CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MOCT! NICKNAME LAST MACK SCOT	MI Suffi	Date Filed 9/19/25
4 ORIGINAL REPORT TYPE	30th day before election 15th	eeded modified reporting	Receipt Rebecca Huerta City Secretary Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day ROUGH 12/31/2	Year Date Imaged
Addition		14	
7 SIGNATURE I swe	ear, or affirm, under penalty of	perjury, that this corrected re	eport is true and correct.
	ck ONLY if applicable:		
	l reports: I swear, or affirm, that t o misrepre-sent the information o		good faith and without an intent to
☐ date I learne	ts: I swear, or affirm, that I am fill ed that the report as originally file the report as originally filed was i	d is inaccurate or incomplete. made in good faith. Men L	er than the 14th business day after the I swear, or affirm, that any error or Candidate/Officeholder
(1) Affidavit		omplete either option be	MELANIE D, SMITH Notery ED #; 1101724-0 My Commission Expires 10/23/2025
Sworn to and subscribed	Martin	L. Scott this	the day of,
20100, to certify	y which, witness my hand and seal of off	e D. Smith	notary Public
Signature of officer administ	ering oath Printed name	of officer administering oath	Title of officer administering oath
A STATE OF THE STA		OR	化等。是自然認識的學樣的對應
(2) Unsworn Declarat	ion		
My name is		, and my date of bir	th is
My address is			J ,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (n	nonth) (year)
		Signature of C	andidate/Officeholder (Declarant)
Remember To Atta	ach Any Part Of The Campaign	Finance Report Form Needed	To Report And Explain Corrections

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID ((Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Martin	1	MI	OFFICE	E USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Fil	ed 9/19/25
	Mark	Scott			- . 1	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #; C	CITY; S	TATE; ZIP CODE	Rebeco	ta Huerta
Change of Address	3 58	Bernuda	CC 7	11487 411		Secretary
5 CANDIDATE/	AREA CODE	PHONE NUMBER	E	XTENSION	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER PHONE	(361)	877-779	77			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SUFFIX	Date Processed	
	NICKINAINE	Scott		301117	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #;	CITY:	STATE;	ZIP CODE
TREASURER ADDRESS			0112	No.	22,	
(Residence or Business)	338 B	ermuda		CC	TX	78411
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	XTENSION		
FIONE	(361)	814-922	. 0			
9 REPORT TYPE	January 15	30th day before el	election	Runoff		ufter campaign appointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	ır
COVERED	10/	27/24	THROUG	ih 12 /	31/2-	1
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
			Specia	Description		
	11/5/	24				×
12 OFFICE	OFFICE HELD (if any)		13 0	FFICE SOUGHT (if known	1)	
			Cit	ty Courc	il At-L	0/98
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		1		
	Vicini periodologico del di del	Coastal	Bend	Coaliti	ÓЧ	
Additional Pages	GENERAL COMMITTEE ADDRESS 3636 5. Alameda Ste. B#220 CC. TX 78411					
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	0.4		
		Olga Kvai	ch, C	PA		
		COMMITTEE CAMPAIGN TRE				
				SPIO Ste	LA CC	TX 78418
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

The second of the second	See A Company April 1994 Company Company (April 1994 Company C	
15 C/OH NAME	ole Constant	16 Filer ID (Ethics Commission Filers)
/ IOV	k Scott	
17 CONTRIBUTION TOTALS	 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)	\$ 7.2 64
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 57,954.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 5848.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
		1
	$\mathcal{M}_{\bullet} + \mathcal{I}_{\bullet}$	1 1 An
	Marchy L	Level
	Signature of Ca	andidate or Officeholder
	DI	
ĺ	Please complete either option below	v:
	Charles and the second	
	TINY I	MELANIE D. SMITH
Indicate No Addition by ACC	A CONTRACTOR OF THE PARTY OF TH	Notary ID #: 1101724-0
(1) Affidavit		My Commission Expires
	The cort	10/23/2025
	(Tarabata)	10120/20
NOTARY STAMP/SEAL	- 1 0 1	
Sworn to and subscribed	before me by Martin L. Swtt this the	19 day of Sept,
20 0 to certify	which, witness my hand and seal of office.	M.C. A.L.
MAN YN	Melanie D Smith	V Way Public
	Troque of oracle	Title of efficiency administration and
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	THE REPORT OF THE PROPERTY OF
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20
LAGORIOG III	(month	(year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filors)	
Mork Scott		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$7264
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 CO	NTRIBUTIONS	\$ 57, 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 FUI	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ested Information is not applicable, DO NOT Incl	lude this page in the i	report.
e instruction Guide explains how to complete this f	1 Total pages Schedule A1:	
	190 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 197 - 19	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (i 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
	· · · · · · · · · · · · · · · · · · ·	lons)
		Amount of contribution (\$)
upation / Job title (See Instructions)	Employer (See Instructi	ons)
		Amount of contribution (\$)
Contributor address; City;	State: Zlp Code	
Ipation / Job title (See instructions)	Employer (See Instructi	ons)
		Amount of contribution (\$)
upation / Job litte (See Instructions)	Employer (See Instruction	ons)
	The Instruction Guide explains how to complete this form to the state of the state	S Full name of contributor

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

•

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made By Cundidate/Officoholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Glit/Awarda/Memorials Expense Printir	Ropayment/Reimbursement Overhead/Rental Expanse g Expense g Expanse es/Wages/Contract i.abor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Reinted Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME MOVE Scott		3 Filer ID (Ethics Commission Filers)	
4 Date 11/1/24	5 Payce name Cabido Strategy	Struices		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
8/1692.02/xx	4204 Pine Park (a) Catagory (See Catagories listed at the top of this schodule		suge LA 70809	
PURPOSE OF EXPENDITURE	Consultino Exa	Text C	T and the comment of the comment	
CALCADITORE	(c) Check if travel outside of Toxas, Complete Schodule 7		a mporty u In, TX, officialider flying expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Dete	Payee name			
11/1/24 Amount (\$)	Horbor Parking	City:	State; Zip Code	
6360	711 N Corancahu	ia CC	TX 78401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Exp	Description Valet	parking	
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, afficationder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name			
11/6/24 Amount (\$)	Cabildo Stratey	y Service	State; Zlp Code	
1,145,8%	4204 Pine Pork	Baton Ro	uge LA 70809	
PURPOSE OF EXPENDITURE	Catagory (See Catagories listed at the top of this schedulo)	Description Text	ampaida	
	Chack if traval outskid of Yaxas, Complete Schudulo T.	Chock if Austli	n, TX, officoholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hold	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made B Candidate/Officeholder/Politice	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimburaement Office Overhead/Rental Expanse Polling Expanse Printing Expanse Salarles/Wingas/Contract Labor	Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The instruction Guida explains	how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Mark Scott		3 Filar ID (Ethics Commission Filers)			
4 Date	5 Payoe name	•				
11/11/24	Third Coast S	trategies				
6 Amount (\$)	7 Payee address;	Ocity:	State; Zip Code			
46,000	2961 Riverclest	CL	Tx 78415			
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description				
PURPOSE						
OF EXPENDITURE	Consulting Exp	Social 1	Media consulting			
	(c) Check if travel outside of Texas, Complete Scho	edule T. Check If Austi	in, TX, alliceholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name I	Office sought	Office hold			
Date	Payee name \					
	_		•			
11/19/24	Mark Scott					
Amount (\$)	Payee address;	Clty;	State; Zip Code			
\$6,316,39x	338 Bernuda	LC	7x 78411			
	Category (See Categories listed at the top of this sch	edule) Description				
PURPOSE						
OF EXPENDITURE	Reimbursement Campaign Expenses					
	Chack if travel outside of Texas, Complete Sche	n, TX, officeholder living expense				
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/O			2			
Date	Payee name					
12/31	Anedot					
Amount (\$)	Payee address;	Olly;	State; Zlp Code			
#116.09/2	1340 Poydras	New Orlea	AM LA 70112			
,	Category (Sea Categories listed at the top of this school	dule) Description				
PURPOSE			,			
OF EXPENDITURE	Banking	Online 1	Payment Fees			
	Check if traval outside of Texas, Complete Sche	dulo T. Check if Austh	n, TX, officaholder tiving expense			
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held			
	expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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

		EXPEND	TURE CATE	GORIES F	FOR BOX 8(a)		
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20,000	338	Ben	ruda		CC	TX	78411
8	(a) Categor	y (See Celegories lis		schodule)	(b) Description		
PURPOSE						KS	Strategies
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421,750	338	8 13e	smu o	la	cc	74	78411
	Category	/ (See Categories list	ed at the top of this s	ichadula)	Description		
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		Check if travel outside	of Texas, Complate S	chadule T,	Check if Aunti	in, TX, allicohalder living	g expense
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Amount (\$)	Рауее ас	ldress;			Clly;	State;	Zlp Code
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((See Categories liste			Description	a can anang ga nanan a ma gamatan an an	Commence of the Comment of the Comme
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EXPENDITURE	Spon	v	<u> </u>		NIMMY	sears	
		Check if travel outside o		tvodulo T,	\sime_	n, TX, officeholder living	Andrew Control of the
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		ale / Officeholde	r nam o		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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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 Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel in District Printing Expense Salaries/Wages/Contract Labor GllVAwards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Paymont The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name City: 7 Payee address; State: Zip Code (b) Description PURPOSE OF EXPENDITURE Chack if travel outside of Texas. Complete Schodule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zlp Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zlp Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED