CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Anita NAME Date Received 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY: **OFFICEHOLDER** Arlington TX G118 Wall Street 76018 MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (977) 971-4677 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged Scott CITY; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN TREASURER ADDRESS Arlington Wall Street 76018 TX (Residence or Business) AREA CODE EXTENSION PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 971-4677 9 REPORT TYPE 15th day after campaign January 15 30th day before election treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month Day Year COVERED 4 4 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Other Month Year Day Description General Special 22 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	a form. Z Files for street a consideration Z Total	16 Fil	er ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTE PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	2000 T. C.	\$	STADION' DOTE: DIA''
APR 2 8 2022	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITUR	RE.	\$	45.00
	4. TOTAL POLITICAL EXPENDITURES	Salute Sucura Rys	\$ 2,	105.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIL OF REPORTING PERIOD	NED AS OF THE LAST DAY		PHELIS
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$	738037
	Anita	Signature of Candidate	e or Officehold	er
OF TEXT	DAWN ADAM Please complete either otary Public. State of Tex- Notary ID 13227414-4 (Commission Exp. 12-05-2	Signature of Candidate	e or Officehold	er parlanguras
(1) Afficiave	DAWN ADAM Please complete either otary Public. State of Tex- Notary ID 13227414-4 y Commission Exp. 12-05-2	Signature of Candidate		PARTIES OF THE PARTIE
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	DAWN ADAM Please complete either otary Public. State of Texton Notary ID 13227414-4 (Commission Exp. 12-05-2). Defore me by	Signature of Candidate		PERCELLAND
NOTARY STAMP/SEA Sworn to and subscribed 20 22, to certify	DAWN ADAM Please complete either otary Public. State of Texportary Public State of Texportary ID 13227414-4 (Commission Exp. 12-05-4). Defore me by Anda Scatt which, witness my hand and seal of office. Dawn Adam S	Signature of Candidate of Candi	day of <u>C</u>	PERCELLAND
NOTARY STAMP/SEA Sworn to and subscribed 20 22, to certify Day allow	DAWN ADAM Please complete either otary Public. State of Texton Notary ID 13227414-4 (Commission Exp. 12-05-4). Defore me by Anda Scatt which, witness my hand and seal of office. Dawn Adam S	Signature of Candidate of Candi	day of <u>C</u>	genl
NOTARY STAMP/SEA Sworn to and subscribed 20 22 , to certify Day adding Signature of officer administer	DAWN ADAM Please complete either otary Public. State of Texport Notary ID 13227414-4 (Commission Exp. 12-05-4) before me by And Scott which, witness my hand and seal of office. Dawn Ham S ing oath Printed name of officer administering or the search of	Signature of Candidate of Candi	day of <u>C</u>	genl
NOTARY STAMP/SEA Sworn to and subscribed 20 22 to certify Day adverse Signature of officer administer (2) Unsworn Declaration	DAWN ADAM Please complete either otary Public. State of Texport Notary ID 13227414-4 (Commission Exp. 12-05-4). Defore me by And Scott which, witness my hand and seal of office. Dawn Ham S ing oath Printed name of officer administering or or or one of the complete either o	signature of Candidate of Candi	day of <u>C</u>	genl
NOTARY STAMP/SEA Sworn to and subscribed 20 22 , to certify Day adding Signature of officer administer (2) Unsworn Declaration My name is	DAWN ADAM Please complete either otary Public. State of Texport Notary ID 13227414-4 (Commission Exp. 12-05-4). Defore me by And Scott which, witness my hand and seal of office. Dawn Ham S ing oath Printed name of officer administering or or or one of the complete either o	Signature of Candidate of Candi	day of <u>C</u>	genl
NOTARY STAMP/SEA Sworn to and subscribed 20 22, to certify Day away	DAWN ADAM Please complete either otary Public. State of Texport Notary ID 13227414-4 (Commission Exp. 12-05-4). Defore me by And Scott which, witness my hand and seal of office. Dawn Ham S ing oath Printed name of officer administering or or or one of the complete either o	signature of Candidate of Candi	day of <u>C</u>	genl

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL 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.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 2,319.74
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	NDS	\$ 85.98
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii the reques	sted information is not applicable, bo Not into	cidde this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2
2 FILER NAME	Anita Scott		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
4-7-22	Mike & Brenda Harkino		\$250
4-1-6-	6 Contributor address; City;	State; Zip Code	
	Bedford	TX 76021	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
4-7-22	Minms & Susan Ward		\$175
	Contributor address; City;	State; Zip Code	••
	Montrose	CO 81403	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
4-17-22	Peggy Singleton		\$200
• • • •	Contributor address; City;	State; Zip Code	, =00
	Adington	n TX 76001	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Ruth Scott		\$50
4-23-22	Contributor address: City;	State; Zip Code	
	Arlington	TY 76017	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see Instru		
ĺ	if contributor is out-of-state PAC, please see instr	uction guide for additional	reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii dio roquo.	ii dio requestes anormation is not applicable, Do Not iniciade and page in the report.					
The	Instruction Guide explains how to complete this form.	1 Tot	al pages Schedule A1:			
2 FILER NAME	Anita Scott	3 File	er ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:	7 Am	ount of contribution (\$)			
11 00 0	hichard Townsend	a.	20			
4-23-22	6 Contributor address; City; State;	Zip Code				
	Arlington TX	76016				
8 Principal occu	pation / Job title (See Instructions) 9 Employ	er (See Instructions)				
Date	Full name of contributor	An	nount of contribution (\$)			
0 0	Philip & Kothy Jimerson					
4-24-22	• • • • • • • • • • • • • • • • • • • •	Zip Code \$5	. 00			
	Grand Prairie TX	75050				
Principal occur		er (See Instructions)				
Date	Full name of contributor	An	nount of contribution (\$)			
	Tammy Scott					
4-27-22	Contributor address; City; State;	Zip Code \$2	50			
	Dollas TX	75287				
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) An	nount of contribution (\$)			
			(4)			
	Contributor address; City; State;	ip Code				
Principal occup	pation / Job title (See Instructions) Employ	er (See Instructions)				
			·			
	ATTACH ADDITIONAL COPIES OF THIS SO					
	If contributor is out-of-state PAC, please see Instruction guide	for additional reporting) requirements.			

Forms provided by Texas Ethics Commission

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Revised 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.					
1	The Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
2 FILER NAM	AE .		3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL (OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code	Check if travel outs	 - de of Texas. Complete Schedule T.	
10 Principal oc	ccupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	· · · · · · · · · · · · · · · · · · ·	
12 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JL	IDICIAL) (See Instructions)	
14 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State;	Zip Code	Amount of Contribution \$	I In-kind contribution description I	
			Check if travel cutsi	de of Texas. Complete Schedule T.	
Principal oc	excupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor	's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JL	JDICIAL) (See Instructions)	
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1	IHIG GUUENI	II F AS NEEDED		
	ATTACHADUTTIONAL COPIES OF I			a requirements	

SCHEDULE B **PLEDGED CONTRIBUTIONS** If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 9 In-kind contribution 5 Date 6 Full name of pledgor __ out-of-state PAC (ID#:__ Amount 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 out-of-state PAC (ID#:_ of Pledge \$ description City; State; Zip Code Pledgor address: Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution 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. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:_ Pledge \$ description City; State: Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (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 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Name of lender Date of loan Out-of-state PAC (ID#:_ 10 Interest rate 6 is lender 8 Lender address; City; State: Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:____ Interest rate Lender address: City: State: Zip Code Is lender a financial Institution? Maturity date Υ N Employer (See Instructions) Principal occupation / Job title (See Instructions) **Description of Collateral** Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) 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

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Anita Scott		3 Filer ID (Ethics	Commission Filers)
4 Date 4 - 7-22, 4-12-12	5 Payee name Dan Justice			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$63.02 \$40.27	3701 Lozy River Ronch Road	Roonoke	T¥.	762 3 2
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE Advertising Expense Reimbursement for to Reimbursement for m				rds ting materials
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 4-10-22 4-11-22 4-25-22 4-25-22	Payee name FEDEX Office			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$726.52	13155 Noel Road Suite 1600	Dallas	Tx	75240
	Category (See Categories listed at the top of this schedule)	Description	·	
PURPOSE OF EXPENDITURE	Advertising Expense	Pushcards /	Door honga	rs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4-18-22	Walgreens			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$28.60	100 SE Green Oaks Blud	Arlington	7 X	76018
	Category (See Categories listed at the top of this schedule)	Description	nds for do	or hanages
PURPOSE		I Kubber bu	טט וסו טטו	n nonguis
OF EXPENDITURE	Advertising Expense	Stamps		
	Advertising Expense Check it travel outside of Texas. Complete Schedule T.	Stamps	n, TX, officeholder living	expense
1	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Stamps	n, TX, officeholder living	expense Office held

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

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/Political Committee Legal Services Salaries/Wages/Contract Lebor Other (enter a category not listed above Credit Card Payment The Instruction Guide explains how to complete this form.			
	The insubstant called explains new to a		
1 Total pages Schedule F1:	2 FILER NAME A nita Scott		Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
4-25-22	Mail Pro USA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,261.33	2016 E Rondoll Mill Road Suite 4	108 Arlington	7X 76011
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Campaign S	ાંવુત્ક
	(c) Check if travel outside of Texas. Complete Schodule 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		
4-25-22	Tractor Supply Company		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200	1550 Hwy 157 N	Monsfield	Tx 76063
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 5 foot poles Zip fies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee 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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expens Loan Repayment/Reimbursement Solicitation/Fundralsing Expe Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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 Zip Code 7 Amount (\$) 8 Payee address; City; State: 9 TYPE OF Non-Political Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 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 (\$) Payee address: City: State; Zip Code TYPE OF Non-Political **EXPENDITURE Political** Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:			
2 FILER NAME		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;	City; 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;	City; State; Zip Code			
	Description of investment				
	Amount of investment (\$)				
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeate/Official Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memoriats Expense Legal Services 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

Contributions/Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Exp Salaries/Wa		Travel in District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai	ns how to co	mplete this form.			
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer IC	(Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	PENDITURES CHARGED	TOACRI	EDIT CARD	\$		
5 Date	6 Payee	name					
7 Amount (\$)	8 Payee	address;		City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political [Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	y (See Categories listed at the top of this	s schedule)	(b) Description			
	© _	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, office	holder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought		Office he	d
Date	Payee	name					
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF EXPENDITURE		Political [Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of thi	s schedule)	Description			
		Check if travel outside of Texas. Complete	Schedule T.	Check If Au	istin, TX, office	eholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought		Office he	kd
	ATTA	CH ADDITIONAL COPIES (OF THIS SO	CHEDULE AS NE	EDED		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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 Event Expense Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memoriats Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Anita Scott 4 Date 5 Pavee name 4-25-22 Tractor Supply Company 7 Payee address; 6 Amount (\$) City; State: Zip Code \$85.98 1550 Highway 157 N Mansfield TX 76063 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE 5' foot poles Advertising Expense OF zip ties EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE H

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H: 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) Business address; City; State: Zip Code 8 (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address: Zip Code Amount (\$) City; State: 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 held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH **Business name** Date Amount (\$) Business address; State: Zip Code City; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ett	ics Con	nmission Filers)
4 Date	5 Payee name		· ., -		
6 Amount (\$)	7 Payee address;	City	St	ate	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instruction (See instruction)	uctions regarding	type of i	nformation
Date	Payee name				
Amount (\$)	Payee address;	City	Si	ate	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Instrequired.)	uctions regarding	type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	Si	ate	Zip Code
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.)	Description (See insurequired.)	ructions regarding	type of	information
Date	Payee name				
Amount (\$)	Payee address:	City	s	tate	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instrequired.)	ructions regarding	type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

if the reques	sted information is not applicable, DO NOT include this page is	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics 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	tate; Zip Code
	7 Purpose for which amount is received	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; Si	State; Zip Code
	Purpose for which amount is received Check if	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	late; Zip Code
	Purpose for which amount is received	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; Si	State; Zip Code
	Purpose for which amount is received Check if	if political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

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

SCHEDULE T

n une requesteu in		Tiot applicable, DO NOT		a iii die repeit		
The Instru	ction Guide	explains how to complete t	this form.	1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation o	r Labor Organization / Pledgor	r / Payee			
5 Contribution / Expendi	iture reported	on:	 			
Schedule A2		dule B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2						
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departure	e city or name of departure loc	ation			
	9 Destination	on city or name of destination	location			
10 Means of transportation	on	11 Purpose of travel (including	ng name of conference,	, seminar, or other event)		
Name of Contributor /	Corporation c	or Labor Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Schee	dule B Schedule B(J)) Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	dule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	person(s) traveling				
	Departur	e city or name of departure loc	cation			
	Destination	on city or name of destination	location	140		
Means of transportati	ion	Purpose of travel (including	ng name of conference	s, seminar, or other event)		
Name of Contributor /	/ Corporation c	or Labor Organization / Pledgo	or / Payee			
Contribution / Expend	liture reported	on:				
Schedule A2	Schedul	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	person(s) traveling				
	Departur	e city or name of departure loc	cation			
	Destinati	on city or name of destination	location			
Means of transportat	tion	Purpose of travel (includio	ng name of conference	e, seminar, or other event)		
	TA	TACH ADDITIONAL COPIE	S OF THIS SCHEDU	ILE AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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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	AME 2 Filer ID (Ethics Commission Filers)	
3	SIGNATURE		
	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 contributions or make any campaign expenditures without a campaign treasurer appointment on file.		
	Signature of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder.		
	A.	CAMPAIGN FUNDS	
	Checi	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned 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 only 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 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	