#### 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) 00088276 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Brendetta Anthony NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Scott CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 1284 MAILING Amount Receipt # **ADDRESS** Change of Address Missouri City, TX 77459 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Elvina Renea NAME NICKNAME LAST **SUFFIX** Davis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1326 Mossridge **ADDRESS** (Residence or Business) Missouri City, TX 77489 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 244-1302 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X 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** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2
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Court Of Appeals, Justice Place 2 District 1

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Scott, Brendetta Anth	ony (Ms.)	<b>14</b> Filer ID 00088276	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
<b>16</b> CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THA		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 200.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,003.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 6,084.76
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	<b>\$</b> 1,050.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required t	
		Ms. Bre	endetta Anthony Scot	t
		Signature o	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

			C	OVER SH	<b>EET PG 3</b> 3 of 17
<b>18</b> FII	ER NAM	/IE	19 Filer ID	(Ethics Com	mission Filers)
So	ott, Bre	_			
	HEDUL ME OF	SUBTO	TAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,300.00
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 CONTRIBUTIONS		\$	5,299.39
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	595.38
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	189.99
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	· 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	

MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1			
The Instru	ction Guide explains ho	v to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/17			
2 FILER NAME Scott, Brend	letta Anthony (Ms.)			3 Filer ID (Ethics Commission Filers) 00088276			
4 Date 09/11/2024	09/11/2024 Anthony, Mary  6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$500.00			
	Greenwood, MS 38930						
8 Contributor's CNA	Principal Occupation		9 Contributor's Job Title CNA				
10 Contributor's Riverview N	employer/law firm ursing & Rehab Center	11 Law firm of contributor's sp	oouse (if any)				
12 If contributor i	s a child, law firm of parent(s) (if	any)					
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$1,000.00			
	Houston, TX 77027						
Contributor's	Principal Occupation		Contributor's Job Title				
Attorney			Attorney				
	employer/law firm		Law firm of contributor's sp	oouse (if any)			
	echsler PLLC						
if contributor i	s a child, law firm of parent(s) (if	any)					
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
07/21/2024	Kyles, Ysidra			\$100.00			
	Contributor address; City; S Houston, TX 77048-2809						
Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>			
Attorney	, ,	Attorney					
Contributor's	employer/law firm	oouse (if any)					
Law Office o	Law Office of Ysidra M. Kyles, PLLC						
If contributor i	s a child, law firm of parent(s) (if	any)					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/17
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Scott, Brend	letta Anthony (Ms.)		00088276
4	Date 09/24/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Scott, Brendetta</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$350.00
		Houston, TX 77063		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	The Anthony	y Scott Law Firm, PLLC		
12	If contributor i	is a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/17/2024	Texas Democratic Women of the Brazos Valley	,	\$150.00
		Contributor address; City; State; Zip Code  Bryan, TX 77805		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	is a child, law firm of parent(s) (if any)		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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 r dyment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/10 Rpt: 6/17	Scott, Brendetta Anthony (Ms.)			00088276	i
4	Date	5 Payee name		•		
	09/15/2024	573 Platinum Parking				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$21.65	1810 Jackson St.				
		Dallas, TX 75201				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outs		
	EX. ENDITORE			Check if Austin, TX		ng expense ipation event at Smart
				Financial.	votei partic	ipation event at Smart
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht		Office I	hald
9	expenditure to benefit C/OI		yııı		Office	ileiu
_	Data					
	Date 09/06/2024	Payee name				
		AB Canvassing Incorporated	_			
	Amount (\$)	Payee address; City; State; Zip Co	ae			
	\$500.00	8331 Northern St.				
		11 TV 37074				
		Houston, TX 77071				
	PURPOSE OF	, , ,	(b)	Description	ide of Toyon Co	malata Cabadula T
	EXPENDITURE	Fees		Check if travel outs Check if Austin, TX		
				Canvassing		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office I	held
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/23/2024	AB Canvassing Incorporated				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$100.00	8331 Northern St.				
		Houston, TX 77071				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees		Check if travel outs	ide of Texas. Co	mplete Schedule T.
	EXPENDITURE			Check if Austin, TX		ng expense
				Fee paid for car	ivassing	
	Operation ONE VIII II	Condidate (Office helden ne	and a st		6′′′	h ala
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt		Office I	neia

#### 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

	Candidate/Officenoider/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: 2/10 Rpt: 7/17	Scott, Brendetta Anthony (Ms.) 00088276
4	Date	5 Payee name
	09/26/2024	AB Canvassing Incorporated
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	8331 Northern St.
		Houston, TX 77071
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Canvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/26/2024	Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.13	6820 Harwin Dr.
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign T-Shirts and Car Magnets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payros namo
	08/16/2024	Payee name Allied Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$514.18	6820 Harwin Dr.
	70220	
		Houston, TX 77036
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Yard Signs, Push Cards, and Car Magnets
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 8/17	Scott, Brendetta Anthony (Ms.) 00088276
4	Date	5 Payee name
	08/02/2024	Avenida Central GA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	1001 Avenida De Las Americas
		Houston, TX 77010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking fee at Sigma Gamma Rho Public Meeting
		Taking fee at eight eathing two table incealing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
	Date	Payee name
	07/01/2024	B's Wine Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.93	8027 Hwy 6, Ste. 100
		Missouri City, TX 77459
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Mix and Mingle Fundraiser
		1 ood for twin and twinight i unuralser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	Programme
	Date 07/21/2024	Payee name
		Brazoria County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	11800 Magnolia Pkwy, Ste. 210
		Manvel, TX 77578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		neauquaiteis and GOTV Support
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide exp	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission File	ers)
	Sch: 4/10 Rpt: 9/17	Scott, Bren	detta Anthony (Ms.)					00088276		
4	Date	5 Payee name	!							
	07/16/2024	Cielito Lind	o Restaurant II							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$23.28	412 E. Mai	ก							
		Bellville, T	( 77418							
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Comp		
						ш		officeholder living	County Bar Associ	iation
						Lunch Meetin		at the Austin	County Dai Associ	lation
L					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ight			Office he	eld	
	experience to benefit eye.	•								
	Date	Payee name	!							
	08/21/2024	Duo Coffee	and Pilates							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$15.65	2147 West	heimer Rd Suite A							
	,									
		Houston, T	X 77098							
	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense			<b>=</b>		de of Texas. Comp		
						ш		officeholder living	expense	
						Food for Cam	ıpa	ligh Meeting		
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office he	eld	
	experientare to benefit eye.	•								
	Date	Payee name	!							
	07/26/2024	Exxon 7-El	even 416							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$68.91	1740 Dulle	s Ave							
		Missouri C	ty, TX 77459		_					
	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE	gas to trave	ક્રો					de of Texas. Comp		
						_		officeholder living		
						Gas to traver	iU	campaign In	counties at events	
_	0 1. 0			000	Ļ			0		
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt			Office he	ela .	
		-								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Legal Se		·		/ages	/Contract Labor		Travel Out of OTHER (ente		ict ategory not listed above)
Ļ					saucaon Gui	ue expidiiis	HOW TO CO	iiihie	ete this form.	-			<del></del>
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)
L	Sch: 5/10 Rpt: 10/17	L	Scott, Brend		Anthony (M	s.)					0008827	6	
4	Date	5	Payee name										
L	08/06/2024	L	Fort Bend C	County	Democrat	ic Party							
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de					
	\$150.00		13515 Sout	thwest	Fwy #204								
			Sugar Land	I, TX 7	7478								
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees	_					Check if travel				
	-AI LINDITUIL								Check if Austin				
									Ticket for the Gala	⊢0	ιτ Rend D	emo	ocratic Party Chairman
									Julu				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	icehold	er name	(	Office sou	ght			Office	held	d
	expenditure to benefit C/OI	1											
	Date		Payee name										
	07/22/2024		Godaddy										
	Amount (\$)	Г	Payee addre	ss;	City;	State	; Zip Co	de					
	\$24.51		2150 E. Wa	arner R	:d								
			Tempe, AZ	85284	<u> </u>								
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						Check if travel				
									Check if Austin			ving e	xpense
									Campaign Er	nai	I		
_													
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	icenold	er name	(	Office sou	ght			Office	nelo	1
L		_											
	Date		Payee name										
	08/23/2024		Godaddy							_			
	Amount (\$)	_	Payee addre	ss;	City;	State	; Zip Co	de		_			
	\$24.51		2150 E. Wa	arner R	!d								
			Tempe, AZ	85284	ŀ								
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						Check if travel				
	Za Labitone								Check if Austin			ving e	xpense
									Campaign Er	naı	I		
	Operation ONE V. C. F.	L	2				Off:	anda t			C.".		.1
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	icenold	er name	(	Office sou	ght			Office	held	
	onponditure to benefit 0/01	•											
_													

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officebolder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide expla		/ages	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	<b>=</b>				3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 6/10 Rpt: 11/17	Scott, Bren	detta Anthony (Ms.)					00088276		
4	Date	5 Payee name								
	09/22/2024	Godaddy								
6	Amount (\$)	<b>7</b> Payee addre	ess; City; St	ate; Zip Co	de					
	\$24.51	2150 E. Wa	arner Rd							
		Tempe, AZ	85284							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Comp		
						Campaign En		officeholder living	expense	
						Campaign En	IIai	ı		
_	0 1: 01:11/11/11	0 "1 : '0"		0				011111		
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	gnt			Office he	la .	
H	Date	Payee name								
	08/27/2024	_	ack American Democrats	6						
	Amount (\$)	Payee addre	ess; City; St	ate; Zip Co	de					
	\$250.00	P.O. Box 2	•	ato, 2.p 00	uc					
	Ψ230.00	1.0. 60. 2	02110							
		Houston, T	X 77252-2252							
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made By			<b></b>		de of Texas. Comp		
	_	Candidate/	Officeholder/Political Cor	nmittee		Fall Fundraise		officeholder living	expense	
						raii ruiiuiaisi	ei i	.0 GO1V		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ıld	
	expenditure to benefit C/O		icenolaei name	Office 300	gni			Office fie	iu	
_	Date	Davis a name								
	08/23/2024	Payee name	GBTO+ Political Caucus							
	Amount (\$)	Payee addre	•	ate; Zip Co	de					
	\$250.00	401 Branar	d St 2nd Floor							
		Houston, T	X 77006							
	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			<b></b>		de of Texas. Comp		
						ш		officeholder living		
						Campaign A0	ı 10	1 111 <del>0</del> 2024 E	quality Brunch	
	Complete ONLY !! -!!	Condidet - 10"	iooboldor rama	Office	al-+			O#: !	Id	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	gni			Office he	iu	
_										

### 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)

ı	Credit Card Payment	The Instruction Guide explains how to co	mplet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 12/17	Scott, Brendetta Anthony (Ms.)		00088276
4	Date	5 Payee name		
	07/28/2024	Kroger Fuel Ctr #7		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$77.57	5730 Seawall Blvd		
		Galveston, TX 77551		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Gas for Travel	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			ı	Events and church in Galveston County
				·
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
Т	Date	Payee name		
	09/13/2024	Moon, Felicia		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$35.00	3311 Raleigh Row		
		Missouri City, TX 77459		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Advertising Expense	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expense
		Advertising Expense	[ [	Check if Austin, TX, officeholder living expense
		Advertising Expense	[	
	EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
	EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
_	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou		Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
	Complete ONLY if direct expenditure to benefit C/OhDate 08/19/2024	Candidate/Officeholder name Office sou Payee name NCBW100	ght	Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
_	Complete ONLY if direct expenditure to benefit C/OFDate 08/19/2024 Amount (\$)	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
_	Complete ONLY if direct expenditure to benefit C/OFDate 08/19/2024 Amount (\$)	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
	Complete ONLY if direct expenditure to benefit C/Ol Date 08/19/2024  Amount (\$) \$25.00	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street	ght	Check if Austin, TX, officeholder living expense Fee for Voter Participation Event at Smart Financial
_	Complete ONLY if direct expenditure to benefit C/OFDate 08/19/2024  Amount (\$) \$25.00	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	ght	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/Ol Date 08/19/2024  Amount (\$) \$25.00	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule)	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  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/OFDate 08/19/2024  Amount (\$) \$25.00	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 08/19/2024  Amount (\$) \$25.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation to National Coalition of 100 Black Women
	Complete ONLY if direct expenditure to benefit C/OFDate 08/19/2024  Amount (\$) \$25.00	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sou	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  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/OF  Date 08/19/2024  Amount (\$) \$25.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sou	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation to National Coalition of 100 Black Women
	Complete ONLY if direct expenditure to benefit C/OF  Date 08/19/2024  Amount (\$) \$25.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Payee name NCBW100  Payee address; City; State; Zip Co 448 West 19th Street  Houston, TX 77008  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  Candidate/Officeholder name  Office sou	ght de	Check if Austin, TX, officeholder living expense  Fee for Voter Participation Event at Smart Financial  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Donation to National Coalition of 100 Black Women

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 13/17	Scott, Brendetta Anthony (Ms.) 00088276
4	Date	5 Payee name
	08/25/2024	NRG Park
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	3 NRG Pkwy
		Houston, TX 77054
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking Fee for Campaigning at the HBCU College
		Fair and Battle of the Bands
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	
	Date	Payee name
	09/19/2024	Robert Hightower
	Amount (\$)	Payee address; City; State; Zip Code
	\$619.00	9209 Martin Luther King Blvd
		Houston, TX 77033
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fee paid to put up 36 4X4 signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/24/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.98	5605 N. Shepherd Dr.
	, 23,00	
		Houston, TX 77091
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gas to Travel  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas to travel to counties to campaign and attend
		campaign events
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			ittee L	Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FII	LER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/10 Rpt: 14/17	So	cott, Brend	etta Anthony (I	Ms.)					00088276			
4	Date	<b>5</b> Pa	ayee name										
	09/07/2024	St	hell Oil										
6	Amount (\$)	<b>7</b> Pa	ayee addres	s; City;	State	; Zip Co	de						
	\$51.50	23	302 W Hold	ombe Blvd									
		Н	ouston, TX	77030									
8	PURPOSE	(a) Ca	ategory <sub>(See</sub>	Categories listed at	the top of this sch	nedule)	(b)	Description					
OF Check if travel Check if Austin, TX, of Check if Au						,		<b>=</b>	if travel outside of Texas. Complete Schedule T.				
						officeholder living expense							
										counties to campaign and attend iign			
9	Complete ONLY if direct	l Car	ndidate/Offic	eholder name	(	Office sou	aht			Office he	hld		
	expenditure to benefit C/O			ooidoi fidifio			g. 11			3 moo no			
	Date	l	ayee name										
	09/14/2024	Sł	hell Oil										
	Amount (\$)	Payee address; City; State; Zip Code											
	\$38.09	24	465 FM 109	92 Rd									
		М	lissouri City	r, TX 77459									
	PURPOSE OF			Categories listed at	the top of this sch	nedule)	(b)	Description	or.+	do of Taylor O-	ploto Cohodulo T		
	EXPENDITURE	G	as to travel					<b>=</b>		de of Texas. Com officeholder living			
								Gas to travel			campaign and attend		
								events					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held							eld						
L	expenditure to benefit C/OI	<del>п</del>											
	Date	l	ayee name										
	09/21/2024	Sł	hell Oil										
	Amount (\$)	l	ayee addres		State	; Zip Co	de						
	\$83.55	24	465 FM 109	92 Rd									
Missouri City, TX 77459													
	PURPOSE OF			Categories listed at	the top of this sch	nedule)	(b)	Description					
	EXPENDITURE	G	as to Trave	el						de of Texas. Com officeholder living			
											campaign and attend		
								events			-		
	Complete ONLY if direct		ndidate/Offic	eholder name	(	Office sou	ght			Office he	eld		
	expenditure to benefit C/O	H											

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide e	Salaries/V	Vages/	Contract Labor		OTHER (enter a	category not listed above)					
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)					
	Sch: 10/10 Rpt: 15/17	Scott, Brer	ndetta Anthony (Ms.)					00088276						
4	Date	5 Payee name	e											
	09/12/2024	Sprint to P	rint											
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de									
	\$737.44	8748 Clay	Rd #300											
		Houston, 7												
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description								
	EXPENDITURE	Printing Ex	nung Expense						el outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder livit Printer's fee for 4x4s							expense					
						i ilitei 3 iee ii	01 .	4,443						
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office he	eld					
	Date	Payee name	9											
	08/31/2024	Texas Gul	f Coast Area Labor Fe	ederation AFL-	CIO									
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	de									
	\$25.00	2506 Suth	erland St.											
		Houston, 7	X 77023											
	PURPOSE OF		See Categories listed at the top		(b)	Description								
EXPENDITURE			ns/Donations Made E			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Candidate	Officeholder/Political	Committee		GOTV	, IA,	officeriolder living	expense					
						GOTV								
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office cou	abt			Office he	ald.					
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnt			Office fie	au					
$\vdash$														

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolide//Folitica	· ·	ruction Guide explains how	-	TTIEN (enter a catego	ry not listed at	bove)				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
Sch: 1/1 Rpt: 16/17	Scott, Brendetta Ar	nthony (Ms.)		00088276						
4 CREDIT CARD ISSUER		ncial institution ica Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$270.63	09/19/2024								
7 PAYEE	(a) Payee name  Allied Signs		(b) Payee address; 6820 Harwin Dr.	City,	State,	Zip Code				
0 00000000	(a) Catagoni		Houston, TX 77036							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Push cards							
	Advertising Expense	,	Pusir carus							
X Political										
Non-Political	_ `	of Texas. Complete Schedule T.	<b>—</b>	officeholder living exp	oense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$324.75	09/12/2024								
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Allied Signs		6820 Harwin Dr.							
			Houston, TX 77036							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Yard signs							
X Political	Advertising Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought Office held							
expenditure to benefit C/OH										
	I									

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 17/17 Scott, Brendetta Anthony (Ms.) 00088276 Date Payee name De Lunas, Carloy (Mr.) 09/06/2024 6 Amount (\$) Payee address; City; State; Zip Code 25 Dilao \$189.99 Reimbursement from political contributions intended Batangas 4213 Philippines **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** website updates, social media updates, and campaign literature updates Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH