

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mark Scott

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *57,225*

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2977.28*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

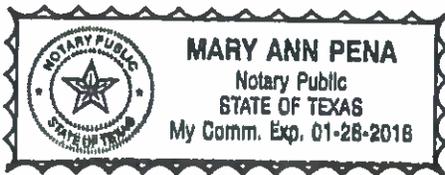
\$ *64,452.38*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

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.

Mark Scott

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Scott, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Mary Ann Pena

Signature of officer administering oath

Mary Ann Pena

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">Mark Scott</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.2em;">9/8/14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">AEP PAC</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">500</p>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <p style="font-size: 1.2em;">539. N. Carancahua CC TX 78401</p>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <p style="font-size: 1.2em;">9/8/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">John Helm</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">200</p>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <p style="font-size: 1.2em;">6262 Weber St CC TX 78451 TX</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">9/8/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Onion Drilling LLC.</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">2000</p>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <p style="font-size: 1.2em;">674 Flato CC TX 78405</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">9/8/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Ed Martin</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">500</p>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <p style="font-size: 1.2em;">5814 Oso Parkway CC TX 78414</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <p style="font-size: 1.2em;">9/8/14</p>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <p style="font-size: 1.2em;">Brett Bottom</p>	Amount of contribution (\$) <p style="font-size: 1.2em;">3000</p>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <p style="font-size: 1.2em;">520 Lawrence CC TX 78401</p>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mark Scott

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/17/14

5 Full name of contributor out-of-state PAC (ID# _____)

Derwood Anderson

6 Contributor address; City; State; Zip Code

P.O. Box 2682
CC TX 78703

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/17/14

Full name of contributor out-of-state PAC (ID# _____)

David Engel

Contributor address; City; State; Zip Code

P.O. Box 428
CC TX 78469

Amount of contribution (\$)

1,000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/14

Full name of contributor out-of-state PAC (ID# _____)

Stefan Schuster

Contributor address; City; State; Zip Code

3007 Breeze TR
Austin TX 78722

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<u>Dep Date</u>	<u>Amount</u>	<u>Last Name</u>	<u>First Name</u>	<u>Address</u>	<u>City</u>	<u>ST</u>	<u>Zip</u>
9/26/2014	\$ 500.00	Longoria	John	704 Louisiana	Corpus Christi	TX	78404
9/26/2014	\$ 2,000.00	Hawn	George	101 N. Shoreline Ste 600	Corpus Christi	TX	78411
9/26/2014	\$ 250.00	Pitman	Richard	14325 Caribe	Corpus Christi	TX	78418
9/26/2014	\$ 250.00	La Patrona Ranch		3756 Bratton Rd	Corpus Christi	TX	78413
9/27/2014	\$ 250.00	Hastings	John	4346 Pontchartrain Dr.	Corpus Christi	TX	78413
9/27/2014	\$ 1,000.00	Haas	Darryl	6963 FM666	Mathis	TX	78368
9/27/2014	\$ 1,000.00	Anderson	James	2408 Lakeview Dr	Rockport	TX	78382
9/27/2014	\$ 1,000.00	Urban	Larry	PO Box 6355	Corpus Christi	TX	78411
9/27/2014	\$ 1,000.00	Carlisle	Tom	233 Cape May	Corpus Christi	TX	78412
9/27/2014	\$ 1,000.00	Braselton	Fred	6910 Sir Palleas St	Corpus Christi	TX	78413
9/27/2014	\$ 1,000.00	Summers	Nancy	PO Box 2487	Corpus Christi	TX	78403-2487
9/27/2014	\$ 1,000.00	Braselton	Bart	5337 Yorktown Blvd	Corpus Christi	TX	78413
9/27/2014	\$ 300.00	Helm	John	8030 Villefranche	Corpus Christi	TX	78414-6023
9/27/2014	\$ 500.00	Coastal Area Builders PAC		5325 Yorktown Blvd	Corpus Christi	TX	78414
9/27/2014	\$ 1,250.00	Gignac	Raymond	416 Starr St	Corpus Christi	TX	78401
9/27/2014	\$ 250.00	Lewis	Robert	4942 Greenbriar	Corpus Christi	TX	78413
9/27/2014	\$ 300.00	Reichert	John	217 Chenoweth	Corpus Christi	TX	78404
9/27/2014	\$ 300.00	Pusley	Mike	3916 Castle Valley	Corpus Christi	TX	78410
9/27/2014	\$ 250.00	Veteto	Patrick	3525 Black Oak Dr	Corpus Christi	TX	78418
9/27/2014	\$ 1,000.00	Kramer	Jerrell	5710 King Trail	Corpus Christi	TX	78414
9/27/2014	\$ 1,000.00	Bhakta	Raju	5549 Leopard St	Corpus Christi	TX	78408
9/27/2014	\$ 1,000.00	Susser	Sam L	PO Box 9036	Corpus Christi	TX	78469
9/27/2014	\$ 1,000.00	Hammonds, Sr.	Willard	4418 Ocean Dr	Corpus Christi	TX	78411
9/27/2014	\$ 1,000.00	Wisznia	Marcel	800 Common St Ste 200	New Orleans	LA	70112-1026
9/27/2014	\$ 500.00	Lundquist	Wayne	700 Everhart Rd Ste F-11	Corpus Christi	TX	78411
9/27/2014	\$ 500.00	Shockley	Harold	6701 Shilling Way	Corpus Christi	TX	78414
9/27/2014	\$ 500.00	Dykema	Bibiana	3625 Aransas St	Corpus Christi	TX	78411
9/27/2014	\$ 500.00	Martinez	Oscar	7686 Dallas St	Corpus Christi	TX	78413
9/27/2014	\$ 500.00	Bonner, Jr.	E.V.	PO Box 9036	Corpus Christi	TX	78469
9/27/2014	\$ 500.00	Duperron	LeAnn	PO Box 8135	Corpus Christi	TX	78468
9/27/2014	\$ 250.00	Leshin	Richard	146 Amistad	Corpus Christi	TX	78404
9/27/2014	\$ 500.00	Hammer	Matthew	5410 Ocean Dr	Corpus Christi	TX	78412
9/27/2014	\$ 500.00	Guzman	Ronald	6129 Hastings Dr.	Corpus Christi	TX	78414

9/27/2014	\$	250.00	Wilson	Gary	3700 Island Moorings Pkwy 18	Port Aransas	TX	78373
9/27/2014	\$	1,000.00	Hoffman	Elaine	32 Bar-Le-Doc Dr E	Corpus Christi	TX	78414
9/27/2014	\$	1,000.00	Reyes	Gregg	26 Hedwig Circle	Houston	TX	77024
9/27/2014	\$	500.00	Buckley	Julie	101 N. Shoreline Blvd Ste 500	Corpus Christi	TX	78401
9/27/2014	\$	1,000.00	Linebarger Goggan Blair & Sampson LLP		PO Box 17428	Austin	TX	78760
9/27/2014	\$	500.00	Beecroft	Sam	PO Box 2643	Corpus Christi	TX	78403-2643
9/27/2014	\$	500.00	Kane	Jerry	101 N. Shoreline Blvd Ste 208	Corpus Christi	TX	78401
9/27/2014	\$	500.00	Ahuja	Avinash	500 N. Shoreline Ste 322	Corpus Christi	TX	78471
9/27/2014	\$	300.00	Adler	Chris & Robert	106 Rainbow Ln	Corpus Christi	TX	78411
9/27/2014	\$	500.00	Burnett	Jessica	6018 Lost Creek Dr	Corpus Christi	TX	78413-3809
9/27/2014	\$	500.00	Heitkamp	Harlan	5409 Wooldridge Rd	Corpus Christi	TX	78413
9/27/2014	\$	250.00	Boudloche	Mike	4650 Oso Parkway	Corpus Christi	TX	78413
9/27/2014	\$	200.00	Urban, Jr	E.C.	2725 Swanter	Corpus Christi	TX	78404
9/27/2014	\$	200.00	Athleide	Paul D.	202 Del Mar Blvd	Corpus Christi	TX	78404
9/27/2014	\$	250.00	Encalve at Oso Parkway		14 West Bar Le Doc Dr	Corpus Christi	TX	78414
9/27/2014	\$	250.00	Dibble	Daniel	7537 Beau Terre	Corpus Christi	TX	78414
10/2/2014	\$	250.00	O'Boyle	Patrick	5214 Oso Hills Drive	Corpus Christi	TX	78413
10/2/2014	\$	200.00	Karp	Stephen	234 Bayshore Dr.	Corpus Christi	TX	78412
10/2/2014	\$	200.00	Goldston	William	13721 Tajamar	Corpus Christi	TX	78418
10/2/2014	\$	150.00	Strong	Linda	4843 Ocean Dr.	Corpus Christi	TX	78412
10/2/2014	\$	100.00	Telford	Dale	6933 Boardwalk Ave	Corpus Christi	TX	78414
10/2/2014	\$	100.00	Adler	Troy	7414 Leopard St	Corpus Christi	TX	78409
10/2/2014	\$	100.00	Cook	Laurie	5445 Whitemarsh	Corpus Christi	TX	78413
10/2/2014	\$	100.00	Shepherd	John	320 Naples	Corpus Christi	TX	78404
10/2/2014	\$	100.00	Elliff	Scott	929 Driftwood	Corpus Christi	TX	78401
10/2/2014	\$	100.00	Crull	Mary Jane	8025 Villefranche Dr	Corpus Christi	TX	78414
10/2/2014	\$	100.00	Borden	Allen	123 Rainbow Ln	Corpus Christi	TX	78411
10/2/2014	\$	100.00	Forbes	Bob	4613 Wilma	Corpus Christi	TX	78412
10/2/2014	\$	50.00	Eisenhauer	Patricia	14493 S. Padre Island Dr Ste A	Corpus Christi	TX	78418
10/2/2014	\$	25.00	Montgomery	Catherine	11227 Water Oak Dr	Flint	TX	75762
10/2/2014	\$	50.00	Briones	Michael	929 Driftwood	Corpus Christi	TX	78411
10/2/2014	\$	500.00	Baugh	Lacey	11930 Yellowstone	Corpus Christi	TX	78410
10/2/2014	\$	500.00	Hamilton	Christopher	1814 Holly Rd	Corpus Christi	TX	78417
10/2/2014	\$	500.00	Corrigan	Robert	PO Box 2504	Corpus Christi	TX	78403

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B
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2 FILER NAME <i>Mark Scott</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

None

N/A

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E

2 FILER NAME

Mark Scott

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⤴ ⤴ ⤴ ⤴ ⤴ ⤴

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

None

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address, City, State, Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address, City, State, Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address, City, State, Zip Code

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Mark Scott	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/16/14	5 Payee name Texas A&M P.A.C.
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6 Amount (\$) 250.00%	7 Payee address; City; State; Zip Code P.O. Box 684609 Austin Tx 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/18/14	Payee name KEPT
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Amount (\$) 120.00%	Payee address; City; State; Zip Code #38 4455 SPID CC TX 78411
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Exp	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/22/14	Payee name Arrow Signs
------------------------	----------------------------------

Amount (\$) 2129.20%	Payee address; City; State; Zip Code 1343 S. Staples CC TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing - Signs	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/1/14	Payee name First Baptist Church
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Amount (\$) 150.00%	Payee address; City; State; Zip Code 3115 Ocean Dr. CC TX 78404
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Sponsorship	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Mark Scott	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/9/14	5 Payee name Special Olympics
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6 Amount (\$) 160.00	7 Payee address; City; State; Zip Code 4639 Corona CC TX 78411
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donation	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Senior Achievement
------------------------	---

Amount (\$) 100.00	Payee address; City; State; Zip Code 403 E Ramsey #201 S.A. TX 78216
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/14	Payee name Forsythold Consulting
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Amount (\$) 68.00	Payee address; City; State; Zip Code 800 N. Shoreline #1200 S. CC TX 78401
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fee - Domain Renewal	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME <i>Mark Scott</i>	3 ACCOUNT # (Ethics Commission Filer)
--------------------------	-----------------------------------	---------------------------------------

4 Date	5 Payee name
--------	--------------

6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code <i>None</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
--------------------------	--	--

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code
---	--------------------------------------

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

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code
---	--------------------------------------

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

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City: State: Zip Code
---	--------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Marks SCOTTY</i>	3 ACCOUNT # (Ethics Commission Filers)
---------------------------	-------------------------------------	--

4 Date	5 Business name
--------	-----------------

6 Amount (\$)	7 Business address: City: State: Zip Code
---------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>None</i>	(b) Description (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
--	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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	Business name
------	---------------

Amount (\$)	Business address: City: State: Zip Code
-------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (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
--	-------------------------------	---------------	-------------

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 <i>Mark Scotty</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Payee name
--------	--------------

6 Amount (\$)	7 Payee address, City, State, Zip Code
---------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) <i>None</i>	(b) Description (See instructions regarding type of information required)
--------------------------	--	---

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
------------------------	---	---

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
------------------------	---	---

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

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

PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required)
------------------------	---	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K
---	--------------------------

2 FILER NAME <i>Mark Scotty</i>	3 ACCOUNT # (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, State, Zip Code <i>None</i>	
	7 Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received, City, State, Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received, City, State, Zip Code	
	Purpose for which amount is received	

Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received, City, State, Zip Code	
	Purpose for which amount is received	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
---	---------------------------

2 FILER NAME <i>Mark Scott</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

6 Dates of travel	7 Name of person(s) traveling
	8 Departure city or name of departure location
	9 Destination city or name of destination location

None

10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)
----------------------------	--

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G
 Schedule H Schedule N COH-UC COH-T PAC-C PAC-E

Dates of travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
-------------------------	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Mark Scott

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

N/A

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 only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check 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