
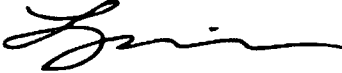


Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report

FileNo:	202212		 Elections Administrator Harris County, TX
Received By Clerk:	01/07/2022		
File Date:	January 07, 2022		
Office:	County Treasurer		
Candidate:	Scott, Kyle		
Treasurer:	Scott, Bethany		
Category:	Contributions And Expenditures		
Delivered By:	Electronically Filed		
Type:	COR		

Harris County No Fee

**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	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kyle	MI
	NICKNAME	LAST Scott	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	20607 Dawn Rose Court		
	Spring, TX 77379		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Bethany	MI
	NICKNAME	LAST Scott	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	20607 Dawn Rose Court		CITY; STATE; ZIP CODE
Spring, TX 773790			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	865-3590	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	10/19/2021	THROUGH	12/31/2021
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03/01/2022		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 11

13 C / OH NAME Scott, Kyle	14 Filer ID
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,900.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	20,489.47
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,410.53
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	14,000.00

17 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering

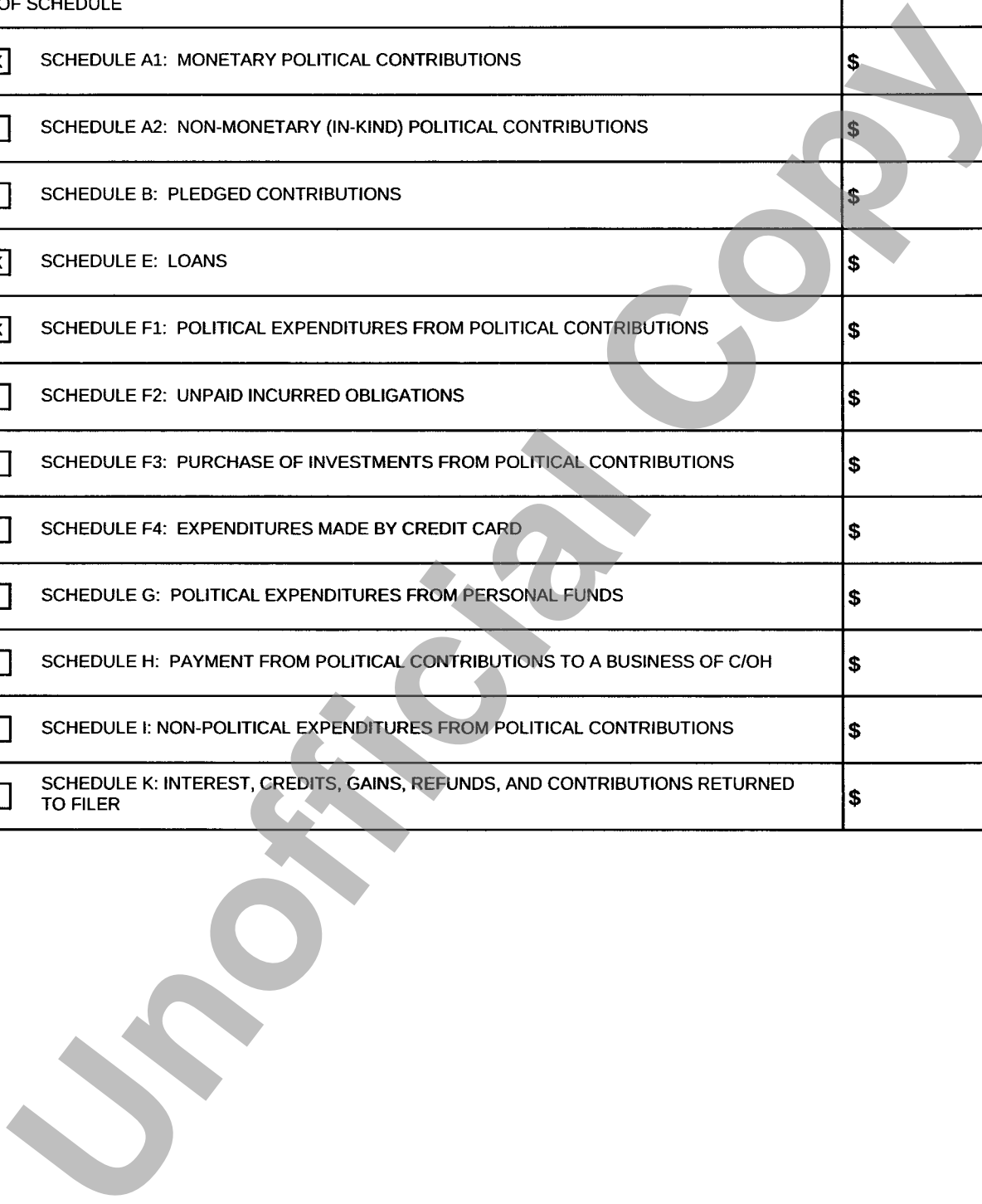
Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME Scott, Kyle	19 Filer ID
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,900.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 14,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 20,489.47
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/11
2 FILER NAME Scott, Kyle		3 Filer ID
4 Date 11/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandeekar, Ashish (Dr.) 6 Contributor address; City; State; Zip Code 4 Royal Dr. Unit 32 Somersworth, NH 38780	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Lydall Performance Materials
Date 12/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ross Contributor address; City; State; Zip Code 730 E Friar Tuck Lane Houston, TX 77024	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Managing Principal		Employer (See Instructions) Davis Holdings LP
Date 12/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drobny, Chuck Contributor address; City; State; Zip Code 4624 Feagan Street Houston, TX 77007	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Global Logix
Date 12/15/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Leah Contributor address; City; State; Zip Code 3014 E Hickory Park Circle Sugar Land, TX 77479	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 10/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsey, David (Dr.) Contributor address; City; State; Zip Code 62 Stone Springs Circle Spring, TX 77381	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Orthodontic Associates of South Texas

MONETARY POLITICAL CONTRIBUTIONS

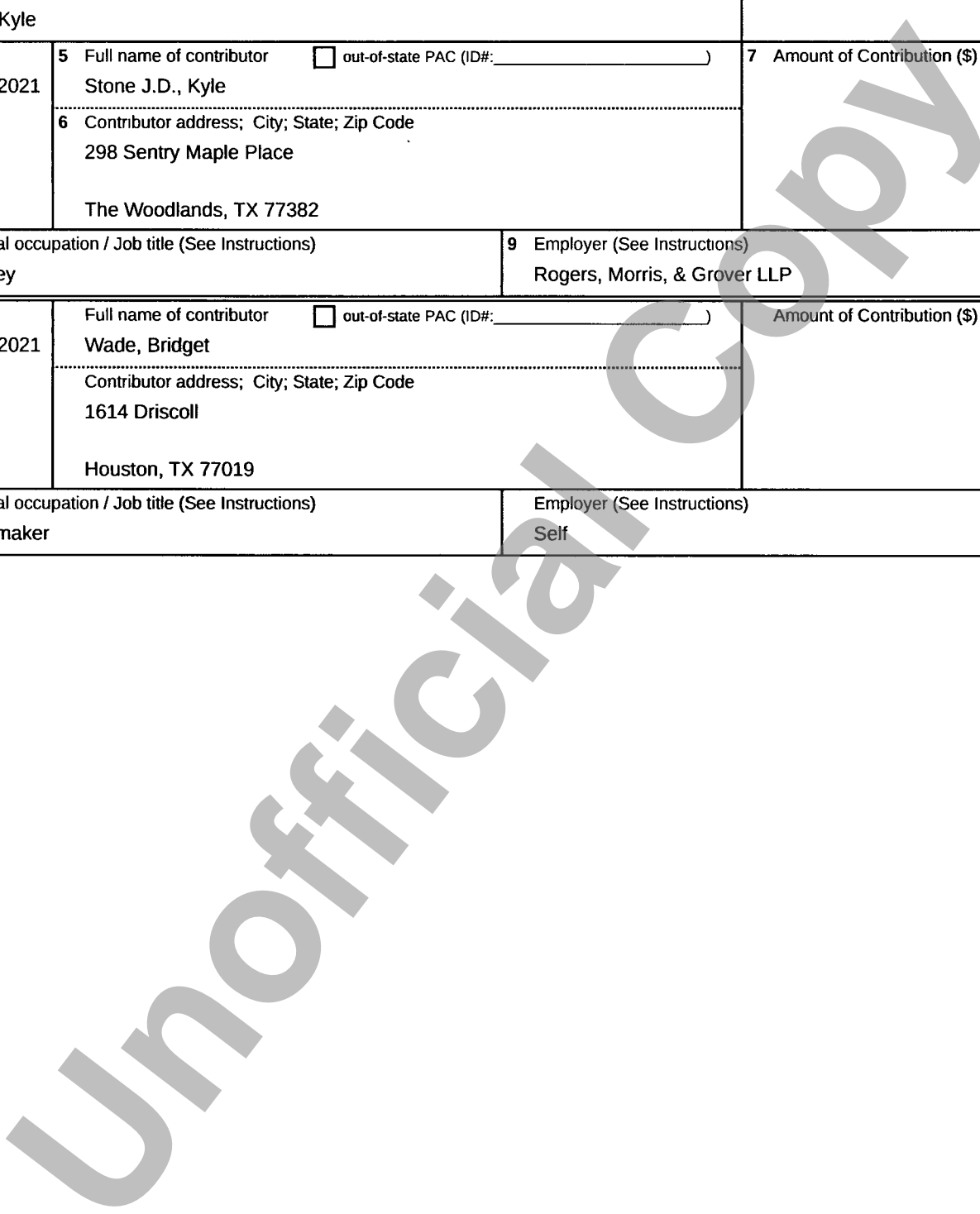
SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
2 FILER NAME Scott, Kyle		3 Filer ID
4 Date 11/16/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horak, Whitney 6 Contributor address; City; State; Zip Code 20607 Sundance Springs Spring, TX 77379	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Provider Engagement RVP		9 Employer (See Instructions) Cigna
Date 11/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lauren Contributor address; City; State; Zip Code 20603 Dawn Rose Court Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self
Date 11/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Miguel Contributor address; City; State; Zip Code 617 Fell Lane Spring, TX 77382	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Conganas
Date 12/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bob Contributor address; City; State; Zip Code 8814 Leaning Hollow Lane Spring, TX 77379	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) B&D Auto Sales
Date 11/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitton, Ryan Contributor address; City; State; Zip Code 1 Pinnacle Way Pasadena, TX 77504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Pinnacle

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
2 FILER NAME Scott, Kyle		3 Filer ID
4 Date 12/08/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone J.D., Kyle	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 298 Sentry Maple Place The Woodlands, TX 77382		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Rogers, Morris, & Grover LLP
Date 12/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Bridget	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1614 Driscoll Houston, TX 77019		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self



LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 7/11
2 FILER NAME Scott, Kyle		3 Filer ID
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 10/19/2021	7 Name of lender Scott, Kyle <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$14,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 20607 Dawn Rose Court Spring, TX 77379	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Educator		13 Employer (See Instructions) Lone Star College
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/4 Rpt: 8/11		2 FILER NAME Scott, Kyle		3 Filer ID
4 Date 11/21/2021		5 Payee name Alpha Graphics		
6 Amount (\$) \$402.05		7 Payee address; City; State; Zip Code 143 Union Boulevard Suite 650 Lakewood, CO 80228		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 12/23/2021		Payee name Alpha Graphics		
Amount (\$) \$405.03		Payee address; City; State; Zip Code 143 Union Boulevard Suite 650 Lakewood, CO 80228		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held
Date 11/19/2021		Payee name DFS Print		
Amount (\$) \$5,028.53		Payee address; City; State; Zip Code 100 Interstate 45 N, Unit 410 Conroe, TX 77301		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense yard signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/4 Rpt: 9/11		2 FILER NAME Scott, Kyle		3 Filer ID	
4 Date 11/03/2021		5 Payee name Harris County Republican Primary			
6 Amount (\$) \$1,250.00		7 Payee address; City; State; Zip Code 8588 Katy Frwy, Ste 445 Houston, TX 77025			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee for the 2022 Republican Primary	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 11/15/2021		Payee name Katy Christian Magazine			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 16350 Park Ten Place Houston, TX 77084			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 12/15/2021		Payee name Katy Christian Magazine			
Amount (\$) \$600.00		Payee address; City; State; Zip Code 16350 Park Ten Place Houston, TX 77084			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/4 Rpt: 10/11		2 FILER NAME Scott, Kyle		3 Filer ID	
4 Date 12/01/2021		5 Payee name Mail Chimp			
6 Amount (\$) \$39.95		7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE, Ste. 5000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense email management	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/18/2021		Payee name NameBadge.com			
Amount (\$) \$41.75		Payee address; City; State; Zip Code 12240 SW 53rd Street, Ste. 511 Cooper City, FL 33330			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/23/2021		Payee name The Political Group, LLC			
Amount (\$) \$11,522.16		Payee address; City; State; Zip Code 4835 Medical Dr, #40111 San Antonio, TX 78229			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone Banking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/4 Rpt: 11/11	2 FILER NAME Scott, Kyle	3 Filer ID	
4 Date 12/21/2021	5 Payee name Yellow Rose of Republican Women PAC		
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code P.O. Box 1323 Tomball, TX 77377		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

