## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

COVERED    O   O   O   S   THROUGH   OU   O   O   O   O   O						
OFFICEHOLDER NAME  ACANDIDATE/ OFFICEHOLDER MAILING ADDRESS Change of Address  CAMPAIGN TREASURER NICKNAME  ASE CODE PHONE NUMBER EXTENSION  TREASURER NICKNAME  ASE CODE PHONE NUMBER EXTENSION  TREASURER NICKNAME  ASE CODE PHONE NUMBER EXTENSION  Date Mand-delivered or Date Postmarked	The C/OH Instructio	n Guide explains	how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
4 CANDIDATE/ OFFICE/HOLDER MAILING ADDRESS  Change of Address  AEA CODE PHONE NUMBER EXTENSION Date Hand-delivared or Date Postmarked  PHONE  AEA CODE PHONE NUMBER EXTENSION Date Hand-delivared or Date Postmarked  PHONE  AEA CODE PHONE NUMBER EXTENSION Date Hand-delivared or Date Postmarked  Date Imaged  This day after campaign  Imaged Imaged  Date Imaged  This day after campaign  Imaged Imaged  Date Imag	OFFICEHOLDER		SCOT (	C .		
OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST  NAME  MI Receipt # Amount \$  Date Processed  Date Imaged  Date Image  Date I	OFFICEHOLDER MAILING ADDRESS		BOX; APT / SUITE #; C	ITY; STATE; ZIP CODE		
TREASURER NAME  NICKNAME  LAST  SUFFIX  Date Processed  Date imaged  D	OFFICEHOLDER	0.000		EXTENSION	Date Hand-delivered or Date Postmarked	
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:  TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  John day before election  Runoff  EXTENSION  15th day after campaign treasurer appointment (Officended or Only)  July 15  Bith day before election  Exceeded Modified Reporting Limit  Pinal Report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  Year  Month  Day  Year  O'  O'  O'  O'  O'  O'  O'  O'  O'  O	TREASURER		Scott	SUFFIX	Date Processed	
TREASURER PHONE  (SiZ) LIZ9 - LØS    9 REPORT TYPE    January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (Officeholder Only)	TREASURER ADDRESS	1	S (NO PO BOX PLEASE); APT / SUIT	TE #; CITY;	41	
January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (Officeholder Only)	TREASURER PHONE					
PERIOD COVERED	9 REPORT TYPE		77	n Exceeded Modified	treasurer appointment (Officeholder Only)	
Month Day Year Primary General Other Description  2 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  CHY COMC!  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  Additional Pages  Additional Pages  COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	COVERED		24) (64)	Month	Day Year	
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 ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Month Day	Year Primary	Runoff Other Description		
Additional Pages  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE SON OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE ADDRESS  Additional Pages  Additional Pages  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE ADDRESS  COMMITTEE TYPE  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME	2 OFFICE	OFFICE HELD (if any	)	1 ^	( )	
Additional Pages  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	POLITICAL COMMITTEE(S)	HIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT HE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	Additional Pages		COMMITTEE CAMPAIGN TREASUR	,		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

3037 30034		
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS     PLEDGES, LOANS, OR GUARANTEES OF LOANS,     CONTRIBUTIONS MADE ELECTRONICALLY)	OR \$
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	ES OF LOANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	AS OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that the accompanying uired to be reported by me under Title 15, Election Code.	g report is true and correct and includes all information
	Siç	gnature of Candidate or Officeholder
	Places complete sither auti	Care In Terror
	Please complete either opti	on below:
Name of the last o		
WAY PARTY	NA BIEHLE	
Notary Pu	blic, State of Texas	
(1) Affidavit Comm. E	×pires 10-28-2027	
Notary Notary	/ ID 12023151	
September 19 19 19 19 19 19 19 19 19 19 19 19 19		
NOTARY STAMP/SEAL		
Sworn to and subscribed b	efore me by Scott Brown	this the are day of worch,
20, to certify wi	nich, witness my hand and seal of office.	
) ~ ==	line Diehle	C: Lu Socretary
ignature of officer administerin		Title of officer administering oath
	OR	
2) Unsworn Declaration	A CONTRACTOR OF THE CONTRACTOR	
-,		
ly name is	, and my dat	te of hirth is
ly address is		
	(street) (city)	(state) (zip code) (country)
xecuted in	County, State of, on the day	
	, on theday	y of, 20 (month) (year)
	Cignot	ro of Condidate/Officeholder (Deslace)
	Signatur	re of Candidate/Officeholder (Declarant)