

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr	Martin	L
	NICKNAME	LAST	SUFFIX
	Mark	Scott	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	338 Bermuda Pl Corpus Christi TX 78411		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	877-7797	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms	Carol	
	NICKNAME	LAST	SUFFIX
		Scott	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	338 Bermuda Pl Corpus Christi TX 78411		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(361)	813-8888	
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 7 / 1 / 26		THROUGH
	Month Day Year 8 / 25 / 26		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 11 / 3 / 26		☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any)		
	City Council At Large		
13 OFFICE SOUGHT (if known)	OFFICE SOUGHT (if known)		
	City Council At Large		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
☐ GENERAL ☐ SPECIFIC	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Mark Scott</u>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>60,550</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5859.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>58,978.60</u>
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

Sworn to and subscribed before me by Martin L. Scott this the 5th day of October, 2026, to certify which, witness my hand and seal of office.

[Signature]

Maria Fiedler

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 <i>Mark Scott</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>60,550</i>
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	\$ <i>5859.01</i>
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:
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	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code	
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
\$ 2,000.00	2026-07-15			Valero PAC		San Antonio	TX	78269
\$ 1,500.00	2026-07-16	Braserton	Fred and Vanessa			Corpus Christi	TX	78413
\$ 1,000.00	2026-07-16	Harris	Alex			Corpus Christi	TX	78415
\$ 1,500.00	2026-07-29	Braserton	Barton H			Corpus Christi	TX	78413
\$ 750.00	2026-08-13			Halff Associates - State PAC		Corpus Christi	TX	75082
\$ 1,000.00	2026-08-14	Anderson	Derwood			Corpus Christi	TX	78403
\$ 200.00	2026-08-14	Behne	Todd			Corpus Christi	TX	78415
\$ 500.00	2026-08-14	Flores	Fernando			Corpus Christi	TX	78466
\$ 1,000.00	2026-08-14	Hammonds II	W.H.			Corpus Christi	TX	78412
\$ 150.00	2026-08-14	Rivas	Kara			Corpus Christi	TX	78415
\$ 500.00	2026-08-14	Trolley	Dolly			Corpus Christi	TX	78411
\$ 500.00	2026-08-14	Ybarra	Valeria			Corpus Christi	TX	78414
\$ 500.00	2026-08-16	Fritsch	Paul			Houston	TX	77059
\$ 10,000.00	2026-08-17	Bottom	E Brent			Corpus Christi	TX	78401
\$ 1,000.00	2026-08-20	Meadow	Bradley			Los Angeles	CA	90064
\$ 3,000.00	2026-08-20	Parker	Robert E			Corpus Christi	TX	78469
\$ 1,000.00	2026-08-24	Graban	Robert			Portland	TX	78374
\$ 300.00	2026-08-27	Sedwick	Jim and Sharon			Corpus Christi	TX	78401
\$ 2,000.00	2026-09-02	Baugh	Jeremy and Lacey			Robstown	TX	78380
\$ 2,000.00	2026-09-02	Hamilton	Christopher and Heidi			Corpus Christi	TX	78413
\$ 500.00	2026-09-04	Engel	Mr. or Mrs. David P			Corpus Christi	TX	78404
\$ 1,000.00	2026-09-08	Anderson	Derwood			Corpus Christi	TX	78403
\$ 1,000.00	2026-09-08	Skrobarczyk	Michael			Corpus Christi	TX	78411
\$ 250.00	2026-09-08	Wilson	Alan and Catrina			Corpus Christi	TX	78415
\$ 2,000.00	2026-09-08			Kochpac - Koch Inc		Wichita	KS	67220
\$ 100.00	2026-09-09	Cooper	Melody			Corpus Christi	TX	78414
\$ 250.00	2026-09-09	Furgason	Robert and Gloria			Corpus Christi	TX	78412
\$ 1,000.00	2026-09-09	Lippincott	Mike or Ann			Corpus Christi	TX	78411
\$ 1,000.00	2026-09-09	Longoria	Sonia			Corpus Christi	TX	78404
\$ 500.00	2026-09-09	Ramirez	Rene A			Edinburg	TX	78539
\$ 1,000.00	2026-09-09	Sanchez	Rogelio			Corpus Christi	TX	78414
\$ 3,000.00	2026-09-09	Skrobarczyk	Philip			Corpus Christi	TX	78404
\$ 1,000.00	2026-09-09	Skrobarczyk	Hannah and Chad			Corpus Christi	TX	78418
\$ 100.00	2026-09-10	Crull	Carl			Corpus Christi	TX	78414
\$ 500.00	2026-09-10	Dillon	Rodney			Corpus Christi	TX	78401
\$ 250.00	2026-09-10	Haas	Arthur B			Corpus Christi	TX	78411
\$ 100.00	2026-09-10	Koch	Amy			Corpus Christi	TX	78411
\$ 250.00	2026-09-10	Larue	John and Diane			Corpus Christi	TX	78463
\$ 100.00	2026-09-10	Larue	Mark L			Corpus Christi	TX	78412
\$ 100.00	2026-09-10	Lee	Susie Nemec			Corpus Christi	TX	78468
\$ 250.00	2026-09-10	Martinez	Nelda			Corpus Christi	TX	78412

2026 Amount	2026 Date of Contribution	Last Name	First Name	Org/PAC	Address	City	State	Zip
\$ 500.00	2026-09-10	McC Campbell III	Edwin			Corpus Christi	TX	78404
\$ 500.00	2026-09-10	O'Boyle	Patrick			Corpus Christi	TX	78414
\$ 150.00	2026-09-10	Steen	Mark or Terrie			Corpus Christi	TX	78413
\$ 1,000.00	2026-09-10	Taft	Donald or Susan			Corpus Christi	TX	78427
\$ 100.00	2026-09-10	Tagliabue	Tom			Corpus Christi	TX	78412
\$ 2,000.00	2026-09-10	Tennapel	Roger			Corpus Christi	TX	78414
\$ 500.00	2026-09-10	Thompson	James and Susan			Houston	TX	77056
\$ 500.00	2026-09-10	Lundquist	Wayne			Corpus Christi	TX	78411
\$ 500.00	2026-09-11	Hicks	Charles			Corpus Christi	TX	78411-1235
\$ 250.00	2026-09-11	Jones	D Scott			Portland	TX	78374
\$ 250.00	2026-09-12	Brown	Kenneth			San Antonio	TX	78209
\$ 250.00	2026-09-14	Adler	Troy W			Corpus Christi	TX	78409
\$ 400.00	2026-09-14	Guzman	Ronald			Corpus Christi	TX	78414
\$ 1,000.00	2026-09-15	Carraher	Camilla A			Corpus Christi	TX	78415
\$ 500.00	2026-09-15	Hicks	Gloria			Corpus Christi	TX	78415
\$ 1,500.00	2026-09-15	Watts	Seth			Corpus Christi	TX	78408
\$ 500.00	2026-09-16	Hooper	Kyle			Corpus Christi	TX	78410
\$ 500.00	2026-09-16	Cohen	L.J.			Corpus Christi	TX	78411
\$ 500.00	2026-09-16	Layton	Deborah Hicks			Corpus Christi	TX	78404
\$ 500.00	2026-09-22	Moore	Margo			Corpus Christi	TX	78418
\$ 1,000.00	2026-09-23	Reddy	Vishnu			Corpus Christi	TX	78412
\$ 1,000.00	2026-09-23	Scott	Michael Davis			Corpus Christi	TX	78410
\$ 1,000.00	2026-09-23			Coastal Area Builders PAC		Corpus Christi	TX	78414
\$ 1,000.00	2026-09-25	Chapa	Paul			Corpus Christi	TX	78401

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 Mark Scott		3 Filer ID (Ethics Commission Filers)	
4 Date 9/4/26		5 Payee name Jacob Bocanegra			
6 Amount (\$) 1425		7 Payee address: 4826 willow brook		City; cc	State; TX
				Zip Code 78411	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Sign Crew		(b) Description	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/4/26		Payee name Arrow Display			
Amount (\$) 1980.98		Payee address; 1343 S. Staples		City; cc	State; TX
				Zip Code 78404	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs		Description	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/14/26		Payee name The Rise School			
Amount (\$) 500		Payee address; 2030 Rise Rd		City; cc	State; TX
				Zip Code 78411	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Luncheon Sponsor		Description	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mark Scott		3 Filer ID (Ethics Commission Filers)	
4 Date 9/22/26	5 Payee name Texas Table of Hope			
6 Amount (\$) 800.00	7 Payee address; 4606 Lamond	City; CC	State; TX	Zip Code 78413
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Texas Food Championship Sponsorship		(b) Description	
	(c) ☐ Check if individual's residence address.			
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date 9/25/26	Payee name Arrow Display			
Amount (\$) 876.83^{xx}	Payee address; 1343 S. Staples	City; CC	State; TX	Zip Code 78404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs		Description	
	☐ Check if individual's residence address.			
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
Date 9/25	Payee name Anedot			
Amount (\$) 276.20	Payee address; 1340 Paydras	City; New Orleans	State; LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking		Description Online Payment Fees	
	☐ Check if individual's residence address.			
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED