

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>Scotty</u> MI: <u>R</u> NICKNAME: _____ LAST: <u>Duncan</u> SUFFIX: _____	OFFICE USE ONLY HOLLY THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS Date Received: _____ FILED JAN 12 2024 By: <u>[Signature]</u> DEPUTY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [Redacted] Kirbyville, Tx 75956	Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____	
<input type="checkbox"/> Change of Address	<input type="checkbox"/>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(409)</u> PHONE NUMBER: <u>423-9929</u> EXTENSION: _____	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [Redacted] Kirbyville, Tx 75956	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Mrs Debbie R</u> MI: _____ NICKNAME: _____ LAST: <u>Duncan</u> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [Redacted] Kirbyville, Tx 75956 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(409)</u> PHONE NUMBER: <u>489-3581</u> EXTENSION: _____	REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
9 REPORT TYPE			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>07 / 01 / 2023</u> THROUGH <u>12 / 31 / 2023</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>03 / 05 / 2024</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Jasper County Sheriff</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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>Scotty R Duncan</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)	\$ 0
	2. 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	\$

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.

Scotty R Duncan
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Scotty Duncan this the 12 day of January, 2024, to certify which, witness my hand and seal of office.
[Signature] Signature of officer administering oath Patty Wagstaff Printed name of officer administering oath Deputy Clerk Title of officer administering oath

(2) Unsworn Declaration

My name is Scotty R Duncan and my date of birth is 10/20/1975
 My address is 34927m 2245 Kirbyville Tx 75956 Jasper
 (street) (city) (state) (zip code) (country)
 Executed in Jasper County, State of Texas, on the 12 day of January, 2024.
 (month) (year)
Scotty R Duncan
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Scotty R Duncan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,248.96
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 29,509.74
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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:

009 9

2 FILER NAME **Scotty R Duncan**

3 Filer ID (Ethics Commission Filers)

4 Date
7/18/23

5 Full name of contributor out-of-state PAC (ID#: _____)
McDonald Mobile Homes LLC

7 Amount of contribution (\$)
\$ 5000.00

6 Contributor address; City; State; Zip Code
[REDACTED] **Jasper, Tx 75951**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/15/23

Full name of contributor out-of-state PAC (ID#: _____)
IAR C INC, DBA INTO ACTION RECOVERY CENTERS, INC

Amount of contribution (\$)
\$ 5000.00

Contributor address; City; State; Zip Code
[REDACTED] **Houston, Tx 77058**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/8/23

Full name of contributor out-of-state PAC (ID#: _____)
Marvin Keith Daniel

Amount of contribution (\$)
\$ 5000.00

Contributor address; City; State; Zip Code
[REDACTED] **Jasper, Tx 75951**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/12/23

Full name of contributor out-of-state PAC (ID#: _____)
**WC Cole
Mary K Cole**

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
[REDACTED] **Buna, Tx 77612-0042**

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.

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: 05 X S
2 FILER NAME Scotty R Duncan		3 Filer ID (Ethics Commission Filers)
4 Date 8/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T.B. (Buck) McLeod	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code [REDACTED] Jasper TX 75951		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Maddox	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Kirbyville Tx 75956		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake Area	Amount of contribution (\$) \$ 1000.00
Contributor address; City; State; Zip Code [REDACTED] Jasper, Tx 75951		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell Newman	Amount of contribution (\$) 1600.00
Contributor address; City; State; Zip Code [REDACTED] Jasper TX 75951		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 345
2 FILER NAME Scotty R. Duncan		3 Filer ID (Ethics Commission Filers)
4 Date 10/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Williford	7 Amount of contribution (\$) \$ 2000.00
6 Contributor address; City; State; Zip Code [REDACTED] Jasper Tx 75951		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thickety Creek Land Investments	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED] Alto, Tx 75925		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crazy Lady LLC - Gail Odom	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code [REDACTED] Alto, Tx 75925-7138		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Don Hatch	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Kirbyville Tx 75956		
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.

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: 005 5
2 FILER NAME Scotty R Duncan		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) That Guy You Know	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code [Redacted] Buna Tx 77612		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 11/08/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe or Dianne Canler	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code [Redacted] Jasper Tx 75951		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 11/19/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah B Duncan	Amount of contribution (\$) 5000.00
Contributor address; City; State; Zip Code [Redacted] Kirbyville, Tx 75956		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 9/21/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troy Weaver	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code [Redacted] Jasper Tx 75951		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 5
2 FILER NAME SCOTTY R DUNCAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARVIN KEITH DANIEL	7 Amount of contribution (\$) 1888.96
6 Contributor address; City; State; Zip Code [REDACTED] Jasper Tx 75951		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah R Duncan	Amount of contribution (\$) 360.00
Contributor address; City; State; Zip Code [REDACTED] Kirbyville Tx 75956		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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	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 8	2 FILER NAME SCOTT R DUNCAN	3 Filer ID (Ethics Commission Filers)
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4 Date 8/23/23	5 Payee name Magnolia Park - City of Kirbyville
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6 Amount (\$) 75.00	7 Payee address: 109 S Elizabeth Street	City: Kirbyville Tx	State: Tx	Zip Code 75956
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Building Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, or other major living expense.	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/23	Payee name Southeast Tx Printing Co.
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Amount (\$) 4264.16	Payee address: P.O. Box 154	City: Kirbyville, Tx	State Tx	Zip Code 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Campaign Cards - T-shirts Banners Signs.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, or other major living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/1/23	Payee name Southeast Tx Printing Co
	P.O. Box 154

Amount (\$) 4973.91	Payee address: P.O. Box 154	City: Kirbyville	State Tx	Zip Code 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Campaign Cards, T-Shirts Banners Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, or other major living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 |
| Contributors/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 8	2 FILER NAME Scotty R Duncan	3 Filer ID (Ethics Commission Filers)
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4 Date 9/11/23	5 Payee name Jasper Quality Meats
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6 Amount (\$) 246.60	7 Payee address: 549 East Gibson	City: Jasper Tx	State: Tx	Zip Code 75951
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description meeting to discuss Campaign issues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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
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Date 9/12/23	Payee name Ink Wink Express
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Amount (\$) 3068.00	Payee address: 1084m 82 East	City: Kirbyville Tx	State: Tx	Zip Code 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing	Description Hats for Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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
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Date 9/15/23	Payee name Everything U
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Amount (\$) 200.26	Payee address: 222 State Hwy 63 East	City: Jasper Tx	State: Tx	Zip Code 75951
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Printing, Promotional	Description Cups /stickers, Card for Campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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
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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: 8	2 FILER NAME Scotty R Duncan	3 Filer ID (Ethics Commission Filers)
4 Date 9/17/23	5 Payee name Jasper Chamber of Commerce	
6 Amount (\$) 100.00	7 Payee address: 500 South Wheeler	City: Jasper State: Tx Zip Code: 75951
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Booth Rental Butterfly Festival
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/5/23	Payee name Everything U. Jasper	
Amount (\$) 465.48	Payee address: 222 State Hwy 63	City: Jasper State: Tx Zip Code: 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Promotional / Advertising	Description Cups / Pen
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/13/23	Payee name INK Wink Express	
Amount (\$) 1515.50	Payee address: 302 E Main Street	City: Kirbyville State: Tx Zip Code: 75956
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotional / Advertising	Description Hats for Promotions
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 8	2 FILER NAME SCOTTY R DUNCAN	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/23	5 Payee name Davis Digital
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6 Amount (\$) 250.00	7 Payee address: 20850 US 96	City: Kirbyville	State: Tx	Zip Code: 75956
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Digital Advertising for Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin, TX officeholder being expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23	Payee name Veetive Media
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Amount (\$) 657.08	Payee address: P.O. Box 362	City: Brookland	State: Tx	Zip Code: 75931
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing/Advertising	Description Graphic Design for Campaign Advertising & Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin, TX officeholder being expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/2	Payee name Southeast Tx Print
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Amount (\$) 346.90	Payee address: P.O. Box 154	City: Kirbyville	State: Tx	Zip Code: 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising / Promotional	Description signs / Banners / Cards for Campaign.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F	<input type="checkbox"/> Check if Austin, TX officeholder being expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1. Total pages Schedule F1: 8	2. FILER NAME SCOTTY R DUNKAN	3. Filer ID (Ethics Commission Filers)
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4. Date 11/8/23	5. Payee name Kirbyville Banner
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6. Amount (\$) 400.00	7. Payee address: 104 N Kellie Ave	City: Kirbyville	State: Tx	Zip Code 75956
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8. PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising	(b) Description Campaign Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austr. TX officeholder being expense	

9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/8/23	Payee name Southeast Tx Print P.O. Box 154
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Amount (\$) 3461.89	Payee address: P.O. Box 154	City: Kirbyville	State: Tx	Zip Code 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing	Description Campaign Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austr. TX officeholder being expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/23	Payee name Jasper County Republican Party Fund
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Amount (\$) 750.00	Payee address: 275 CR 887	City: Evadale	State: Tx	Zip Code 77615
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Fees	Description Filing Fee for Office of County Sheriff
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austr. TX officeholder being expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Scotty R Duncan	3 Filer ID (Ethics Commission Filers)
4 Date 11/8	5 Payee name KJAS - Rayburn Broadcasting	
6 Amount (\$) 900.00	7 Payee address: 765 Hemphill Street	City: Jasper State: TX Zip Code: 75951
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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	Payee name Hamburger Depot		
Amount (\$) 400.00	Payee address: 283 S Wheeler St	City: Jasper, TX	State: TX Zip Code: 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Digital Advertising	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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	Payee name Buckspring		
Amount (\$) 921.00	Payee address: 4829 US Highway 96 North	City: Jasper	State: TX Zip Code: 75951
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Promotional	Description Water for Campaign	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME SCOTTY R DUNCAN	3 Filer ID (Ethics Commission Filers)
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4 Date 12/1/23	5 Payee name Kirbyville Banner
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6 Amount (\$) 400.00	7 Payee address: 104 N. Kellie Ave	City: Kirbyville	State: TX	Zip Code: 75956
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising	(b) Description Campaign Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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
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Date 12/1/23	Payee name Hamburger Depot
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Amount (\$) 400.00	Payee address: 283 S Wheeler St	City: Jasper	State: Tx	Zip Code: 75951
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising	Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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
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Date 12/1/23	Payee name Davis Digital
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Amount (\$) 250.00	Payee address: 20850 US 96	City: Kirbyville	State: Tx	Zip Code: 75956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> 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
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8	2 FILER NAME Scotty Duncan	3 Filer ID (Ethics Commission Filers)
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4 Date 10/17/23	5 Payee name AAA Trophy T Shirts
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6 Amount (\$) 1888.96	7 Payee address: 305 E Denman Ave	City: Lufkin	State: Texas	Zip Code: 75901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising/Promotional	(b) Description Signs - Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/14/23	Payee name Ideal Marketing Group
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Amount (\$) 360.00	Payee address: P.O. Box 141416	City: Irving Tx	State: Tx	Zip Code: 75014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Ad on Calendars for Community
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin TX officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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