENCEDER. THESE EXPENDITURES MAD OPPRIENDING MADE AND POLITICAL COMBITTEE TO SUPPORT THE CANDIDATE / POTICENCEDER'S AND OPPRIENDING THE PROPERTY THE AMEDICATE OF OPPRIENDING OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE AMPAIGN TREASURER AND PRESIDENCE  COMMITTEE CAMPAIGN TREASURER AND PRESIDENCE  COMMITTEE TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS)  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  FOR PRESIDENCE  TOTAL POLITICAL EXPENDITURES  S. GOSS. 3. 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  S. GOSS. 3. 3. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  CONTRIBUTION  BALANCE  CONTRIBUTION  G. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  OF REPORTING PERIOD  COMMITTEE TYPE  ISSUED AND THE REPORTING PERIOD  ISSUED AND THE REPORTING PERIOD  ISSUED AND THE REPORTING PERIOD  ISSUED AND THE PROPOSED AND THE REPORTING PERIOD  TOTAL PRINCIPLE COMMITTEE TO PROPOSED AND THE COMMITTEE TO PROPOSED AND THE PRO	14 C/OH NAME	FROL A	Sott	5 Filer ID (Ethics Commission Filers)
GENERAL  GENERAL  GOMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  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)  S	POLITICAL	SUPPORT THE CANE KNOWLEDGE OR CO	NDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT MSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
COMMITTEE CAMPAIGH TREASURER NAME  TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  TOTAL UNITEMIZED POLITICAL EXPENDITURE.  \$ 99.48  4. TOTAL POLITICAL EXPENDITURES  \$ 6033.87  CONTRIBUTION BALANCE  OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  18 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and copyred and jendiful sall information required to be reported by me under Tille 15 Leichion dode.		COMMITTEE TYPE	COMMITTEE NAME	
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  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)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING CONTRIBUTION SOURCE AND SOUR		GENERAL		
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COMMITTEE CAMPAIGN TREASURER ADDRESS  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)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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 Code.			COMMITTEE CAMPAIGN TREASURER NAME	
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)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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 Code.	Additional Pages			
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEOGES, LOANS, OR GUARANTEES OF LOANS)  \$ 18,050,00  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  \$ 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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 Tiffe 15. Election Code.		2	COMMITTEE CAMPAIGN TREASURER ADDRESS	
4. TOTAL POLITICAL EXPENDITURES  \$ C_033.87  CONTRIBUTION BALANCE  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  18 AFFIDAVIT    Swear, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.		PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 0
4. TOTAL POLITICAL EXPENDITURES  \$ C_033.87  CONTRIBUTION BALANCE  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  18 AFFIDAVIT    Swear, or affirm, under penalty of periory, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.				\$ 18,050,00
CONTRIBUTION BALANCE  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  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 Code.		3. TOTAL	\$ 29.48	
CONTRIBUTION BALANCE  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  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 Code.	, ,	4. TOTAL	POLITICAL EXPENDITURES	\$ 6633.87
LOAN TOTALS  LAST DAY OF THE REPORTING PERIOD  S  LAST DAY OF THE REPORTING PERIOD  S				200
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 Gode.				HE \$ 0
true and correct and includes all information required to be reported by me	18 AFFIDAVIT			sivery Mant the accompanying report in
under Title 15, Election Gode.	Panagana	0000000	true and correct and includes all infor	, , ,
My Commission Expires		Commission Exp	2 / ///	
O8/08/2024 Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEALABOVE	AFFIX NOTARY STAM	*****	Signature of Candi	date or Officeholder
Sworn to and subscribed before me, by the said Carol A. Scott , this the			Carol A Coall	5th
sworn to and subscribed before me, by the said <u>CUTULA. SCOTT</u> , this the <u>STAL</u> , to certify which, witness my hand and seal of office.		20		, this the
alma a. Many Jessica A. Alauiz Notary Public	X MARA M	Munic	A1 .	Makeus Bullis
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath	Signature of officer a	dministering oath		

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME CAUCA SCOTT	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,0 D.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s
4. SCHEDULE E: LOANS	s —
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6604.39
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <del></del>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 810.30
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s —

## **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) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date ut-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; State; Zip Code City: Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address, State; Zip Code City; 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.

2020 Date of Contribution	Last Name	First Name	Address	City	State	Zip	2020 Cont	0 cribution
2020-08-04	Lippincott	Ann		Corpus Christi		78411		500.0
2020-08-05	Barnette	Jim		Corpus Christi		78414	_	500.0
2020-08-07	Gentry	Ту		Corpus Christi		78469		500.0
2020-08-07	O'Bryan	Elvin		Corpus Christi	TX	78414		500.0
2020-08-14	Jones	D. Ray		Corpus Christi	TX	78411	\$	500.0
2020-08-14	Scott	Carol		Corpus Christi	TX	78411	\$	1,000.0
2020-08-14	Skrobarczyk	Jennifer		Corpus Christi	TX	78404	\$	500.0
2020-08-22	Yandell	Marjorie A.		Austin	TX	78754	\$	500.
2020-08-26	Ramirez	Philip & Michelle		Corpus Christi	TX	78411	\$	250.
2020-08-27	Averyt	Elizabeth		Corpus Christi	TX	78411	\$	200.
2020-08-31	Estrada	Maria Elva		Robstown	TX	78380-5802	\$	100.
2020-09-02	Anderson	Derwood		Corpus Christi	TX	78403	\$	250.
2020-09-04	Defries	Bill & Claudia		Corpus Christi	TX	78413	\$	50.
2020-09-10	Gomez III	Antonio		Corpus Christi	TX	78414	\$	150.
2020-09-10	Hamilton	Chris		Corpus Christi	TX	78413	\$	250
2020-09-10	Rock	Curtis		Corpus Christi	TX	78414	\$	500
2020-09-13	Mills	Kathryn		Corpus Christi	TX .	78412-2543	\$	250
2020-09-14	Anderson	Austin C		Corpus Christi	ΤX	78404	\$	250
2020-09-15	Bottom	Brent		Corpus Christi	TX	78401	\$	1,000
2020-09-16	Minnich	Chris		Corpus Christi	TX	78404	\$	250
2020-09-17	Engel	David & Ann		Corpus Christi	TX	78404	\$	500
2020-09-17	Gignac	Robert		Corpus Christi	ΤX	78411	\$	300
2020-09-17		Dr. Fred & Merce		Corpus Christi	TX	78413	\$	50
2020-09-18	Adler	Chris & Robert		Corpus Christi	TX	78411	\$	200
2020-09-18		Julie		Corpus Christi	TX	78401	\$	100
2020-09-18	Schmid	Tom & Kim		Corpus Christi	ŤΧ	78418	\$	250
2020-09-18	Tagliabue	Brad Snyder & Tom		Corpus Christi	TX	78412	\$	100.
2020-09-19	Kennedy	Eric		Harlingen	ΤX	78552	\$	250.
2020-09-20		Dr. Mary Dale Peterson & Dr. Rafael		Corpus Christi	TX	78404	\$	50.
2020-09-20		Patty & Hank		Corpus Christi	TX	78411	\$	50
2020-09-21		Charles & Martha		Corpus Christi	TX	78411	\$	50
2020-09-21		Patricia		Corpus Christi	TX	78418	\$	100
2020-09-21	Guerra	Gabe & Lisa		Corpus Christi	TX	78414	\$	500

2020-09-21	Lundquist	Wayne	Corpus Christ	TX	78411	\$	250.00
2020-09-21	Parker	Bob	Corpus Christi	TX	78469	Ś	1.500.00
2020-09-21	Senterfitt	Sheila & Rodney	Corpus Christi	TX	78412	\$	100.00
2020-09-22	Bagat	Raju	Corpus Christi	TX	78401	\$	750.00
2020-09-22	Corbett	Andy	Corpus Christi	TX	78414	\$	100.00
2020-09-22	Esparza	Mark	Alice	TX	78332	\$	150.00
2020-09-22	Kollaja	Sharon & Albert	Corpus Christi	TX	78413	\$	250.00
2020-09-22	Leyendecker	Dan	Corpus Christi	TX	78418	\$	250.00
2020-09-22	Longori <del>a</del>	Sam	Corpus Christi	TX	78414	\$	150.00
2020-09-22	Miller - Grove	Jennifer	Corpus Christi	TX	78413	\$	150.00
2020-09-22	Sherwood	Mr Ron George and Dr. Mary	Corpus Christi	TX	78412	\$	100.00
2020-09-22	Urban	Jim	Port Aransas	TX	78373	\$	250.00
2020-09-23	Finley	George & Phyllis	Corpus Christi	TX	78411	\$	100.00
2020-09-23	Keas	Lenora	Corpus Christi	TX	78404	\$	200.00
2020-09-23	Payne	Dr. Ruby	Corpus Christi	TX	78404	\$	200.00
2020-09-24	Brewer	Cory	Corpus Christi	TX	78414	\$	250.00
2020-09-24	Emerson	Debora	Corpus Christi	TX	78404	\$	100.0
2020-09-24	Hutchins	Lacey	Corpus Christi	ΤX	78410	\$	250.0
2020-09-24	Johnson	Heidi	Corpus Christi	TX	78413	\$	250.00
2020-09-24	Meyer	Mark & Joyce	Corpus Christi	TX	78411	\$	100.00
2020-09-24	Munoz	Ram	Corpus Christi	TX	78414	\$	500.00
2020-09-24	O'Lavin	Elizabeth	Corpus Christi	TX	78412		100.00
2020-09-24	Pena	Marissa	Corpus Christi	TX	78410	\$	250.00
2020-09-24	Rodriguez	Sean	Corpus Christi	TX	78413	\$	250.00
2020-09-24	Rodriguez	John	Corpus Christi	TX	78418	\$	250.00
2020-09-27	Crull	MaryJane & Carl	Corpus Christi	TX	78414		50.00
2020-09-29	Beauchamp	Drake & Nancy	Corpus Christi	TX	78401	\$	100.00
2020-09-29	DeVille	Renwick		LA	70808		500.00
2020-09-29	Steen	Mark & Terrie	Corpus Christi		78413		100.00

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME CANOL A SCOTT	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ NA
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$ . description
7 Contributor address; City; State;	Zip Code
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	The state of the s
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 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 Out-of-state PAC (ID#:	Amount of . In-kind contribution Contribution \$ . description
Contributor address; City; State;	Zip Code  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor'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 is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi	THIS SCHEDULE AS NEEDED ion guide for additional reporting requirements.

#### 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) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#:\_ Amount In-kind contribution of Pledge \$ description 7 Pledgor address; State: Zip Code City; Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor Amount In-kind contribution 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. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor Amount of In-kind contribution ut-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

LOANS			SCHEDULE E				
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:				
2 FILER NAME	PAROL A Sco	a	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UN	NITEMIZED LOANS	c	s N/A				
5 Date of loan	7 Name of lender out-of-state t	9 Loan Amount (\$)					
6 Is lender a financial Institution?	8 Lender address; City;	State, Zip Code	10 Interest rate				
YN			11 Maturity date				
12 Principal occupati	on / Job title (See Instructions)						
14 Description of Col	lateral	Check if personal fun account (See Instruct	ds were deposited into political tions)				
18 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)				
not applicable	18 Guarantor address; City;	State; Zip Code					
20 Principal Occupal	lion (See Instructions)	21 Employer (See Instructions)					
Date of loan	Name of lender	PAC(ID#)	Loan Amount (\$)				
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate				
Y N			Maturity date				
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)					
Description of Coll	ateral	Check if personal fund	ds were deposited into political				
none		account (See Instruct	ions)				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)				
mat accept	Guarantor address; City;	State; Zip Code					
not applicable Principal Occupati	on (See Instructions)	Employer (See Instructions)					
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Event Expense Solicitation/Fundraising Expense Food/Beverage Expense Giff/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) State: Zip Code 378.88 8 PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH City; State: Zip Code 1725,51 78404 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Amount (\$) State; Zip Code ite, DIGITAL ADS **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gifl/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not tisted above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** 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 Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF **EXPENDITURE** Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE O.F. EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought 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	CAROL A SCOTT	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 (\$)	
3		
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
•	Amount of investment (\$)	
		*
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Consulting Expense Contributions/Donations Made By Can didate/Officeholder/Political Committee		Food/Beverage Expense Glft/Awards/Memorials Ex Legal Services	xpense	Poling Exp		Travel in District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guid	de exptain:	s how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER I	CAROL	A-	Swi		3 Filer ID (Ethics C	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHA	ARGED	TOACR	EDIT CARD	· N/A		
5 Date	6 Payee i	name			2			
7 Amount (\$)	8 Payee	address;		*2	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	F	Political		Non-Pol	itical			
10	(a) Category	(See Categories listed at the	e top of this s	chedule)	(b) Description			
PURPOSE OF Expenditure								
	(c) [	Check if travel outside of Texa	s. Complete S	chedule T.	Check if Aus	atin, TX, officeholder living	expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder i	name	Of	fice sought	Office he	∍ld	
Date	Payee	name						
Amount (\$)	Payee	address,			City;	State,	Zip Code	
TYPE OF EXPENDITURE	F	Political		Non-Pol	litical		14	
	Categor	y (See Categories listed at th	he top of this s	schedule)	Description			
PURPOSE OF EXPENDITURE								
		Check if travel outside of Texa	s. Complete S	chedule T	Check if Au	stin, TX, officeholder living	ı expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder r	name	Of	fice sought	Office he	əld	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

## 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense GM/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundratsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others or others as one part Estate a beyon

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name SAVANNAH GARZA 6 Amount (\$) City; State: Zip Code 37.50 PORTAND TX 78374

(a) Category (See Categories listed at the top of this schedule) (b) Des political contributions intended (b) Description 8 PURPOSE VERTISING EXDENSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH SAVANNAH GARZA Amount (\$) City; State: Zip Code Intended Description PURPOSE ADVERTISING Design OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date SAVANNAH (JARZA Amount (\$) City; State: Zip Code 68.75 rsement from political contributions **PURPOSE** E816N **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credt Card Payment	Fees Off Food/Beverage Expense Po de By GMV/Avvards/Memorials Expense Pri		Office Of Polling E Printing i		Solicitation/Fundraising Expense Transportation Equipment & Retated Expense Travel in District Travel Out Of District Other (enter a category not listed above)				
		The Instruction Guide exp	lains how to	complete this form.					
1 Total pages Schedule G:	2 FILER NA	ME CAROL A	Sott		3 Filer ID (Ethics	Commission Filers)			
4 Date 9/10/2020	5 Payee nar	ANNAH GARZ	A						
6 Amount (\$)  Reimbursement from political contributions intended	7 Pavee add	PORTLAND	TX	City:	State;	Zip Code			
8 PURPOSE OF EXPENDITURE	Adve	(See Categories listed at the top of the TSING SHOWS).  The ck if travel outside of Texas. Complete	٠	(b) Description  ESI 6  Check if Austin	TX, officeholder living é.	kpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held			
Pate / No Foozo	Payee nan	L PRINT							
Amount (\$)  283-37  Reimbursement from political contributions intended	Payne add	PORPUS CHE	7U J	city:	State;	Zip Code			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of the PRINTING	exp	PEINTING	2				
		Check if travel outside of Texas. Complete	Schedule T.	Check If Austin,	TX, officeholder living e	xpense			
Complete ONLY if direct expenditure to benefit CK		ale / Officeholder name		Office sought		Office held			
9/16/2020	Payee nam	/) / :	vice	0					
Amount (\$) /(0,00 Reimbursement from political contributions intended	Caves edd	orpus Cheu	In 7	city: Z 78404	State,	Zip Code			
PURPOSE OF EXPENDITURE	Socie	(See Categories listed at the top of th TATON /FWOR	is schedule)	Description SMMB	-				
		hack if travel outside of Texas. Complete	Schedule T.		TX. officeholder living ex				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

## 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
Credt Card Payment

Event Expense Foes Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Substant/Alexant/Contract Labor Solicitation/Fundratsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

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 t	to complete this form.				
1 Total pages Schedule G;	2 FILER NAME CAML A SCOT	ıı	3 Filer ID (Ethics Commission Filers)			
4 Date 9/24/2020	5 Payee name LOWE'S					
6 Amount (\$)  191.93	7 Person address:	City;	State; Zip Code			
political contributions intended	CORQUES CHRUSTI	7X 18412	, ×			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advictor Sing Expense	(b) Description				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder tiving 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			
Reimbursement from political contributions intended						
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 ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name	*				
Amount (\$)	Payee address;	City,	State Zip Code			
Reimbursement from political contributions intended						
PURPOSE 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	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS 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 Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Polling Expense Printing Expense Contributions/Donations Made By 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 H: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date **Business** name 6 Amount (\$) 7 Business address; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code 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 Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address: City; State: Zip Code 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I	2 FILER NAME GAROL A SOST	3	3 Filer ID (Ethics Co	ommission Filers)		
4 Date	5 Payee name NIK					
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 ins	structions regarding type of	Information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See Instruction (See Instruction)	structions regarding type of	information		
Date	Payee name					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See inst	etructions regarding type of	Information		
Date	Рауее пате					
Amount (\$)	Payee address;	City	State	Zip Code		
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See inst	structions regarding type of	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	CAREX A Scott	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received  6 Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$)
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	8	Amount (\$)
	Address of person from whom amount is received. City, Sta	ite; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City, State	e; Zip Code	
	Purpose for which amount is received Check if p	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution r	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			