FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081351 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Scott English NAME Date Received **ELECTRONICALLY FILED** 01/08/2024 NICKNAME LAST **SUFFIX** Stevens CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE X Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Richard A. NAME NICKNAME LAST **SUFFIX** Hurlburt **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 234-8181 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court of Appeals, Chief Justice Place 1 District 6 Bowie

GO TO PAGE 2

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Stevens, Scott Englis	sh (The Honorable)	14 Filer ID 00081351	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been n d officeholders are required to report th	nade without the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(0 ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEI	ES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	,	IZED POLITICAL EXPENDITURES	LO OF LOANS)	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 971.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 53,885.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING PERIOD	G LOANS AS OF THE LAST DAY	\$ 4,592.50
17 AFFIDAVIT			under penalty of perjury, that the ac nd includes all information required ection Code.	
		7	he Honorable Scott English Ste	evens
			Signature of Candidate or Officeho	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal	of office.	
Signature of offic	er administering oath	Printed name of officer administ	ering oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 9
18 FILER NAM Stevens, S	ME Scott English (The Honorable)	19 Filer ID 00081351	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 971.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 852.39

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 4/9	Stevens, Scott English (The Honorable)	00081351
4	Date	5 Payee name	
	10/02/2023	Bill Womack Memorial Cancer Foundation	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$150.00	3200 Lopez Court	
		Longview, TX 75605	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Design	cription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		,	Check if Austin, TX, officeholder living expense If Tournament Hole Sponsorship
			1 Tournament Hole Oponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_		T	
	Date	Payee name	
	12/25/2023	City of Longview Partners in Prevention	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$311.19	300 W. Cotton St.	
		Longview, TX 75601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	scription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE		Check if Austin, TX, officeholder living expense
		Oilii	ty Honors Luncheon
_	Organists ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office neid
		<u> </u>	
	Date	Payee name	
	08/23/2023	Longview Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$55.00	410 N. Center St.	
		Longview, TX 75601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Design	cription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	· · · · · · · · · · · · · · · · · · ·	Check if Austin, TX, officeholder living expense
		Cha	amber Luncheon Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experialitate to betterit 6/01		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 5/9	Stevens, Scott English (The Honorable) 00081351
4	Date	5 Payee name
	07/12/2023	Miller County Republican Committee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4803 Jefferson Ave. #77
		Texarkana, AR 71854
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lincoln Day Dinner
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/30/2023	Parenting Resource Center of East Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	501 Pine Tree Rd # U-14
		Longview, TX 75604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Golf Tournament Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Data	
	Date 10/13/2023	Payee name Republican Women of Gregg County
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.92	P.O. Box 5
		Longview, TX 75606
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Veterans Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1			ages Schedule K: /2 Rpt: 6/9	
2	FILER NAME				3	Fil	ler ID	(Ethics Commission Fi	lers)
	Stevens, Sc	ott	English (The Honorable)			00	0081	351	
4	Date 07/31/2023	<u> </u>	Name of person from whom amount is received Origin Bank Address of person from whom amount is received; City; State; Zip Code					8 Amount (\$)	\$8.62
			Longview, TX 75605						
		7	Purpose for which amount is received	Check if po	olitic	cal	contr	ibution returned to filer	
			Interest Credit						
	Date		Name of person from whom amount is received					Amount (\$)	
	08/31/2023		Origin Bank						\$8.60
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			Longview, TX 75605						
			Purpose for which amount is received	Check if po	olitic	cal	contr	ibution returned to filer	
			Interest Credit						
	Date		Name of person from whom amount is received					Amount (\$)	40.04
	09/30/2023	ļ	Origin Bank						\$8.31
			Address of person from whom amount is received; City; State; Zip Code						
			Longview, TX 75605						
		Г	Purpose for which amount is received	Check if po	olitic	cal	contr	ibution returned to filer	
			Interest Credit						
	Date		Name of person from whom amount is received					Amount (\$)	
	10/31/2023		Origin Bank						\$8.43
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			Longview, TX 75605						
		H	Purpose for which amount is received	Check if no	litic	ral	contr	ibution returned to filer	
			Interest Credit	r encok ii pe	,,,,,,	oui	COILL	isotron retarried to mer	
F	Date		Name of person from whom amount is received					Amount (\$)	
	11/30/2023		Origin Bank					, ,	\$8.12
		ļ	Address of person from whom amount is received; City; State; Zip Code						
			1 TV 75005						
			Longview, TX 75605						
			Purpose for which amount is received	Check if po	olitio	cal	contr	ibution returned to filer	
			Interest Credit						

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/9 2 FILER NAME Filer ID (Ethics Commission Filers) Stevens, Scott English (The Honorable) 00081351 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/09/2023 Origin Bank \$400.77 6 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75605 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest Credit Name of person from whom amount is received Amount (\$) Date 09/09/2023 Origin Bank \$401.18 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75605 Purpose for which amount is received Check if political contribution returned to filer Interest Credit Date Name of person from whom amount is received Amount (\$) 12/31/2023 Origin Bank \$8.36 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75605 Purpose for which amount is received Check if political contribution returned to filer Interest Credit

	JOIGIAN	IDING LOANS	SCHEDULE L
T	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 8/9
	FILER NAME Stevens, Scott E	English (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081351
	ENDER NFORMATION	4 Name of lender Scott, Stevens	•
		5 Lender address; City; State; Zip Code	
		Longview, TX 75606	
() 	GUARANTOR NFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	

Hand As of The Last Day of The Reporting Period	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule M: Sch: 1/1 Rpt: 9/9
2 FILER NAME Stevens, Scott English (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081351
Description of Asset Campaign signs	