JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.		Filer ID (Ethics Commis 00081318	sion Filers)		2 Total pages	filed: 10
3 CANDIDATE /	MS / MRS / MR	FIRST			MI			USE ONLY
OFFICEHOLDER	The Honorable	Scot G.						
NAME							Date Received	
							ELECTRONI	CALLY FILED
	NICKNAME	LAST			SUF	FIX	07/14/2024	
	Dolli	Dollinger						
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;		ZIP	CODE	Date Hand-delivere	d or Date Postmarked
MAILING								
ADDRESS	REDACTED PER	254.0313, GOV'T	COD	E			Receipt #	Amount
Change of Address								
							Date Processed	
							Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST					MI	
TREASURER NAME	Mr.	Scot G.						
	NICKNAME	LAST					SUFFIX	
	Dolli	Dollinger					30111X	
	DOIII	Dominger						
6 CAMPAIGN	STREET ADDRESS (NC	PO BOX PLEASE);		APT	/ SUITE #;	CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS								
	REDACTED PER	254.0313. GOV'T	COD	E				
(Residence or Business)								
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXT	INSION				
TREASURER	(281) 387-9055							
PHONE	(201) 307-9033							
8 REPORT								
TYPE	January 15	30th day befor	ro olor	tion	Runoff		15th day after	campaign treasurer
					Runon			officeholder only)
	X July 15	8th day before	e elect	on 🗌	Exceeded modif	ied	Final Report (A	Attach C/OH-FR)
					reporting limit			
9 PERIOD	Month Day Ye	ear			Month	Day	Year	
COVERED	01/01/2024		HRO	IGH		6/30/202		
	01/01/2024				00	0001202	-	
10 ELECTION	ELECTION DAT				ELECTION	TYPE	_	
	Month Day Ye	ear 🗌	Prima	у	Runoff		Other	
			Gener	al	Special			
					40.055-05	0		
11 OFFICE	OFFICE HELD (if any)				12 OFFICE S	SOUGHT	(IT KNOWN)	
	None				None			
					I			
			T 2					
		GO	101	PAGE 2				
Forms provided by Te	exas Ethics Commission	www.e	ethics	.state.tx.us	6		Ver	sion V4.1.0.d378aba0

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 10

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13 C / OH NAME	Dollinger, Scot G. (Th	ne Honorable)	14 Filer ID 00081318	(Ethics Commiss	ion Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or poli These expenditures may have been d officeholders are required to report t	made without the candidate's or offic	ceholder's knowled	dge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASU	RER NAME				
		COMMITTEE CAMPAIGN TREASU	RER ADDRESS				
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(ES OF LOANS, OR CONTRIBUTION		\$	0.00		
		ICAL CONTRIBUTIONS		\$	0.00		
EXPENDITURE		PLEDGES, LOANS, OR GUARANTE IZED POLITICAL EXPENDITURES	ES OF LOANS)		0.00		
TOTALS				\$	0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	721.26		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AS OF THE LAST DAY OF THE	\$	2,786.99			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDIN	IG LOANS AS OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT							
			, under penalty of perjury, that the a and includes all information required lection Code.				
			The Honorable Scot G. Dollin	ger			
			Signature of Candidate or Officeh	-			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid		da	ay		
01	of, 20, to certify which, witness my hand and seal of office.						
Signature of offic	Signature of officer administering oathPrinted name of officer administering oathTitle of officer administering oath						
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.u	JS	Version V4.1.0	.d378aba0		

SUBTOTALS - JC/OH		FORM JC/OH COVER SHEET PG 3 3 of 10									
18 FILER NAME Dollinger, Scot G. (The Honorable)	Dollinger, Scot G. (The Honorable) 00081318										
20 SCHEDULE SUBTOTALS NAME OF 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	\$ 721.26									
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$									
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	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 CONTRIBUTI	ONS	\$									
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$									

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Exp Fees Food/Beve Gift/Award Imittee Legal Serv	rage Expense s/Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
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	Sch: 1/7 Rpt: 4/10		Dollinger, Scot G. (The Honorable)				00081318	
4	Date	5	Payee name						
	01/02/2024		Bank of America Co	orporation					
6	Amount (¢)	-	Payee address; C	City; State;	Zip Co	40			
ľ	Amount (\$)	ľ			Zip Cu				
	\$16.00		100 North Tryon St	reet					
			Charlotte, NC 2825	5					
8	PURPOSE	(0)				(b) Decembration			
ľ	OF			es listed at the top of this sche	edule)	(b) Description	outci	do of Toyas, Com	plete Schedule T.
	EXPENDITURE		Accounting/Banking					officeholder living	
						Monthly acco		-	j onpolito
						Montally acce	Juin		
9	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	ght		Office he	eld
	expenditure to benefit C/OF	п							
	Date		Payee name						
	02/01/2024		Bank of America Co	ornoration					
				-					
	Amount (\$)		Payee address; C	City; State;	Zip Co	de			
	\$16.00		100 North Tryon St	reet					
			Charlotte, NC 2825	5					
L						<i>a</i> \			
	PURPOSE OF			es listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Accounting/Banking	g					plete Schedule T.
								officeholder living	j expense
						Monthly acco	Jum	lee	
	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	jht		Office he	eld
	expenditure to benefit C/OI	н							
	Date		Payee name						
	03/01/2024		Bank of America Co	ornoration					
	Amount (\$)				Zip Co	de			
	\$16.00		100 North Tryon St	reet					
			Charlotte, NC 2825	5					
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	PURPOSE OF			es listed at the top of this sche	edule)	(b) Description	out	do of Toylog Do	nloto Sobodulo T
	EXPENDITURE		Accounting/Banking	9					plete Schedule T.
								officeholder living	J expense
						Monthly acco	Juni		
	Complete ONLY if direct		andidate/Officeholder	name C	Office sou	pht		Office he	eld
	expenditure to benefit C/OF	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fee Foo Gifi nmittee Leg	ent Expense	oense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related	
	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
Ľ	Sch: 2/7 Rpt: 5/10	 		t G. (The Honor	ahla)				ľ	00081318		
			Dominger, Sco		ablej					00001310		
4	Date	5	Payee name									
	04/01/2024		Bank of Ameri	ca Corporation								
6	Amount (\$) \$16.00	7	Payee address; 100 North Try	City; on Street	State	; Zip Co	ode					
			Charlotte, NC	28255								
8	PURPOSE OF EXPENDITURE	(a)	Category (See C Accounting/Ba	ategories listed at the t Inking	op of this sch	edule)	(b)		ı, TX,	officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	nolder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	05/01/2024		Bank of Ameri	ca Corporation								
⊢	Amount (\$)	-	Payee address;	City;	State	; Zip Co	nde					
	\$16.00		100 North Tryo Charlotte, NC	on Street		,						
	PURPOSE OF EXPENDITURE	(a)	Category _{(See C} Accounting/Ba	ategories listed at the t	op of this sch	edule)	(b)		ı, TX,	officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	06/03/2024		2	ca Corporation								
⊢		┝	Payee address;	-	Ctoto	; Zip Co	nde					
	Amount (\$) \$16.00		100 North Try	City; on Street	State,	, Ζιρ Ου	Jue					
			Charlotte, NC				<u>a</u> ,					
	PURPOSE OF EXPENDITURE	(a)	Category (See C Accounting/Ba	ategories listed at the t Inking	op of this sch	edule)	(b)		ı, ТХ,	officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeł	nolder name	(Office sou	ight			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)		
1	Total pages Schedule F1:	PILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 3/7 Rpt: 6/10	Dollinger, Scot G. (The Honorable)	00081318		
4	Date 01/11/2024	Payee name Dropbox, Inc.			
6	Amount (\$) \$21.31	Payee address; City; State; Zip Code 1800 Owens Street San Francisco, CA 94158			
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Sing fee		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/12/2024	Dropbox, Inc.			
	Amount (\$) \$21.31	Payee address; City; State; Zip Code 1800 Owens Street			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Sing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/11/2024	Dropbox, Inc.			
	Amount (\$) \$21.31	Payee address;City;State;Zip Code1800 Owens Street			
		San Francisco, CA 94158			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Sing fee		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/7 Rpt: 7/10	Dollinger, Scot G. (The Honorable)	00081318
4	Date 04/12/2024	5 Payee name Dropbox, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.31	1800 Owens Street San Francisco, CA 94158	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
0	OF	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense nsing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/13/2024	Dropbox, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.31	1800 Owens Street San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ISING fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
-	Date	Payee name	
	06/12/2024	Dropbox, Inc.	
	Amount (\$) \$21.31	Payee address; City; State; Zip Code 1800 Owens Street	
		San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Insing fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 5/7 Rpt: 8/10	Dollinger, Scot G. (The Honorable)	00081318		
4	Date 01/02/2024	Payee name Google			
6	Amount (\$) \$99.59	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 Code Code			
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ensing fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/01/2024	Google			
	Amount (\$) \$99.59	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Rental Expense Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ensing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/04/2024	Google			
	Amount (\$) \$99.59	Payee address;City;State;Zip Code1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ensing fee		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 6/7 Rpt: 9/10	Dollinger, Scot G. (The Honorable)	00081318		
4	Date	Payee name			
	04/02/2024	Google			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$99.78	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
8	PURPOSE OF	(b) Description	utida ef Taura Damalata Dahadula T		
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ISING fee		
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	05/02/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$35.82	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ising fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	06/03/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$23.03	1600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Insing fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
	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: 7/7 Rpt: 10/10	Dollinger, Scot G. (The Honorable) 00081318
4	Date	5 Payee name
	02/02/2024	Human Rights Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	1640 Rhode Island Ave. N.W.
		Washington, DC 20036
8	PURPOSE	
°	OF	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	