

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST SCOTT MI A NICKNAME LAST HENRY SUFFIX	OFFICE USE ONLY Date Received Received 10/25/2021 9:50AM <i>W/R</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 16010 MUSTANG GLEN CYPRESS TX 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 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 77429 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 09 / 24 / 21 THROUGH Month Day Year 10 / 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)	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.		
Additional Pages	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
Scott Henry

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)	\$ 5,235.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,998.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,038.18
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 16010 Mustang Glen Ln, Cypress, TX, 77429, USA.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 25 day of Oct, 20 21.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Scott Henry****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,090.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,145.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3165.18
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	\$ 2,833.24
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: 1 of 4
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 9-28-21	5 Full name of contributor out-of-state PAC (ID#: Mary Ann Jackson 6 Contributor address; City; State; Zip Code 11611 Breckan Ct Cypress TX 77429	7 Amount of contribution (\$) 40.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 9-28-21	Full name of contributor out-of-state PAC (ID#: Burke Miller Contributor address; City; State; Zip Code 12202 Calaway Cove Ct Houston TX 77041	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 10-3-21	Full name of contributor out-of-state PAC (ID#: Matt Faith Contributor address; City; State; Zip Code 20922 Golden Sycamore Tree Cypress TX 77433	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Production and Planning Mgr		Employer (See Instructions) PCCA
Date 10-4-21	Full name of contributor out-of-state PAC (ID#: Clark Denson Contributor address; City; State; Zip Code 14003 Conway Landing Cypress TX 77429	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
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 4
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 10-14-21	5 Full name of contributor out-of-state PAC (ID#: _____) Caleb Potter 6 Contributor address; City; State; Zip Code 15326 Rocky Bridge Ln Cypress TX 77433	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Police Officer		9 Employer (See Instructions) CFISD
Date 10-8-21	Full name of contributor out-of-state PAC (ID#: _____) Dan Novosad Contributor address; City; State; Zip Code 15527 Stoneridge Park Ln Cypress TX 77429	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Desalters LLC		Employer (See Instructions) Desalters LLC
Date 10-7-21	Full name of contributor out-of-state PAC (ID#: _____) Theodore Rivera Contributor address; City; State; Zip Code 10618 Sunswept Fields Ln Houston TX 77064	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 10-21-21	Full name of contributor out-of-state PAC (ID#: _____) Michelle Wilhem Contributor address; City; State; Zip Code 21007 W Farwood Terrace Cypress TX 77433	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		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 4
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 10-6-21	5 Full name of contributor out-of-state PAC (ID#: _____) Jennifer Everage 6 Contributor address; City; State; Zip Code 17807 Fairhaven Park Ct Cypress TX 77433	7 Amount of contribution (\$) 1,000
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 10-3-21	Full name of contributor out-of-state PAC (ID#: _____) Terry Wheeler Contributor address; City; State; Zip Code 13802 Magnolia Manor Dr. Cypress TX 77429	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 10-13-21	Full name of contributor out-of-state PAC (ID#: _____) Steven Henze Contributor address; City; State; Zip Code 1338 Chelshurst Way Spring TX 77379	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 9-29-21	Full name of contributor out-of-state PAC (ID#: _____) Ashley Kosub Contributor address; City; State; Zip Code 13310 BLACKBIRD DR Cypress TX 77429	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
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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: 4 of 4
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 10-3-21	5 Full name of contributor out-of-state PAC (ID# _____) William Ely 6 Contributor address; City; State; Zip Code 20715 Orange Poppy Dr. Cypress TX 77433	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions)
Date 10-18-21	Full name of contributor out-of-state PAC (ID# _____) Melinda Jennings Contributor address; City; State; Zip Code 9627 HANGING MOSS TRL Houston TX 77064	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-22-21	Full name of contributor out-of-state PAC (ID# _____) Cynthia Boutwell Contributor address; City; State; Zip Code 17506 BOBCAT TRL Cypress TX 77429	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Realtor		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.		

SCHEDULE A2

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

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10		2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name HEB			
6 Amount (\$) 84.18		7 Payee address; City; State; Zip Code P.O. Box 839999 San Antonio, TX 78283			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Event 10-5-21		
	(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 10-18-21		Payee name Scott Henry			
Amount (\$) 2,000.00		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) Reimbursement		Description reimbursement		
	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 10-13-21		Payee name Scott Henry			
Amount (\$) 1,000.00		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) Reimbursement		Description reimbursement		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 20	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9-27-21	5 Payee name Michelle Doubet	
6 Amount (\$) 56.00	7 Payee address; City; State; Zip Code 18215 Nolan River Way Cypress TX 77433	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description meet and greet event
	(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 9-29-21	Payee name CyFair Republican Women	
Amount (\$) 25.00	Payee address; City; State; Zip Code 10730 Barker Cypress Rd Suite C PMB 153 Cypress TX 77433	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description luncheon
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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		

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	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: 102		2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)	
4 Date 10-16-21		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 ad 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 9-25-21		Payee name Facebook			
Amount (\$) 136.24 ☒ 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		
	(c) 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 10-19-21		Payee name Facebook			
Amount (\$) 135.63 ☒ 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		
	(c) 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	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: 202		2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)	
4 Date 10-7-21		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) Printing Expense		(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9-23-21		Payee name Community Impact			
Amount (\$) 873.28 ☒ 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 9-27-21		Payee name UZ Marketing			
Amount (\$) 794.66 ☒ 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		
	Check if travel outside of Texas. Complete Schedule T.		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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