



Official Filing Authority of Harris County
Isabel Longoria
Elections Administrator

Campaign Finance Report



Elections Administrator
Harris County, TX

FileNo: 202212
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 MI Kyle | | OFFICE USE ONLY Date Received | | |
| | NICKNAME LAST SUFFIX Scott | | | | |
| 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 MI Bethany | | | | |
| | NICKNAME LAST SUFFIX Scott | | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 20607 Dawn Rose Court 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 Month Day Year 10/19/2021 THROUGH 12/31/2021 | | | | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/01/2022 | | ELECTION TYPE | | |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 11 OFFICE | OFFICE HELD (if any) None | | 12 OFFICE SOUGHT (if known) Harris County Treasurer | | |

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 |
|-------------------------------|-------------|

| | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | 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 | | |
| <p>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.</p> <p>_____ Signature of Candidate or Officeholder</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering</p> <p>_____ Printed name of officer administering</p> <p>_____ Title of officer administering oath</p> | | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 11

18 FILER NAME

Scott, Kyle

19 Filer ID**20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE

SUBTOTAL AMOUNT

- | | | | | |
|-----|-------------------------------------|------------------------------------------------------------------------------------|----|-----------|
| 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 ☐ out-of-state PAC (ID#: _____)
Bandekar, Ashish (Dr.)

7 Amount of Contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
4 Royal Dr. Unit 32

Somersworth, NH 38780

8 Principal occupation / Job title (See Instructions)
Engineer

9 Employer (See Instructions)
Lydall Performance Materials

Date
12/03/2021

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Davis, Ross

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
730 E Friar Tuck Lane

Houston, TX 77024

Principal occupation / Job title (See Instructions)
Managing Principal

Employer (See Instructions)
Davis Holdings LP

Date
12/17/2021

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Drobny, Chuck

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4624 Feagan Street

Houston, TX 77007

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Global Logix

Date
12/15/2021

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Henley, Leah

Amount of Contribution (\$)
\$2,500.00

Contributor address; City; State; Zip Code
3014 E Hickory Park Circle

Sugar Land, TX 77479

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
Self

Date
10/21/2021

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Holsey, David (Dr.)

Amount of Contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code
62 Stone Springs Circle

Spring, TX 77381

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 | 7 Amount of Contribution (\$) \$50.00 |
| | 6 Contributor address; City; State; Zip Code 20607 Sundance Springs Spring, TX 77379 | |
| 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 | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 20603 Dawn Rose Court Spring, TX 77379 | |
| 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 | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 617 Fell Lane Spring, TX 77382 | |
| 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 | Amount of Contribution (\$) \$2,000.00 |
| | Contributor address; City; State; Zip Code 8814 Leaning Hollow Lane Spring, TX 77379 | |
| 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 | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 1 Pinnacle Way Pasadena, TX 77504 | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Pennacle |

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 type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/23/2021 | Candidate/Officeholder name Alpha Graphics | Office sought Office held |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/19/2021 | Candidate/Officeholder name DFS Print | Office sought Office held |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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 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 Office held |
| 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 Office held |
| 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 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: 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/18/2021 | Candidate/Officeholder name Payee name NameBadge.com | Office sought Office held |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/23/2021 | Candidate/Officeholder name Payee name The Political Group, LLC | Office sought Office held |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |