#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS (MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Mostin NAME Date Received NICKNAME SUFFIX Date Filed 7/15/25 Mork SCOTT 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address Rebecca Huerta EXTENSION 5 CANDIDATE/ Date Chitch Secretary arked **OFFICEHOLDER** (361)PHONE Receipt # Amount S MS / (RS) MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged Scott STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE; ZIP CODE TREASURER **ADDRESS** CC TX 78411 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 814-9220 (361)9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 30/2025 1/2025 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description Month Day Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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 OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

- Care Transmitted and Transmitted	100 100 100 100 100	A. PERSON SELECTION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION		
15 C/OH NAME	rk	Scott	16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4.	TOTAL POLITICAL EXPENDITURES		\$1813.97
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$4534.67
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$
The second of th		ffirm, under penalty of perjury, that the accompanying report is true ereported by me under Title 15, Election Code.	e and co	rrect and includes all information
		Men A A Signature of Ca	J. elebiber	oull or Officeholder
		Signature or Ca	indidate t	or Officenoider
Please complete either option below:				
	Nota My	LISSA KAY DEGARMO ary ID #: 125300716 Commission Expires 05/22/2029 this the	14#	day of July,
Signature of officer administer		Printed name of officer administering cath		Notary Public Title of officer administering oath
		OR		<b>在100</b> 0年2月1日 日本
(2) Unsworn Declaration	'n			
		, and my date of birth is		
My address is		(street) (city) (s	state)	(zip code) (country)
Executed in		County, State of, on the day of(month		, 20 (year)
		Signature of Candid	date/Office	eholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	Mark Scott	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$500	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$1813.97	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

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	The	Instruction Guide explains how to complete this fo	1 Total pages Schedule A1:	
2	FILER NAME	Mark Scott		3 Filer ID (Ethics Commission Filers)
4	/14 /2S	5 Full name of contributor  Corpus Christi Police Obc 6 Contributor address;  City:	State: Zip Code  TX 78408	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
	Date	Full name of contributor out-of-state PAC (ID  Contributor address; City;		Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date		State; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	Date	Full name of contributor out-of-state PAC (IDI	#:) State; Zip Code	Amount of contribution (\$)
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
		ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Offici (eriter a catego	ny not iisted above)	
1 Total pages Schedule F1:	2 FILER NAME Maris Scott	3 Filer ID (Ethics Commission Filers)			
4 Date 3/2 8	5 Payee name Mark Scott				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$1813.97	338 Bernada	cc	TX	78411	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		EYP.	
PURPOSE OF EXPENDITURE	Rain Luceau a *	in lossice Holder			
EXPENDITORE	Reimbursement Campaign Ossice Hold  (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	n, TX, officenoider living	Office held	
expenditure to benefit C/OF		omoo dodg.ni		Omoo Hola	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH				Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	, TX, officeholder living	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					