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 / FIRST OFFICE USE ONLY **OFFICEHOLDER** Martin NAME NICKNAME mark 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address Rebecca Huerta 5 CANDIDATE/ AREA CODE EXTENSION Date Hodity Secretary rked OFFICEHOLDER 361 PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged SCOTT STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN CITY: STATE; ZIP CODE TREASURER **ADDRESS** 78411 (Residence or Business) AREA CODE CAMPAIGN TREASURER PHONE (361 814-9220 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description Runoff Year General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

07 (1011 7 (10)	TI III/AITOE IXEI OIXI		
15 C/OH NAME		16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN	\$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF)	LOANS)	\$ 7,264
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 57,954,60
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY	\$ 5848.64
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD	NS AS OF THE	\$
	wear, or affirm, under penalty of perjury, that the accompanying repo quired to be reported by me under Title 15, Election Code.	ort is true and co	prrect and includes all information
	March	in l	Vanto
		re of Candidate	or Officeholder
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	Please complete either option	below:	WIIII mee
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NOTARY STAMP/SEAL	Martin 1 Call	11/1/201	0-23-2025
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1175		uns ure	day or
to certify	which, witness my hand and seal of office. Melanie D Smith	n	otacial Ruphi
Signature of officer administer	ring oath Printed name of officer administering oath		Title of officer administering oath
	OR	7 14 186	· · · · · · · · · · · · · · · · · · ·
(2) Unsworn Declaration			
My name is	, and my date of	f birth is	
My address is			
and the treatment of th	(street) (city)	(state)	(zip code) (country)
Executed in	County, State of, on the day of	(month)	_, 20 (year)
		(monui)	(year)
	Signature o	f Candidate/Office	eholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Mork Scott	
VIOLIC SCOTT	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ >	1264
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 CONTRIBUTIONS \$5	7,954.6
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.

Total pages Schedule A1:
Filer ID (Ethics Commission Filers)
Amount of contribution (\$)
s)
Amount of contribution (\$)
s)
Amount of contribution (\$)
s)
Amount of contribution (\$)
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s)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

DATE	Last Name	First Name	Address	City	State	Zip	2024 Contr	ibution
2024-10-29	Eisenhauer	Patricia		Corpus Chris	ti TX	78418	\$	64.00
2024-10-30	Ahuja	Avinash C.		Corpus Chris	ti TX	78401	\$	500.00
2024-10-30	Camacho	Isacc		Corpus Chris	ti TX	78410	\$	1,200.00
2024-10-30	Welch	Dr. Gordon		Corpus Chris	ti TX	78411	\$	200.00
2024-10-31	Reddy	Vishni		Corpus Chris	i TX	78412	\$	700.00
2024-11-04	Barnette	Jim		Corpus Chris	ti TX	78414	\$	2,000.00
2024-11-05	Rivera, Jr.	Augustin		Corpus Chris	ti TX	78412	\$	100.00
2024-11-12	Munoz	Ram		Corpus Chris	ti TX	78414	\$	1,000.00
2024-11-14	Schmid	Thomas		Powell	ОН	43065	\$	1,000.00
2025-10-30	Berlanga	Hugo		Corpus Chris	ti TX	78404	\$	500.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPE	ENDITURE CATE	JORIES	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	/ Gift/Awards/ I Committee Legal Service	age Expense 'Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
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1 Total pages Schedule F1:	2 FILER NAME	Scott	9		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	,		Carrier .		
6 Amount (\$)	7 Payee address;	Strat	63X	City:	State;	Zip Code

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8	(a) Category (See Catego	ries listed at the top of this	schedule)	(b) Description	J	
PURPOSE						
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EXPENDITURE	Consultin	19 EXP		Text C	ampaig	4
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9 Complete ONLY if direct	Candidate / Officel	holder name		Office sought		Office held
expenditure to benefit C/OF	£					
Date	Payee name	1				
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Amount (\$)	Payee address;		3	City;	State;	Zip Code
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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/Opnations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense s:/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 t	o complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Mark Scott		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name						
11/18/24		ategies	71-0-4-				
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46,000	2961 Riverclest	CC	TX 78415				
8	(a) Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE			- 0				
OF EXPENDITURE	Consulting Exp	Social	Media consulting				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
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11/19/24	Mark Scott						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$6.316.39x	338 Bermuda	LC	7x 78411				
0/0.01.11	Category (See Categories listed at the top of this schedule)	Description					
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#116.0%	1340 Poydrax	New Orle	ans LA 70112				
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PURPOSE OF	2 1.	1.	Paument Fees				
EXPENDITURE	Banking	Online	3				
	Check if travel outside of Texas, Complete Schedule T		tin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested infe	ormation is not	applicable, DO NOT i	nclude ti	his page in the re	port.	
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Amount (\$)	Payee addres	s;		City;	State;	Zip Code
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Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp Salaries/Wa		Travel In District Travel Out Of District Other (enter a categ	ct ory not listed above)
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