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/ HOLLY T**PROWAS! SERVINY**Y CLE **OFFICEHOLDER** cott NAME SUFFIX AN 12 2024 ADDRESS / PO BOX; APT / SUITE #: 4 CANDIDATE STATE: ZIP CODE **OFFICEHOLDER** Kirbyuille, Tx75956 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409) 422-9929 PHONE Receipt # Amount S MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged NNCON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE-ZIP CODE 7 CAMPAIGN **TREASURER** Kirbyuille, ADDRESS . (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER 409, 489-3581 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day COVERED 07 /01 /2023 31/2023 12/ THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION X Primary Runoff Other Day Description General Special 03 / 05 /2024 13 OFFICE SOUGHT IN KNOWN) Jasper County Sherrift 12 OFFICE OFFICE HELD (if any) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICENCIDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OPPICENCIDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCIDERS 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 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	VI INANGE REPORT	
15 C/OH NAME S	COHYR DUN CON 16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ D
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,248.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 100.00
***	4. TOTAL POLITICAL EXPENDITURES	\$ 29,509.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1739.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and cequired to be reported by me under Title 15, Election Code.	orrect and includes all information
	CILL D 4	
	Signature of Candidate	e or Officeholder
(1) Affidavit	Please complete either option below:	. •
NOTARY STAMP/SE	Sc HI) uncoun	day oi January
Pulage	ify which, witness my hand and seal of office. Paty Wood Staff	Deputy Clerk
Signature of officer admini		Title VI officer (idministering oat:
《五字》中心,从是四部的	在成化了这种的基础也可以必须使用的企业的,并可能 OR TO TOTAL TO TOTAL TO TOTAL	
(2) Unsworn Declar	ation	
My address is 34	(street) (city) (state)	75956 Tasper (zip code) (country)
Executed in	county, State of exas, on the 12 day of 1971 (month)	(year)
	Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH

Scotty R Ounican	20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$31,248.96
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIO	NS .	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	529,509.74
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	ICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	L FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	s
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	s
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURNED	s

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Scotty R Duncan	3 Filer ID (Ethics Commission Filers)
7/18/23	Full name of contributor McDonald Mobile Homes, LLC 6 Contributor address; City; State; Zip Code Tasper Tx 75951 ation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 5000.00
8/18/23	TAR CINC, DBA Into Act, on Recovery Centers Inc Contributor address: City; State; Zip Code Housen, TX 7058	Amount of contribution (S)
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
Date 8 8 23 Principal occus	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (S) 5000.00
Date 8 12 23	Full name of contributor out-of-state PAC (ID#	Amount of contribution (S)
Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED

SCHEDULE A1

	R Duncan			3 Filer ID (Ethics Commission Filers)
1 -	Full name of contributor T. B. (Buck) McLeo	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	Contributor address;	City; Jasper	State; Zip Code	\$ 100.00
Principal occupat	ion / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Sonald Maddox	out-of-state PAC	(ID#:)	Amount of contribution (S)
8/20/33	Contributor address;	Kirbyoill	State: Zip Code	\$ 1,000,00°
Principal occupati	on / Job title (See Instructions)	, , , , , , , , , , , , , , , , , , , ,	Employer (See Instruc	etions)
Date 9/1/23	Full name of contributor Lake Orea Contributor address;	City;	State; Zip Code	Amount of contribution (5)
Principal occupa	tion / Job title (See Instructions)	Zusber	Employer (See Instru	ctions)
Date	Full name of contributor Mitchell New m	_	C (10#	
911/23	Contributor add	Josper	State; Zip Code	1600.00
Principal occupa	ation / Job title (See Instructions)		Employer (See Instru	uctions)

SCHEDULE A1

The Ir	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1:
FILER NAME	Hy R. Duncan		3 Filer ID (Ethics Commission Filers)
10/9/93	G Contributor address; City;	State; Zip Code Sper Tx 75951 9 Employer (See Instruct	7 Amount of contribution (\$)
Principal occup	anon 7 000 the (occ monocons)	2 Employer (oce manaer	
Date 16 23	Full name of contributor out-of- Thickety Creek Land Contributor address City:		Amount of contribution (S)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Principal occup	Full name of contributor		
Date	Full name of contributor out-o	Vi-state PAC (ID#:)	Amount of contribution (S)
19/193	Contributor address: City	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ı ctions)
	ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Scotty R Duncan	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$) \$ 500.00
6 Contributor address: City; State; Zip Code Sun a Tx 17613	200.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (S)
Contributor address: City: State: Zip Code Tasper Tx 15951	00.001
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Pate Full name of contributor out-of-state PAC (ID#: Deborah B Duncani Contributor address; City; State; Zip Code Kirby ville, TX 75956) Amount of contribution (\$) 5000 .00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
Pate Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (S)
Principal occupation / Job title (See Instructions) Employer (See In	structions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit	

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
FILER NAME	Scotty R Duncani		3 Filer ID (Ethics Commission Filers)
Date		State; Zip Code	7 Amount of contribution (\$)
,	702	per Tx 75951	
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (S)
	City; Kirbyville T	State; Zip Code	360.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	10#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	tions)
			· ·

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
dvertising Expense ccounting/Banking ansulting Expense ontributions/Donations Made By Candidate/Officeholder/Political Co redit Card Pannent	Event Expense Fees Food/Beverrige Expense Gitt/Awards/Memonals Expense pmmittee Lugal Services	Office Overheed/Rentel Expense To Polling Expense To Printing Expense To	elicitation/Fundroising Expense ansportation Equipment & Related Expense avel In District avel Out Of District ther (enter a category not listed above)
real Cad raynesia	The Instruction Guide explain	s how to complete this form.	•
Total pages Schedule F1 2	Scotty R Duncan	3	Filer ID (Ethics Commission Filers)
Date 8 123 123 5	Magnolia Park · City	of Kirbyuille	,
Amount (\$) 7	Payee address: 107 S Elizabeth Stree	et Kirbyoille	State; Zip Code
PURPOSE OF EXPENDITURE	a) Calegory ISon Colegories listed at the top of this Event Expense	Building R	ental
	(C) - Check if travel outside of Texas, Complete S	Schedulo T. Check if Austin.	X of ceholity bying expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office nets
8 21 23	Southeast Tx Print	ring Co.	
Amount (S) 4264.16	Payee address; P.O.Box 154 Kin	rby ville, Tx	State Zip Code 1 5956
PURPOSE OF EXPENDITURE	Category 1See Categories listed at the top of this Advertising Printin		ards - T-Shirts
	Check if travel outside of Texas, Complete	Schedule 1 Check if Austin	"A concernier into pales to
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office heid
911/23	Southeast Tx Print P.O. Box 154	ing Co	
Amount (S) 4973.91	Payee address; P.O.Box IS4	Kirbyoille	State. Zip Code TX NS9SI
PURPOSE OF EXPENDITURE	Category (See Categories liked at the top of the Advertising Printi	rs schedulor Description Campaign Campaign Signs	Cords, T.Shirts
	Check it travel outside of Texas. Complete		. In other was very water w
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Care text
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	
		thing clote ty up	Paleon 17113

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 Loan Repayment/Reimbursement Solicitation/Fundralsing Exponse Fees Office Overhead/Rental Expense Transportation Equipment & Robited Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By GifVAwards/Memonals Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanos/Wagos/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. S COHY 1 Total pages Schedule F1 3 Filer ID (Ethics Commission Filers) Duncani 4 Date (1) Quality Meats Jasper 7 Payee address; City: Zip Code 6 Amount (\$) 549 East Gibson 12921 Jasper 246.60 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 meeting to discuss campaign issues 400d | Beverage PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austria TX officeholder laring empense Office sought Office neig Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Ink Wink Express Payee address; **විට Code** Amount (\$) 108 4m 82 East Kirbyville 759SL Description Category (See Categories listed at the top of this schedule) Hats for Advertising Advertising Printing PURPOSE EXPENDITURE Check if Austin Th. (History) or over augumbe Check if travel outside of Texas, Complete Schedule 1 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Everything U Payce address: 222 State Hwy 63 East Zio Code State. Amount (S) Jasper 12931 200.26 Other - Printing. Cups / Stickers, Card PURPOSE Promotional for Campaign OF EXPENDITURE Check if August TA cities trades formly exported Check if travel outside of Texas. Complete Schedule 7 النفية المثال Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 Foed Food/Beverage Expense Grl/Awards/Memorals Expense Legal Services

Loan Repayment/Reimbursement Offica Ovarhead/Rental Expense Polling Expense Printing Expense Satanes/Wagea/Contract Enbor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidato/Officeholder/Political C Credit Card Payment	The Instruction Guide explains how to co		iter a category not listed above)
Total pages Schedule F1:	Scotty R Duncam	3 Filer	ID (Ethics Commission Filers)
Date 9/17/23	Jasper Gamber of Con	Nmei ce	
Amount (\$)	7 Payee address: Soo South Wheeler	City: Jasper 7	State: Ztp Code X 7898 I
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description - Booth Rental	.Butterflytestival
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austri, TX offic	chings (and expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office neig
10/s/23	Everything U. Jasper		
Amount (\$)	Payee address:	City:	State Zo Coria
465.48	222 State Hwy 63	Jasper	1x 75951
PURPOSE OF EXPENDITURE	Category 1500 Categories listed at the top of this schedule) Other Promotional advertisims	Cups Pen	
	Check if travel outside of Texas, Complete Schedule T	Check if Austin T4. cf	loahoster trido expersa
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office heta
10 13 23	Payee name Ink Wink Express		
Amount (S)	Payee address: 302 E Main Street	Kirbyuille -	State Zip Code TX NS9SC
PURPOSE OF EXPENDITURE	Promotional advertising	Hats for Po	o motions
	Check if Baveloutsine of Toras Completo Schedulo 7	Chack " Auster TK :	other have being experien
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Orline head
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
dvertising Expense accounting/Banking ansulting Expense contributions/Donations Made By Candidate/Officaholder/Political C aredit Cerd Payment	Fees Office Food/Beverage Expense Pollin GrlvAwards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ines/Wages/Contract Labor v to complete this form.	Travel In District Travel Out Of District	oment & Related Expense
Total pages Schedule F1: 2	Scotty R Duncan	-	3 Filer ID (Ethic	cs Commission Filers)
Date 10 16 23	Davis Digital			
Amount (\$) .000	7 Payee address: 20880 US 96	Kirphoille	State;	Zip Coda
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising	Digital Campai		nd for
	(c) Chuck if travel outside of Texas. Complete Schedu	leT Check if Aust	in TX offineholder by	न्द्र व्याप्तरङ्क
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office neld
Date 10 24 23	Vektive Media		A ALAST NA. 20 NOTE: OF BUILDING PARTY STATES	Committee of the Commit
Amount (S)	Payee address;	City.	State	Zo Code
b57.08	P.O. Box 362	Brookland	TX	U2d31
PURPOSE OF EXPENDITURE	Category (Sae Categories listed at the top of this sched	Description Graphic Advertisi	Design f Ng & Car	or Campaign ds
	Check if travel outside of Texas. Complete Sched	lule I Chack if Aus	ster TA Liftine tupper t	eng Oxporve
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date Wa	South east Tx Pin	1+		
Amount (S)	Payee address: P.b. Box 154	Kirphnille	T X	7595L
PURPOSE OF EXPENDITURE	Gatagory (See Categories listed at the top of this school advertising Promotion	nel signs	Bannerel	Cards
	Check if travel outside of Toxos. Complete Scho	estato! [] Check / A	warm To . More man	topp escribe
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough:		Office help
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	VEEDED	Paris as 4 files

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
divertising Expense accounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Political redit Card Payment	Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memonals Expense Print	Repayment/Reimbursement Overhead/Rental Expense In Expense In Expense In Expense In Expense In District In District In District In Out Of District Other (enter a category not listed above) To complete this form.
Total pages Schedule F1:	Scotty R Dunkan	3 Filer ID (Ethics Commission Filers)
Ex 18/16pd	Flayeename VIIIe BANNer	
1400.000	7 Payee address: 104 N Kellie Ave	Kirbyuille TX 75956
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Advertising	Campaign advertising
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name Candidate / Officeholder name	Office sought Office neto
Dale 11/8/23	South east Tx Pri P.D. Box 154	nt
Amount (\$) 3461.89	Payee address: P.D. Box 154	Kirthyulle TX 05956
***************************************	Category (See Categories listed at the top of this sched	, <u> </u>
PURPOSE OF EXPENDITURE	Printing	Campaign Signs
OF	Check if travel outside of Toxas Considers School	
OF	Check if travel trustside of Toxas Commisto Sched	
EXPENDITURE Complete ONLY if direct	Check if travel trustside of Toxas Commisto Sched	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	Check if travel outside of Texas Contribate School Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C Date	Check if travel outside of Toxas Contribute School Candidate / Officeholder name H Payee name Tasper County Repub Payee address;	Office sought Office held City Tx. State: Zip Code Evadale Tx. 77615
Complete ONLY if direct expenditure to benefit C/C Date IIIIII 23 Amount (S) PURPOSE OF	Candidate / Officeholder name H Payee name Jasper County Repub Payee address: 20 S CR 880 Category (See Categories listed at the top of this actor)	Office sought Office held Office sought Office held City Seete: Zop Code Evadale Tx. Mols dulo: Description Tiling Tee For Office of County Sherrifs

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 Gitt/Awards/Memonals Expense Legal Services

Laan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

ntributions/Donations Misace By andidate/Officoholder/Politica dil Card Payment		agos/Contract Labor Other tentor a c	category not listed above)
fotal pages Schedule F1:	Scotty R Dunican	3 Filer ID (Ethics Commission Filers)
Pate 11) &	5 Payee name - Rallburn Broad C	costing	
Amount (\$)	7 Payee address:	City, State	zip Code
J00000	NGS Hemphill Street	Jasper TX	75951
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Campaign Adv	ertising
	(c) Chock if travel outside of Texas. Complete Schedule T	Check if Austin TA of seholar	is possid exclosure
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office nekt
Date	Hamburger Depot		,
Amount (\$)	Payee address;	City: Sta	te Zip Code
400.00	283 S Wheeler St	Jasper, T	75951
	Category (See Categories listed at the top of this schedule)	Description	e de la composition de la composition La composition de la composition della composi
PURPOSE OF EXPENDITURE	advertising	Oigital Advert	prising
	Check if travel outcide of Toxas Complete Schedule T	Check if Austra TX unicensis	ter hydgisaseres
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	. Office held
Date	Payee name Buckspring		
Amount (S)	Payee address;	City St	ate; Zo Code
da1.00	4829 US Highway 96 Mod	th Jasper T	ISPZN K
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Other	water for	
OF EXPENDITURE	Promotional	Cambaian	
	Check if travel outsing of Taxas. Complete Schedule T	Chack I Ausan Tr utran	star torrat externa
Complete ONLY if direct expenditure to benefit C		Office sought	Office head

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 Grif/Awards/Memonals Expense Loan Repayment/Reimbursement Office Overhead/Rental Expanse Polling Expense Printing Expense Salanes/Wages/Contract Luber Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political (Credit Card Payment	Committee Legal Services Salanes/We The Instruction Guide explains how to co	ges/Contract Labor Other (enter a category not listed above) emplete this form.
Total pages Schedule F1	SCOHY R DUNCANI	3 Filer ID (Ethics Commission Filers)
Date 18/1/23	5 Payee name Kirbyuille Banner	
700 ioo	7 Payae address: 104 N. Kellie Auc	Kirbyville TX 75956
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schodule) Advertising	(b) Duscription Campaign advertising
	(C) Chack if travel outside of Texas, Complete Schedule T	Check if Austin TX introduction tomog expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
19)1/33	Hamburger Depot	
Amount (\$)	Payee address:	City: State. Zip Code
400.00	283 S Wheeler St	Jasper Tx 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Digital advertising,
	Check if travel outside of Texas. Complete Schedule Y	Check if Austin Ta. Uthophories owing substitute
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 12 1/23	Davis Digital	4
Amount (S)	Payee address;	City. State. Zip Code
250.00	20850 US 96	Kirbville Tx ns9sc
	Catogory (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Digital advertising
	Check if travel outsine of Texas Compilero Schedule 7	Check ! Assists To 15 contages being excenden
Complete ONLY if direct expenditure to benefit C/		Office sought Giffer held
	ATTACH ADDITIONAL COPIES OF TH	IS 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 Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rentel Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Momorials Expense Polling Expense Travel in District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/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 3 Filer ID (Ethics Commission Filers) UN Can Scott 4 Date 5 Payee name AAA7 Payee address: 6 Amount (\$) Zip Code State E DENMAN AVE Lufkin 305 US901 lexas 1888.96 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 advectising | Promotional Signs - Campaign PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austri TX officeholder hind expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Marketing Group Ldeal Payee address; Ziro Coda Amount (\$) P.O. BOX 141416 Irving -15014 Description Category (See Categories listed at the top of this schedule) Campaign Ad on Calenders Advertising PURPOSE 401 Community EXPENDITURE Check if travel outside of Texas, Complete Schedule 7 Check if Austin TX infranciper trong argumas Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City, ಶಾಂಭಿಗಾರಕ Amount (\$) Payee address; State: Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE

Complete ONLY if direct expanditure to benefit C/OH

Check if travel outsing of Texas. Complete Schedule T

Candidate / Officeholder name

Office held

Check if Austin 13 officerunder away expense.

Office sought