CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 11

OFFICE USE ONLY

Date Received

Date Filed 10-26-26

Rebecca Huerta
City Secretary

Date Hand-Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr | FIRST: Martin | MI: L
NICKNAME: Mark | LAST: Scott | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: 338 Bermuda Pl | APT / SUITE #: | CITY: Corpus Christi | STATE: TX | ZIP CODE: 78411

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (361) | PHONE NUMBER: 877-7797 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms | FIRST: Carol | MI:
NICKNAME: | LAST: Scott | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 338 Bermuda Pl | APT / SUITE #: | CITY: Corpus Christi | STATE: TX | ZIP CODE: 78411

8 CAMPAIGN TREASURER PHONE

AREA CODE: (361) | PHONE NUMBER: 813-8888 | EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ■ 8th day before election
- ☐ Exceeded Modified Reporting Limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 9 / 26 / 26 THROUGH 10 / 24 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 3 / 26

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council At Large

13 OFFICE SOUGHT (if known): City Council At Large

14 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.

Additional Pages

COMMITTEE TYPE
- ☑ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: Coastal Bend Coalition
COMMITTEE ADDRESS: 3636 S. Staples, Ste B #220, Corpus Christi, TX 78411
COMMITTEE CAMPAIGN TREASURER NAME: Olga Kvach
COMMITTEE CAMPAIGN TREASURER ADDRESS: 14493 S. Padre Island Dr.,Ste A PMB 281, Corpus Christi, TX 78418

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Mark Scott	

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)	$ 45,600
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ [redacted]
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 97,589.81
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 6,988.19
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Martin L Scott

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

MELISSA KAY DEGARMO
Notary Public, State of Texas
Comm. Expires 05-22-2029
Notary ID 125300716

Sworn to and subscribed before me by Martin L. Scott this the 26th day of October, 20 26, to certify which, witness my hand and seal of office.

MelKay — Melissa Kay Degarmo — Notary Public

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Mark Scott	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 45,600
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 500
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 97,589.81
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 FUNDS	$
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	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME
Mark Scott

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____) See attached **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of contribution ($)
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 ($)
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 ($)
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.

2026 Amount	2026 Date of Contribution	Last Name	First Name	Org/PAC	Address	City	State	Zip
$ 500.00	2026-09-27	Bell	John		[redacted]	Corpus Christi	TX	78418
$ 1,000.00	2026-09-28	Anderson	Derwood			Corpus Christi	TX	78403
$ 250.00	2026-09-28	Dietze	Lura			Corpus Christi	TX	78418
$ 1,000.00	2026-09-28	Donahue	Kevin			Corpus Christi	TX	78403
$ 500.00	2026-09-28			Pape-Dawson Engineers PAC		San Antonio	TX	78213
$ 500.00	2026-09-29	Martin	Edward or Carole			Corpus Christi	TX	78414
$ 2,000.00	2026-09-30	Barnette	Jim			Corpus Christi	TX	78414
$ 500.00	2026-09-30	Lenz	Bradley H			Corpus Christi	TX	78401
$ 250.00	2026-09-30	Zahn Jr	Charles W			Port Aransas	TX	78373
$ 250.00	2026-10-01	Beauchamp	Nancy			Corpus Christi	TX	78404
$ 25.00	2026-10-01	Clark	Patty			Corpus Christi	TX	78412
$ 1,000.00	2026-10-01	Fulton	Joe P			Corpus Christi	TX	78403
$ 300.00	2026-10-01	Guernsey	C and E			Corpus Christi	TX	78411
$ 500.00	2026-10-01	Guerra	Gabriel			Corpus Christi	TX	78414
$ 250.00	2026-10-01	Hunsaker	Jerry D			Corpus Christi	TX	78411
$ 250.00	2026-10-01	Jennifer	Pleasants			Corpus Christi	TX	78414
$ 2,500.00	2026-10-01	Jones	Al			Corpus Christi	TX	78411
$ 250.00	2026-10-01	Leshin	Richard L or Pamela R			Corpus Christi	TX	78404
$ 1,000.00	2026-10-01	Nick	Rhodes			McAllen	TX	78501-4800
$ 1,000.00	2026-10-01	Olivarri	Leah Pagan			Corpus Christi	TX	78412
$ 100.00	2026-10-01	Seger	Bernard M			Corpus Christi	TX	78418
$ 1,000.00	2026-10-01	Skrobarczyk	Jennifer and Philip			Corpus Christi	TX	78404
$ 200.00	2026-10-01	Trolley	Dolly			Corpus Christi	TX	78411
$ 500.00	2026-10-01	Valls	John Edward	Valls Consulting Group		Corpus Christi	TX	78401
$ 300.00	2026-10-01	Victor	Guajardo			corpus christi	TX	78414
$ 2,000.00	2026-10-01			CC Professional Fire Fighters Assoc		Corpus Christi	TX	78415
$ 250.00	2026-10-02	Bacak, II	Edward J.			Corpus Christi	TX	78413
$ 500.00	2026-10-02	Guerra	Gabriel			Corpus Christi	TX	78414
$ 500.00	2026-10-02	Richard	Pittman			Corpus Christi	TX	78418
$ 500.00	2026-10-04	Paul	Fritsch			Houston	TX	77059
$ 1,000.00	2026-10-04	Renwick	DEVILLE			BATON ROUGE	LA	70808-3800
$ 250.00	2026-10-05	Jahvid	Motaghi			Corpus Christi	TX	78404
$ 3,000.00	2026-10-07	Mintz	Laurie I and Michael L			Corpus Christi	TX	78411
$ 1,000.00	2026-10-07			Corpus Christi Police Officers Assoc		Corpus Christi	TX	78408
$ 500.00	2026-10-08	Michelle	Nichols			CORPUS CHRISTI	TX	78418
$ 250.00	2026-10-09	Gustavo	Barrera			Corpus Christi	TX	78411
$ 100.00	2026-10-09	Mary	Sherwood			Corpus Christi	TX	78412
$ 2,000.00	2026-10-09	Rajan	Ahuja			Corpus Christi	TX	78404
$ 500.00	2026-10-09	Rezaei	Mohammad			Corpus Christi	TX	78414
$ 250.00	2026-10-10	Adkins	Alissa A			Corpus Christi	TX	78411

$	250.00	2026-10-10	DeeAnna	Heavilin		[redacted]	Corpus Christi	TX	78418
$	1,000.00	2026-10-13	Durrill, Jr.	William R			Corpus Christi	TX	78401
$	500.00	2026-10-13	Ian	Medina			Houston	TX	77070
$	250.00	2026-10-13	Karen	Ellis			Georgetown	TX	78633
$	500.00	2026-10-13			WSP USA INC. PAC		New York	NY	10119
$	1,000.00	2026-10-14	Gregg	Reyes			Houston	TX	77042
$	1,000.00	2026-10-14	Jennifer	Cortez			Bay City	TX	77414
$	1,000.00	2026-10-14	P.	Perry Steger			Georgetown	TX	78626
$	500.00	2026-10-15	Chris	Young			Dallas	TX	75248
$	500.00	2026-10-15	Christopher	Smith			Richmond	TX	77469
$	25.00	2026-10-15	James	Hernandez			CORPUS CHRISTI	TX	78416
$	800.00	2026-10-15	Joju	Abraham			Austin	TX	78723
$	1,000.00	2026-10-15	Kailey	Lee			Corpus Christi	TX	78418
$	50.00	2026-10-15	Klint	Sajdak			Georgetown	TX	78633
$	500.00	2026-10-15	Leyendecker	Dan S.			Corpus Christi	TX	78418
$	500.00	2026-10-15	Lucas	Raymond or Janiece			San Antonio	TX	78216
$	250.00	2026-10-15	Taylor	Hecht			Corpus Christi	TX	78418
$	500.00	2026-10-15	Wade	Parks			Houston	TX	77025
$	200.00	2026-10-15	Zykoski	Robert Scott			Corpus Christi	TX	78414
$	250.00	2026-10-16	Cecil	Childers			Corpus Christi	TX	78411
$	2,500.00	2026-10-16			TREPAC-Texas REALTORS PAC		Austin	TX	78768
$	250.00	2026-10-17	Dolly	Trolley			Corpus Christi	TX	78411-1434
$	1,000.00	2026-10-17	Elaine	Hoffman			Corpus Christi	TX	78418
$	2,000.00	2026-10-19	Camacho	Isaac and Janet			Corpus Christi	TX	78410
$	500.00	2026-10-19			STV Group, Inc. PAC		Douglassville	PA	19518
$	250.00	2026-10-23	Cindy	Barrera			Corpus Christi	TX	78414

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Mark Scott	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 500.00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____) Melody Cooper 7 Contributor address; City; State; Zip Code	8 Amount of Contribution $	9 In-kind contribution description
10/16/26	[redacted] TX 78414	500	Meet/Greet Expenses Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Lawyer	11 Employer (FOR NON-JUDICIAL)(See Instructions) Self
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#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description 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 THIS SCHEDULE AS NEEDED
If contributor 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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Mark Scott			

4 Date	5 Payee name			
9/25/26	Arrow Display			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
876.83/xx	1343 S. Staples	CC	TX	78404

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Signs	

(c) Check if travel outside of Texas. Complete Schedule 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			
10/2/26	Gulf Coast Mailing			
Amount ($)	Payee address;	City;	State;	Zip Code
4692.84/xx	P.O. Box 9312	CC	TX	78469

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Mailer	

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

Date	Payee name			
10/3/26	Roland Garza			
Amount ($)	Payee address;	City;	State;	Zip Code
400.00/xx	2629 McCain	CC	TX	78410

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Show Sponsor	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Mark Scott			

4 Date	5 Payee name			
10/6/26	Quick Print			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
446.08/xx	222 S. Staples	CC	TX	78401

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Push Cards	
	(c) Check if travel outside of Texas. Complete Schedule 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			
10/12/26	Arrow Signs			
Amount ($)	Payee address;	City;	State;	Zip Code
779.49/xx	1345 S. Staples	CC	TX	78404

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Signs	
	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

Date	Payee name			
10/24/26	Anedot			
Amount ($)	Payee address;	City;	State;	Zip Code
760.99/xx	1340 Poydras	New Orleans	LA	70112

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Banking	Online Payment Fees
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mark Scott	

Expenditure 1

4 Date	5 Payee name			
9/30/26	KC Strategies, LLC.			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
39,519.72	3571 Far West Blvd #196	Austin	TX	78731

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Consulting/Media Buy

(b) Description:

(c) Check if travel outside of Texas. Complete Schedule 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:

Expenditure 2

Date	Payee name			
10/12/26	KC Strategies L.L.C.			
Amount ($)	Payee address;	City;	State;	Zip Code
23,824.04	3571 Far West Blvd #196	Austin	TX	78731

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting/Media Buy

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/OH — Candidate / Officeholder name: | Office sought: | Office held:

Expenditure 3

Date	Payee name			
10/14/26	KBK Strategies LLC			
Amount ($)	Payee address;	City;	State;	Zip Code
5,000.00	89 Haynes Rd.	West Hartford	CT	06117

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Consulting/Social Media

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/OH — Candidate / Officeholder name: | Office sought: | Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mark Scott	

Expenditure 1

4 Date	5 Payee name			
10/21/26	KBK Strategies LLC			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
5,000.00	89 Haynes Rd	West Hartford	CT	06117

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Consulting/Social Media Buy	

(c) Check if travel outside of Texas, Complete Schedule 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

Expenditure 2

Date	Payee name			
10/22/26	KC Strategies L.L.C.			
Amount ($)	Payee address;	City;	State;	Zip Code
11,440.00	3571 Far West Blvd. #196	Austin	TX	78731

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Consulting/Media Buy	

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

Expenditure 3

Date	Payee name			
10/24/26	Mark Scott			
Amount ($)	Payee address;	City;	State;	Zip Code
4,850.00	338 Bermuda	CC	TX	78411

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Reimbursement	Block walker Zelle payments

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