

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 MR FIRST SCOTT MI NICKNAME LAST HENRY SUFFIX	OFFICE USE ONLY Date Received RECEIVED SEP 30 2021 BY: <i>[Signature]</i> 9:55 AM									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 16010 MUSTANG GLEN LANE CYPRESS TEXAS 77429 APT / SUITE #; CITY; STATE; ZIP CODE										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214) PHONE NUMBER 529-0396 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS. FIRST TARA MI H NICKNAME LAST BEULAH SUFFIX		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 14115 SUNRISE ARBOR LN CYPRESS TX 77427 APT / SUITE #; CITY; STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) PHONE NUMBER 960-3646 EXTENSION										
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 07 / 17 / 21 THROUGH Month Day Year 09 / 23 / 21										
11 ELECTION	ELECTION DATE Month Day Year 11 / 02 / 21 ELECTION TYPE Primary Runoff Other Description ☒ General Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TRUSTEE POSITION 6									
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. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 0.8em;">GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 0.8em;">SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
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		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)	\$ 2,835.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 72.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,266.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,162.79
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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

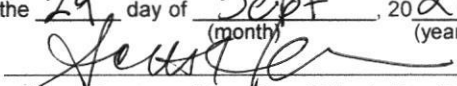
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Scott Henry, and my date of birth is 5-4-69.
My address is 1600 Mustang Glen Ln, Cypress, TX, 77429, Harris.
(street) (city) (state) (zip code) (country)
Executed in Harris County, State of Texas, on the 29 day of Sept, 2021.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,835.00
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	\$
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	\$ 7,266.46
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: 6 of 6
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 8-21-21	5 Full name of contributor out-of-state PAC (ID#: Scott Henry 6 Contributor address; City; State; Zip Code 16010 Mustang Glenn Ln. Cypress TX 77429	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 8-25-21	Full name of contributor out-of-state PAC (ID#: Micheline Hutson Contributor address; City; State; Zip Code 11007 Wortham Blvd. Houston, TX 77065	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 8-28-21	Full name of contributor out-of-state PAC (ID#: Charlie Pennington Contributor address; City; State; Zip Code 11319 Fawn Springs Ct. Cypress TX 77433	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 8-28-21	Full name of contributor out-of-state PAC (ID#: Jack Shell Contributor address; City; State; Zip Code 15515 Northlake Forest Dr Cypress TX 77429	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Sales		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: 2 of 6 6
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 8-31-21	5 Full name of contributor out-of-state PAC (ID#: _____) Burke Miller 6 Contributor address; City; State; Zip Code 12202 Callaway Cove Ct Houston TX 77041	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 9-11-21	Full name of contributor out-of-state PAC (ID#: _____) Naressa Mackinnon Contributor address; City; State; Zip Code 16015 Mustang Glen Ln Cypress TX 77429	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Medical		Employer (See Instructions)
Date 8-25-21	Full name of contributor out-of-state PAC (ID#: _____) Jeff Holderfield Contributor address; City; State; Zip Code 19638 Jackson Brook Way Cypress TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 9-18-21	Full name of contributor out-of-state PAC (ID#: _____) Melissa Rowell Contributor address; City; State; Zip Code 12403 Pantano Dr. Houston TX 77065	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Self employed		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: 3 of 6 6
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 9-18-21	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Avalos 6 Contributor address; City; State; Zip Code 14303 Spring Marsh Ct Cypress TX 77429	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Electrician		9 Employer (See Instructions)
Date 9-18-21	Full name of contributor out-of-state PAC (ID#: _____) Steven Rainer Contributor address; City; State; Zip Code 12915 Azalea Creek Trail Houston TX 77065	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 9-18-21	Full name of contributor out-of-state PAC (ID#: _____) Tom Nobis Contributor address; City; State; Zip Code 16507 Wax Mallow Dr. Houston TX 77095	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9-23-21	Full name of contributor out-of-state PAC (ID#: _____) Charles Walden Contributor address; City; State; Zip Code 4201 South Shackelford Little Rock AR 72204	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Self Employed		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:

4 of 6

6

2 FILER NAME

Scott Henry

3 Filer ID (Ethics Commission Filers)**4** Date

9-22-21

5 Full name of contributor

out-of-state PAC (ID#: _____)

Debra Kelting

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

13310 Kimberly Ln Houston TX 77079

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

9-11-21

Full name of contributor

out-of-state PAC (ID#: _____)

Walter Vargas

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

16011 Mustang Glenn Ln Cypress TX 77429

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

9-8-21

Full name of contributor

out-of-state PAC (ID#: _____)

Cherry Tree Republicans PAC

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

11007 Wortham Blvd Houston TX 77065

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

Date

9-22-21

Full name of contributor

out-of-state PAC (ID#: _____)

Natalie Torres

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

8906 Tarpon Springs Ln Houston TX 77095

Principal occupation / Job title (See Instructions)

Education

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:

5 of 6

2 FILER NAME

Scott Henry

3 Filer ID (Ethics Commission Filers)**4** Date

9-17-21

5 Full name of contributor

Teresa Thomas

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

17122 Ligustrum Trail Tomball TX 77377

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

8-26-21

Full name of contributor

Cody Archer

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

400.00

Contributor address; City; State; Zip Code

16800 West Caramel Apple Tr. Cypress TX 77433

Principal occupation / Job title (See Instructions)

Technology

Employer (See Instructions)

Date

9-18-21

Full name of contributor

April DuBrul

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

17706 Honey Daisy Ct. Cypress TX 77433

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

Date

9-12-21

Full name of contributor

Rodney Deschamps

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

11610 Pebbleton Dr. Houston TX 77070

Principal occupation / Job title (See Instructions)

Self employed

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <u>6 of 6</u>
2 FILER NAME SCOTT HENRY		3 Filer ID (Ethics Commission Filers)
4 Date 9-12-21	5 Full name of contributor out-of-state PAC (ID# _____) Jane Lewis 6 Contributor address; City; State; Zip Code 7619 Rolling Rock St Houston TX 77040	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 9-11-21	Full name of contributor out-of-state PAC (ID# _____) Roxanne Bond Contributor address; City; State; Zip Code 19511 Cisco Ct Cypress TX 77433	Amount of contribution (\$) 50.00
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.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: (1 of 7) 7	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 8-6-21	5 Payee name Haas Studios	
6 Amount (\$) 400.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 17914 Platinum Springs Dr Tomball TX 77375	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Headshots
	(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 9/22/21	Payee name Community Impact	
Amount (\$) 1255.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3600 Palm Valley Blvd Box #3 Round Rock TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ad
	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 9-19-21	Payee name Frio Grill	
Amount (\$) 327.99 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16410 Mueschke Rd Cypress TX 77433	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Food
	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 PERSONAL FUNDS

SCHEDULE G

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 G: <u>12 of 7</u> - 7		2 FILER NAME <u>Scott Henry</u>		3 Filer ID (Ethics Commission Filers)	
4 Date 9-16-21		5 Payee name Envato			
6 Amount (\$) 35.72 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 16122 Collins St West Melbourne Victoria Australia 8007			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Professional Stock photography		
	(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 9-23-21		Payee name JG Media/Community Impact Newspaper			
Amount (\$) 291.10 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3600 Palm Valley Blvd Box #3 Round Rock TX 78665			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ad		
	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 8-20-21		Payee name Next Day Flyers			
Amount (\$) 178.01 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 8000 Haskell Ave. Van Nuys, CA 91406			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Cards		
	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					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: (3 of 7) 7	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-2021	5 Payee name Build A Sign	
6 Amount (\$) 645.17 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525A Stonehollow Dr. STE100 Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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		
Date 9-7-21	Payee name Rush Order Tees	
Amount (\$) 292.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2727 Commerce Way Philadelphia PA 19154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts
	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		
Date 8-5-21	Payee name Wix.com	
Amount (\$) 149.38 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 40 Namal Tel Aviv 6350671 Israel	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <u>(4 of 7) 7</u>		2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)	
4 Date 7-27-21		5 Payee name GoDaddy.com			
6 Amount (\$) 12.17 ☒ Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 14455 N Hayden Rd STE 219 Scottsdale AZ 85260			
8 PURPOSE OF EXPENDITURE		(a) Category, (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website	
		(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					
Date 8-16-21		Payee name Envato			
Amount (\$) 35.72 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 16122 Collins St West Melbourne Victoria Australia 8007			
PURPOSE OF EXPENDITURE		Category, (See Categories listed at the top of this schedule) Advertising Expense		Description Stock Photography	
		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					
Date 8-16-2021		Payee name GoDaddy.com			
Amount (\$) 25.85 ☒ Reimbursement from political contributions intended		Payee address; City; State; Zip Code 14455 N Hayden Rd STE 219 Scottsdale AZ 85260			
PURPOSE OF EXPENDITURE		Category, (See Categories listed at the top of this schedule) Advertising Expense		Description Website	
		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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: (5 of 7) 7	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 8-30-21	5 Payee name UZ Marketing	
6 Amount (\$) 857.71 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5900 Bingle Rd Houston TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category. (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Web
	(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 9-12-21	Payee name Next Day Flyers	
Amount (\$) 140.85 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8000 Haskell Ave Van Nuys CA 91406	
PURPOSE OF EXPENDITURE	Category. (See Categories listed at the top of this schedule) Advertising Expense	Description Car Magnets
	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 9-16-21	Payee name Facebook	
Amount (\$) 85.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category. (See Categories listed at the top of this schedule) Advertising Expense	Description Ads
	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 PERSONAL FUNDS

SCHEDULE G

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 G: (6 of 7) 7	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9-8-21	5 Payee name Office Max	
6 Amount (\$) 31.78 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 25821 HWY 290 E Cypress TX 77429	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation Fundraising Expense	(b) Description Nametags
	(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 8-27-21	Payee name US Postal Service	
Amount (\$) 16.50 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16635 Spring Cypress Rd Cypress TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 9-15-21	Payee name UZ Marketing	
Amount (\$) 1664.54 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5900 Bingle Rd Houston TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs/Cards
	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		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 7 of 7	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9-14-21	5 Payee name Anthem Printing	
6 Amount (\$) 253.06 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2591 Dallas Parkway Frisco TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	
	(b) Description cards	
(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 9-15-21	Payee name UZ Marketing	
Amount (\$) 68.91 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5900 Bingle Rd Houston TX 77092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description Cards	
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 8-16-21	Payee name Scott Henry Campaign	
Amount (\$) 500.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16010 Mustang Glen Ln Cypress TX 77429	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	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		

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