AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA
PG 1

1 CANDIDATE NAME	2 FILER ID #	3 Total pages filed:
SCOTT HENRY		1

See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME
NEW | MS / MRS / MR | FIRST | MI
MR. SCOTT HENRY
NICKNAME | LAST | SUFFIX

5 CANDIDATE MAILING ADDRESS
NEW | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE
16010 MUSTANG GLEN, CYPRESS, TX 77429

6 CANDIDATE PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
(214) 529-0396

7 OFFICE HELD (if any)
NEW
ELECTED TO BOARD TRUSTEE POSITION 6

8 OFFICE SOUGHT (if known)
NEW
BOARD TRUSTEE POSITION 6

9 CAMPAIGN TREASURER NAME
NEW | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX
JENNIFER HENRY

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
NEW | STREET ADDRESS; | APT / SUITE #; | CITY; | STATE; | ZIP CODE
16010 MUSTANG GLEN, CYPRESS, TX 77429

11 CAMPAIGN TREASURER PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
(214) 529-0396

12 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

1-16-22
Date Signed

OFFICE USE ONLY

Date Received RECEIVED
JAN 18 2022
BY:

Date Hand-delivered or Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

AMENDMENT:

CANDIDATE MODIFIED REPORTING DECLARATION

FORM **ACTA**

PG **2**

13 CANDIDATE NAME	
14 MODIFIED REPORTING DECLARATION	NEW

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than $940 in political contributions or make more than $940 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

_____
Year of election(s) or election cycle to which declaration applies

_____
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

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:

OFFICE USE ONLY

Date Received

RECEIVED
JAN 18 2022
BY:

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Scott | MI:

NICKNAME | LAST: Henry | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 16010 Mustang Glen Cypress TX 77429

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (214) | PHONE NUMBER: 5290396 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: Tara | MI:

NICKNAME | LAST: Beulah | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 14115 Sunrise Arbor Ln Cypress TX 77429

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 / 01 / 21 THROUGH 12 / 31 / 21

11 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: Primary | Runoff | Other Description | General | Special

12 OFFICE

OFFICE HELD (if any): Cy Fair Trustee Position 6

13 OFFICE SOUGHT (if known)

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.

COMMITTEE TYPE: GENERAL / SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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)
SCOTT HENRY	

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)	$ 17,120.72
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 14,714.88
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
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 16 day of Jan (month), 20 22 (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)
SCOTT HENRY	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 6,475.00
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 10,645.72
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4,615.18
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	$ 10,099.70
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:

2 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
8-21-21	Scott Henry 6 Contributor address; City; State; Zip Code 16010 Mustang Glenn Ln. Cypress TX 77429	10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Sales	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8-25-21	Micheline Hutson Contributor address; City; State; Zip Code 11007 Wortham Blvd. Houston, TX 77065	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8-28-21	Charlie Pennington Contributor address; City; State; Zip Code 11319 Fawn Springs Ct. Cypress TX 77433	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
self employed	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8-28-21	Jack Shell Contributor address; City; State; Zip Code 15515 Northlake Forest Dr Cypress TX 77429	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8-31-21	Burke Miller 12202 Callaway Cove Ct Houston TX 77041	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Unemployed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-11-21	Naressa Mackinnon 16015 Mustang Glen Ln Cypress TX 77429	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Medical	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-25-21	Jeff Holderfield 19638 Jackson Brook Way Cypress TX 77429	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-18-21	Melissa Rowell 12403 Pantano Dr. Houston TX 77065	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
9-18-21	Michael Avalos 14303 Spring Marsh Ct Cypress TX 77429	250.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Electrician	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-18-21	Steven Rainer 12915 Azalea Creek Trail Houston TX 77065	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-18-21	Tom Nobis 16507 Wax Mallow Dr. Houston TX 77095	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-23-21	Charles Walden 4201 South Shackleford Little Rock AR 72204	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self Employed	

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)
9-22-21	Debra Kelting 13310 Kimberly Ln Houston TX 77079	50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Self Employed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-11-21	Walter Vargas 16011 Mustang Glenn Ln Cypress TX 77429	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Sales	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-8-21	Cherry Tree Republicans PAC 11007 Wortham Blvd Houston TX 77065	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
n/a	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-22-21	Natalie Torres 8906 Tarpon Springs Ln Houston TX 77095	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Education	

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-17-21	Teresa Thomas 17122 Ligustrum Trail Tomball TX 77377	250.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8-26-21	Cody Archer 16800 West Caramel Apple Tr. Cypress TX 77433	400.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Technology	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-18-21	April DuBrul 17706 Honey Daisy Ct. Cypress TX 77433	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-12-21	Rodney Deschamps 11610 Pebbleton Dr. Houston TX 77070	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Self employed	

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 FILER NAME
SCOTT HENRY

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-12-21	Jane Lewis 7619 Rolling Rock St Houston TX 77040	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-11-21	Roxanne Bond 19511 Cisco Ct Cypress TX 77433	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.

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9-28-21	Mary Ann Jackson 11611 Breckan Ct Cypress TX 77429	40.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
unemployed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9-28-21	Burke Miller 12202 Calaway Cove Ct Houston TX 77041	250.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
unemployed	

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10-3-21	Matt Faith 20922 Golden Sycamore Tree Cypress TX 77433	20.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Production and Planning Mgr	PCCA

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10-4-21	Clark Denson 14003 Conway Landing Cypress TX 77429	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
unemployed	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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
10-14-21	Caleb Potter 15326 Rocky Bridge Ln Cypress TX 77433	100.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Police Officer	CFISD

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10-8-21	Dan Novosad 15527 Stoneridge Park Ln Cypress TX 77429	25.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Desalters LLC	Desalters LLC

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10-7-21	Theodore Rivera 10618 Sunswept Fields Ln Houston TX 77064	50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Investor	Self

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
10-21-21	Michelle Wilhem 21007 W Farwood Terrace Cypress TX 77433	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Realtor	

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10-6-21	Jennifer Everage 17807 Fairhaven Park Ct Cypress TX 77433	1,000	unemployed	
Date 10-3-21	Full name of contributor / out-of-state PAC (ID#:) Terry Wheeler Contributor address; City; State; Zip Code 13802 Magnolia Manor Dr. Cypress TX 77429	Amount of contribution ($) 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)

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 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____)) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
10-3-21	William Ely 20715 Orange Poppy Dr. Cypress TX 77433	500.00	IT	
Date	Full name of contributor (out-of-state PAC (ID#:_____)) Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
10-18-21	Melinda Jennings 9627 HANGING MOSS TRL Houston TX 77064	25.00		
Date	Full name of contributor (out-of-state PAC (ID#:_____)) Contributor address; City; State; Zip Code	Amount of contribution ($)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
10-22-21	Cynthia Boutwell 17506 BOBCAT TRL Cypress TX 77429	100.00	Realtor	
Date	Full name of contributor (out-of-state PAC (ID#:_____)) Contributor address; City; State; Zip Code	Amount of contribution ($)	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.

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 FILER NAME
SCOTT HENRY

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10-27-21	RICHARD BYE **6** Contributor address; City; State; Zip Code 11031 MAYBERRY HEIGHTS CYPRESS 77433	50.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
UNEMPLOYED	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
11-3-21	FRED ZIEHE Contributor address; City; State; Zip Code 8409 HAWAII LN JERSEY VILLAGE 77040	500.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ENGINEER	RYDER SCOTT

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME Scott Henry	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
9-27-21	FFOT PAC **7** Contributor address; City; State; Zip Code PO Box 341027 Austin TX 78734	2,038.38	advertising Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) GPAC Texas	**11** Employer (FOR NON-JUDICIAL) (See Instructions) n/a
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
10-20-21	Teresa Thomas Contributor address; City; State; Zip Code 17122 LIGUSTRUM TRL Tomball TX 77377	107.34	advertising/ signage Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME SCOTT HENRY	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
10-26-21	CONSERVATIVE REPUBLICANS OF HARRIS CC **7** Contributor address; City; State; Zip Code P.O. BOX 75190 HOUSTON TX 77234	8500.00	MAILERS CALLS AND TEXTS Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Contributor address; City; State; Zip Code		Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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

Date	Payee name
10-18-21	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name / Office sought / Office held

Date	Payee name
10-13-21	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 ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

4 Date	5 Payee name
9-27-21	Michelle Doubet

6 Amount ($)	7 Payee address; City; State; Zip Code
56.00	18215 Nolan River Way Cypress TX 77433

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	meet and greet event
	(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	Payee name
9-29-21	CyFair Republican Women

Amount ($)	Payee address; City; State; Zip Code
25.00	10730 Barker Cypress RdSuite C PMB 153 Cypress TX 77433

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food Beverage Expense	luncheon
	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	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 ONLY 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 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:

2 FILER NAME: SCOTT HENRY

3 Filer ID (Ethics Commission Filers)

4 Date: 11-12-21

5 Payee name: SCOTT HENRY

6 Amount ($): 1300.00

7 Payee address; City; State; Zip Code: 16010 MUSTANG GLEN CYPRESS TX 77429

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): REIMBURSEMENT

(b) Description:

(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: 12-20-21

Payee name: CHERRY TREE REPUBLICANS PAC

Amount ($): 150.00

Payee address; City; State; Zip Code: 11007 WORTHAM BLVD HOUSTON TX 77065

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: CHRISTMAS 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:

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 ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Payment 1

4 Date	5 Payee name
8-6-21	Haas Studios

6 Amount ($)	7 Payee address; City; State; Zip Code
400.00 ✓ Reimbursement from political contributions intended	17914 Platinum Springs Dr Tomball TX 77375

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Headshots
	(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

Payment 2

Date	Payee name
9/22/21	Community Impact

Amount ($)	Payee address; City; State; Zip Code
1255.00 ✓ Reimbursement from political contributions intended	3600 Palm Valley Blvd Box #3 Round Rock TX 78665

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	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

Payment 3

Date	Payee name
9-19-21	Frio Grill

Amount ($)	Payee address; City; State; Zip Code
327.99 ✓ Reimbursement from political contributions intended	16410 Mueschke Rd Cypress TX 77433

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Event	Food
	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Expenditure 1

4 Date	5 Payee name
9-16-21	Envato

6 Amount ($)	7 Payee address; City; State; Zip Code
35.72 ✔ Reimbursement from political contributions intended	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)	(b) Description
Advertising Expense	Professional Stock photography

(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

Expenditure 2

Date	Payee name
9-23-21	JG Media/Community Impact Newspaper

Amount ($)	Payee address; City; State; Zip Code
291.10 ✔ Reimbursement from political contributions intended	3600 Palm Valley Blvd Box #3 Round Rock TX 78665

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	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

Expenditure 3

Date	Payee name
8-20-21	Next Day Flyers

Amount ($)	Payee address; City; State; Zip Code
178.01 ✔ Reimbursement from political contributions intended	8000 Haskell Ave. Van Nuys, CA 91406

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing Expense	Cards

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

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: (3 of 3)	2 FILER NAME: Scott Henry	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
9-8-2021	Build A Sign

6 Amount ($)	7 Payee address; City; State; Zip Code
645.17 ✔ Reimbursement from political contributions intended	11525A Stonehollow Dr. STE100 Austin TX 78758

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	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

Expenditure 2

Date	Payee name
9-7-21	Rush Order Tees

Amount ($)	Payee address; City; State; Zip Code
292.00 ✔ Reimbursement from political contributions intended	2727 Commerce Way Philadelphia PA 19154

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	T-shirts

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

Expenditure 3

Date	Payee name
8-5-21	Wix.com

Amount ($)	Payee address; City; State; Zip Code
149.38 ✔ Reimbursement from political contributions intended	40 Namal Tel Aviv 6350671 Israel

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Website

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

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: (1 of 1) 27

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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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 ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

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 ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Expenditure 1

4 Date	5 Payee name
8-30-21	UZ Marketing

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
857.71	5900 Bingle Rd Houston TX 77092			

✔ Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Web

(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

Expenditure 2

Date	Payee name
9-12-21	Next Day Flyers

Amount ($)	Payee address;	City;	State;	Zip Code
140.85	8000 Haskell Ave Van Nuys CA 91406			

✔ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Car Magnets

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

Expenditure 3

Date	Payee name
9-16-21	Facebook

Amount ($)	Payee address;	City;	State;	Zip Code
85.00	1 Hacker Way Menlo Park CA 94025			

✔ Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Ads

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Expenditure 1

4 Date	5 Payee name
9-8-21	Office Max

6 Amount ($)	7 Payee address; City; State; Zip Code
31.78 ✔ Reimbursement from political contributions intended	25821 HWY 290 E Cypress TX 77429

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Solicitation Fundraising Expense	Nametags

(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

Expenditure 2

Date	Payee name
8-27-21	US Postal Service

Amount ($)	Payee address; City; State; Zip Code
16.50 ✔ Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

Expenditure 3

Date	Payee name
9-15-21	UZ Marketing

Amount ($)	Payee address; City; State; Zip Code
1664.54 ✔ Reimbursement from political contributions intended	5900 Bingle Rd Houston TX 77092

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Signs/Cards

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Expenditure 1

4 Date	5 Payee name
9-14-21	Anthem Printing

6 Amount ($)	7 Payee address; City; State; Zip Code
253.06	2591 Dallas Parkway Frisco TX 75034
✔ Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	cards
	(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

Expenditure 2

Date	Payee name
9-15-21	UZ Marketing

Amount ($)	Payee address; City; State; Zip Code
68.91	5900 Bingle Rd Houston TX 77092
✔ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Cards
	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

Expenditure 3

Date	Payee name
8-16-21	Scott Henry Campaign

Amount ($)	Payee address; City; State; Zip Code
500.00	16010 Mustang Glen Ln Cypress TX 77429
✔ Reimbursement from political contributions intended	

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 ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
107	Scott Henry	

4 Date	5 Payee name
10-16-21	Envato

6 Amount ($)	7 Payee address; City; State; Zip Code
35.72 ✓ Reimbursement from political contributions intended	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)	(b) Description
	Advertising Expense	ad photography
	(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	Payee name
9-25-21	Facebook

Amount ($)	Payee address; City; State; Zip Code
136.24 ✓ Reimbursement from political contributions intended	1 Hacker Way Menlo Park CA 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Ads
	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	Payee name
10-19-21	Facebook

Amount ($)	Payee address; City; State; Zip Code
135.63 ✓ Reimbursement from political contributions intended	1Hacker Way Menlo Park CA 94025

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Ads
	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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Scott Henry	

Expenditure 1

4 Date	5 Payee name
10-7-21	UZ Marketing

6 Amount ($)	7 Payee address; City; State; Zip Code
857.71	5900 Bingle Rd Houston TX 77092
✓ Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Printing Expense	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

Expenditure 2

Date	Payee name
9-23-21	Community Impact

Amount ($)	Payee address; City; State; Zip Code
873.28	3600 Palm Valley Blvd Box#3 Round Rock TX 78665
✓ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	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

Expenditure 3

Date	Payee name
9-27-21	UZ Marketing

Amount ($)	Payee address; City; State; Zip Code
794.66	5900 Bingle Rd Houston TX 77092
✓ Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing Expense	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED