CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

Filer ID (Ethics Commission Filers)

2 Total pages filed: 8

OFFICE USE ONLY
FILED IN THE ELECTION OFFICE OF CLEAR CREEK ISD
Date Received
MAY 9 2025
2:14 pm O'CLOCK
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR | FIRST: SCOTT | I: A
NICKNAME | LAST: BOWEN | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX | APT / SUITE #: | CITY | STATE | ZIP CODE
15703 FIRTHRIDGE CT. WEBSTER, TX 77598

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE | PHONE | EXTENSION
(713) 825-4470

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: SCOTT | I: A
NICKNAME | LAST: BOWEN | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS / PO BOX / SUITE # | CITY | STATE | ZIP CODE
15703 FIRTHRIDGE CT. WEBSTER, TX 77598

8 CAMPAIGN TREASURER PHONE
AREA CODE | PHONE | EXTENSION
(713) 825-4470

9 REPORT TYPE
☐ January 15 | ☐ | ☐ | ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 | ☐ | ☐ Modified Limit | ☒ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year
4 / 24 / 25 THROUGH 5 / 9 / 25

11 ELECTION
ELECTION Month Day Year: 5 / 3 / 25 | ☒
☐ Runoff | ☐ Special | ELECTION TYPE: Other Description

12 OFFICE
OFFICE HELD (if any): CCISD TRUSTEE AT LARGE
13 OFFICE SOUGHT (if known): CCISD TRUSTEE AT LARGE

14 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR THE CANDIDATE'S OR OFFICEHOLDER'S CONSENT. CANDIDATE OR POLITICAL COMMITTEES HAVE BEEN MADE TO REPORT THIS INFORMATION.
EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT OR OPPOSE THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☒ GENERAL ☐ SPECIFIC
COMMITTEE TITLE: BAY AREA CONSERVATIVES PAC
919 DAVIS RD. LEAGUE CITY, TX 77573
TREASURER NAME: SARAH GREEN
TREASURER ADDRESS: 1711 GUNWALE RD. HOUSTON, TX 77062

TO PAGE 2

CANDI ATE ... FICEHOLDER CAMPAIGN FIN... NCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		Filer ID (... Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED ... POLITICAL CONTRIBUTIONS ... OF ... ALLY)	$	0
	TOTAL POLITICAL CONTRIBUTIONS ... GUARANTEE ... OF ... S)	$	100.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$	572.73
		$	12,068.49
CONTRIBUTION BALANCE	TOTAL ... CONTRIBUTIONS ... REPORTING PERIOD ... OF ... MAY	$	0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL ... OUTSTANDING LOANS ... OF THE ... D	$	0

18 SIGNATURE I s... accompanying rep... true and correct ... includes all information re...

Scott Bowen (signature)

Signature of Candidate or Officeholder

JENA BROWN
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/05/25
NOTARY ID 13119669-5

...se ... complete either ... on ... below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed ... Scott Bowen ... this 9 day of May, 20 25, ... certify ... witness my hand ... seal ...

Jena Brown (signature) Jena Brown Notary

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

(2) Unsworn Declaration

My name is ______________________, and my date of birth is ______________________.

My address is ______________________, ______, ______, ______.
(street) (city) (state) (zip code) (country)

Executed in ______________ County, State of ______________, on the ______ day of ______, ______.
(month) (year)

____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/O

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Scott Bowen	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY [illegible]	$ 100.00
2.	☒	SCHEDULE A2: NON-MONETARY [illegible] CONTRIBUTIONS	$ 15,000.00
3.	☐	SCHEDULE B: PLEDGED C[illegible]	$
4.	☐	SCHEDULE E: LOANS	$
5.	☒	SCHEDULE F1: POLITICAL [illegible] POLITICAL CONTRIBUTIONS	$ 4,195.76
6.	☐	SCHEDULE F2: UNPAI[illegible]	$
7.	☐	SCHEDULE F3: PURCHAS[illegible] FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDIT[illegible]	$
9.	☒	SCHEDULE G: POLITICAL EX[illegible] PERSONAL FUNDS	$ 7,300.00
10.	☐	SCHEDULE H: PAYME[illegible] IBUTIO[illegible] TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITIC[illegible] OM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, C[illegible] TO[illegible] AND CONTRIBUTIONS RETURNED	$

MONETARY POLITICA[illegible] [illegible]ONS

SCHEDULE A1

If the requested information is not ap[illegible] include this page in the report.

The Instruction Guide explai[illegible]	1 Total pages Schedule A1: 1
2 FILER NAME: Scott Bowen	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contribut[illegible] / 6 Contributor address; [illegible] Zip Code	7 Amount of contribution ($)
4/29/25	Vergel Cruz / 1302 Hewitt Dr. Houston, TX 77018	100.00
8 Principal occupation / Job title (See Instru[illegible]	9 Employer (See Instructions)	

Date	Full name of contribut[illegible] / Contributor address; [illegible] Zip Code	Amount of contribution ($)
Principal occupation / Job title (See Instru[illegible]	[illegible]tions)	

Date	Full name of contributor / Contributor address; [illegible] Zip Code	Amount of contribution ($)
Principal occupation / Job title ([illegible] Instru[illegible]	[illegible]structions)	

Date	Full name of contribut[illegible] / Contributor address; [illegible]	Amount of contribution ($)
Principal occupation / Job title (See Instru[illegible]	[illegible]yer ([illegible]tions)	

[illegible]TAC[illegible] AS NEEDED

If contributor [illegible]t-of-st[illegible]tional reporting requirements.

NON-MONETA RY (IN-K ... ICAL CONTRIBUTION

SCH DULE A2

If the requested informatior ... nt ap ... DO ... clude this pa ... in the report.

The Instructio Gui ... form.

To ... s Schedule A2: 1

2 FILER NAM SCOTT BOWEN

Filer ... Ethics Commis ... lers)

4 TOTAL OF UNITEMIZE ... KIN ... TRIBUTI ... —

5 Date	Full nan of c	Am of Co tion $	9 In d contribution d iption
5/9/25	SCOTT BOWEN	15,000	LOAN FORGIVEN
	7 Contributor ad ... e; Zip C: 15703 FIREATHRIDGE CT. WEBSTER, TX 77598	Chec ravel outside of Te	Complete Schedule T.

10 Principal occu ation / Job le (... ns): CHEMICAL ENGINEER

11 ... OR ... -JUDICIAL)(Se structions): TPC GROUP

12 Contributor's incipal occ ati ... : —

... s jo ... FOR JUDICI ee Instructions): —

14 Contributor's nployer/la m ... JUD: —

... f cont r's spouse (if (FOR JUDICIAL): —

16 If contributor a child, la ... m: —

Date	Full na of	An of Co tion $	d contribution ption
	Contribu r ad ... te; Zi	Ch avel outside of Te	Complete Schedule T.

Principal occ tion / Jo ... ns)

... O -JUDICIAL)(structions)

Contributor's cipal occ

's jo FOR JUDIC ee Instructions)

Contributor's nployer/la m JUD

cont r's spouse (if a (FOR JUDICIAL)

If contributor child, la

... AC ... OF THIS ... ASN ... DED

If contribut is ... uction ... porting requir ments.

POLITICAL EXPE DITU R MADE FROM POLITICA CON T J.ONS

SCHEDULE F1

If the requested informatio s not a li DO NOT in e t pag in th report.

EX JI E CATEG IES R (a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committ
Credit Card Payment
Event
Fees
Food/
Gift/Av
Legal
The ains
Solicitation/F fraising Expense
Transportatio uipment & Related Expense
Travel In Dis
Travel Out C rict
Other (enter tegory not listed above)

1 Total pages Schedule F1: 1	2 FIL AME SCOTT BOWEN	3 Filer ID hics Commission Filers)
4 Date 5/2/25	5 Paye ame BALLOT BRAIN, INC.	
6 Amount ($) 2,482.76	7 Pay ddress; 5900 BALCONES DRIVE ST. 21065, AUSTIN TX 78731	St Zip Code
8 PURPOSE OF EXPENDITURE	(a) Cat ory (See C is ti ADVERTISING TEXTS	
	(c) Check if n, TX, officehold ing expense	
9 Complete ONLY if direct expenditure to benefit C/OH	C date / O Office held	

Date 4/29/25	Pay ame THE YATES COMPANY	
Amount ($) 1,313.00	Pay ddress; 3403 SHADYCREST DR. PEARLAND, TX 77581	Sta Zip Code
PURPOSE OF EXPENDITURE	Cat y (See Ca tio ADVERTISING/CONSULTING DESIGN/MAIL	
	Check if Sc n, TX, officehold ing expense	
Complete ONLY if direct expenditure to benefit C/OH	C date / O Office held	

Date	Pay ame	
Amount ($)	Payee ddress; ty	Sta Zip Code
PURPOSE OF EXPENDITURE	Cat y (See Cat	
	Check if Sc n, TX, officehold living expense	
Complete ONLY if direct expenditure to benefit C/OH	C date / Office Office held	

TACH A EE NEEDED

POLITICAL E[illegible]PE[illegible]DITU[illegible] [illegible]AD [illegible]FROM PERSONAL [illegible]UN[illegible]S

SCHEDULE G

If the requested infor[illegible]ation [illegible] not applica[illegible], DO [illegible]OT i[illegible]clude t[illegible] page in the r[illegible]ort.

EXPEN[illegible] [illegible]ATI[illegible] BOX 8(a)

Advertising Expens[illegible]
Accounting/Bankin[illegible]
Consulting Expens[illegible]
Contributions/Don[illegible] Made By Candidate/Office[illegible]/Political [illegible]mmittee
Credit Card Payment

E[illegible] Exp[illegible]
[illegible]/Beve[illegible]
[illegible]/Award[illegible] [illegible]ial [illegible]se
Legal Ser[illegible]

[illegible] Reimbursement
Re[illegible]al Expense
[illegible]g [illegible]
[illegible]ng [illegible]
Salaries/[illegible] Contract Labor

Solicitation/[illegible]raising Expense
Transportat[illegible] [illegible]quipment & Related Expense
Travel In D[illegible]
Travel Out [illegible] District
Other (ente[illegible] category not listed above)

The Inst[illegible] [illegible] Gu[illegible] explai[illegible] to c[illegible] te this form.

1 Total pages Sch[illegible]: 1	2 [illegible]LER [illegible]: Scott Bowen		3 Filer I[illegible] [illegible]thics Commission Filers)
4 Date: 4/26/25	5 [illegible]ayee [illegible]me: The Yates Company		
6 Amount ($): 7,300.00 ☐ Reimbursement from political c[illegible] intended	7 [illegible]ayee address: 3403 Shadycrest Dr.	City: Pearland	State: TX / Zip Code: 77581
8 PURPOSE OF EXPENDIT[illegible]	Categ[illegible] / (Sub Catego[illegible]): Advertising/Consulting	[illegible] Description: Design/Mail	
	☐ Ch[illegible] Travel [illegible] Te[illegible] [illegible]plete S[illegible]	Che[illegible] if Austi[illegible] TX, officeh[illegible]	[illegible]ing expense
9 Complete ONLY if [illegible] expenditure to [illegible]	Can[illegible]date / Offic[illegible]	[illegible] sought	Office held
Date	[illegible]yee [illegible]		
Amount ($) ☐ Reimburse[illegible] political [illegible] intended	[illegible]yee [illegible]ddr[illegible]	C[illegible]	[illegible]te; Zip Code
PURPOS[illegible] OF EXPEND[illegible]	[illegible]ateg[illegible]	[illegible]ription	
	☐ Ch[illegible] [illegible]plete S[illegible]	C[illegible] TX, officeh[illegible]	[illegible]ng expense
Complete ON[illegible] expenditur[illegible]	Can[illegible]date / C[illegible]	[illegible] sought	Office held
Date			
Amount (☐ Reimbur[illegible] politic[illegible] intend[illegible]	[illegible]	Cit[illegible]	Zip Code
PURPO[illegible] OF EXPEND[illegible]	[illegible]	[illegible]	
	[illegible]plete S[illegible]	C[illegible] TX, officeh[illegible]	[illegible]ng expense
Complete ONLY [illegible] expenditure [illegible]	C[illegible]date / [illegible]	[illegible]ught	Office held

[illegible]A[illegible] [illegible]CH ADDIT[illegible] [illegible]S[illegible] [illegible] [illegible] D

CANDID ATE / OF ICE ... R POR
DESIGN ATION O ... NAL ... ORT

FORM C/OH - FR

Th ... Gu ... exp ... how ... mple ... m.

** Com ... "Fi ... Report" **

1 C/OH NAME

Scott Bowen

2 Filer ID (Ethics Commission Filers)

3 **SIGNATUR**

I do not expect any furth ... con ect ... n v h ... andidacy. I un erstand that designating a ... ig ... ir ne ... erstand that I may not accept any campaign co ... ut on ... or ... intment on file.

[signature]

... of Candidate / Officeholder

4 **FILER WHO IS NOT ...**

** Complete ... & ... **

A. CAM AIGN ...

Check only one:

☒ I do not have un ... pend ... political contributions.

☐ I hav ... l contributions. I understand that I may ... e earned on political contributions to pers ... ntributions and that I may not retain unex ended ... utions longer than six years after filing his fina ... rt. ... ntributions and unexpended intere t or inc ... earn ... f Election Code, § 254.204.

B. ASS TS

Check only ne:

☒ I do ... t retai ... from political contributions.

☐ I do r tain as ... urch ... litical contributions. I understand that I nay ... e from pol ... contributions to pers al u ... sta ... ntributions in accordance with the requ me ...

... ure of Candidate

5 **OFFICEHOL DER**

** Complete his se ... yo ...

☐ I am are th ... s not have a campaign treasurer on file. I m als ... iling the last required report as an off ceholde ... ns, or asse s p chased with political contr ... s o ...

... ure of Officeholder