### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

т	The JC/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) 00088276						ed: 7
3	CANDIDATE /	MS / MRS / MR	FIRST	00000210	MI		
ľ	OFFICEHOLDER			h =	IVII		ISE ONLY
	NAME	Ms.	Brendetta Ant	nony		Date Received	
						ELECTRONICA	LLY FILED
						10/28/2024	
		NICKNAME	LAST		SUFFIX	10/20/2024	
			Scott				
4	CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE #; CIT	Υ·	ZIP CODE	Date Hand-delivered or	Date Postmarked
Ľ	OFFICEHOLDER	P.O. Box 1284	00112//, 011	.,			
	MAILING	F.O. BUX 1204				Receipt #	Amount
	ADDRESS						, anoune
	Change of Address	Missouri City, TX 77459				Data Data and	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST			MI	
	TREASURER	Ms.	Elvina Renea				
	NAME						
			LAST			SUFFIX	
			Davis				
6	CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE):	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ľ	TREASURER	1326 Mossridge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,
	ADDRESS	1320 Mossinge					
	(Residence or Business)						
	· · · · · · · · · · · · · · · · · · ·	Missouri City, TX 77489					
7	CAMPAIGN	AREA CODE PHONE	E NUMBER	EXTENSION			
	TREASURER PHONE	(832) 244-1302					
	PHONE	. ,					
8	REPORT						
	TYPE	January 15	30th day before	e election	Runoff	15th day after can	npaign treasurer
					L	appointment (offic	
		July 15 X	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
			-		reporting limit	-	
9	PERIOD	Month Day Year			Month Day	Year	
ľ	COVERED	09/27/2024	Tι	IROUGH	10/26/2024		
		03/2/1/2024			10/20/202	+	
L							
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	P	rimary	Runoff	Other	
		11/05/2024		eneral	Special		
				onora			
L					i		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
					Court Of Appeals	s, Justice Place 2	District 1
$\vdash$		1			1		
1	GO TO PAGE 2						
F	rme provided by Te	xas Ethics Commission	14/14/14/ 04	hics.state.tx.u	6	Voreig	on V4.1.0.48da51f7
rΟ	ins provided by Te	∧us ∟uncs C0111111551011	www.et	າ າເບວ.ວເລເຕ.ເX.U	J	VeiSi	лт v4.1.0.40UdO11/

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 17

L

13 C / OH NAME	Scott, Brendetta Anth	ony (Ms.)	14 Filer ID 00088276	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. <i>These expenditures may have been made without the candidate's or office political consent.</i> Candidates and officeholders are required to report this information only if they receive r				
Additional Pages		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE/	ASURER ADDRESS		
<b>16</b> CONTRIBUTION TOTALS			NS(OTHER THAN PLEDGES, LOA IONS MADE ELECTRONICALLY)	INS, \$	100.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	2,115.00
EXPENDITURE       3.       TOTAL UNITEMIZED POLITICAL EXPENDITURES         TOTALS       (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$	470.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$	11,636.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IED AS OF THE LAST DAY OF THE	<sup>=</sup> \$	261.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DA	<sup>AY</sup> \$	0.00
17 AFFIDAVIT					
		true and corre	firm, under penalty of perjury, that th ect and includes all information requ 5, Election Code.		
			Ms. Brendetta Anthony	Scott	
			Signature of Candidate or Offi	ceholder	_
AFFIX NOTARY STAMP / SEAL ABOVE					
			, this the		day
of	, 20, to ca	rtify which, witness my hand and	seal of office.		
Signature of offic	cer administering oath	Printed name of officer adm	ninistering oath Title of o	officer administe	ring oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state	tx.us	Version \	/4.1.0.48da51f7

### FORM JC/OH COVER SHEET PG 3

3 of 17

18 FILE	RNAM	(Ethics Commission Filers)		
Sco	tt, Bre			
20 SCH NAM	IEDULE IE OF S	SUBTOTAL AMOUNT		
1.	Х	<b>\$</b> 2,115.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 3,225.87
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 2,982.29
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 5,428.75
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/17		
2 FILER NAME Scott, Brende	tta Anthony (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088276		
4 Date 10/23/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Anthony, Clarence</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$50.00	
	Grenada, MS 38901			
8 Contributor's P retired	rincipal Occupation	9 Contributor's Job Title retired		
10 Contributor's en N/A	nployer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)			
Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Anthony, Clyde Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$50.00	
	Grenada, MS 38901			
Contributor's P retired	rincipal Occupation	Contributor's Job Title retired		
Contributor's e	nployer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Anthony, Mary Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00	
	Greenwood, MS 38930			
Contributor's P CNA	rincipal Occupation			
	nployer/law firm rsing and Rehab Center	oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Eorms provided k	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7	

The Instruction Guide explair	1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/17					
2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Scott, Brendetta Anthony (Ms.)	00088276					
4 Date 5 Full name of contribu		:)	7 Amount of Contribution (\$)			
10/23/2024 Barr, Willie & Ruby			\$225.00			
6 Contributor address;	City; State; Zip Code					
Greenwood, MS 3	8930					
8 Contributor's Principal Occupation		9 Contributor's Job Title				
retired		retired				
10 Contributor's employer/law firm		<b>11</b> Law firm of contributor's sp	bouse (if any)			
Retired						
<b>12</b> If contributor is a child, law firm of pare	nt(s) (If any)					
Date Full name of contribu	Itor out-of-state PAC (ID#	:)	Amount of Contribution (\$)			
10/23/2024 Brewer, Leah			\$225.00			
Contributor address;	City; State; Zip Code					
Greenwood, MS 3						
Contributor's Principal Occupation Law Clerk	Contributor's Job Title Law Clerk					
Contributor's employer/law firm						
Sanders Law Firm						
If contributor is a child, law firm of pare	nt(s) (if any)					
Date Full name of contribu	itor out-of-state PAC (ID#	:)	Amount of Contribution (\$)			
10/21/2024 Cates, Anita	_		\$100.00			
	City; State; Zip Code					
Lancaster, TX 751	46	-				
	Contributor's Principal OccupationContributor's Job TitleCase ManagerCase Manager					
Case Manager						
Contributor's employer/law firm FCI Seagoville	oouse (if any)					
If contributor is a child, law firm of pare						
Forms provided by Texas Ethics Comr		cs state tx us	Version V4 1 0 48da51f7			

The Instruction	on Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/17				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Scott, Brendetta	a Anthony (Ms.)	00088276				
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)			
10/23/2024	Chadrick, Henderson		\$500.00			
6	Contributor address; City; State; Zip Code					
	Houston, TX 77071					
8 Contributor's Prin	cipal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's emp	oloyer/law firm	11 Law firm of contributor's sp	oouse (if any)			
Henderson Law	/ Group					
12 If contributor is a	child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
10/02/2024	Derin, Dacey		\$15.00			
""	Contributor address; City; State; Zip Code					
	Houston, TX 77011					
Contributor's Prin	cipal Occupation	Contributor's Job Title				
Assistant Direct	or	Assistant Director				
Contributor's emp		Law firm of contributor's sp	oouse (if any)			
University of Ho	buston					
If contributor is a	child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
10/23/2024	Harris, Edith		\$50.00			
	Contributor address; City; State; Zip Code					
	Anderson, IN 46011					
Contributor's Prin	cipal Occupation					
retired						
Contributor's emp	loyer/law firm	bouse (if any)				
N/A						
If contributor is a	If contributor is a child, law firm of parent(s) (if any)					
Forms provided by	Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.48da51f7			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/17				
2 FILER NAME Scott, Brend	etta Anthony (Ms.)	3 Filer ID (Ethics Commission Filers) 00088276				
4 Date 10/23/2024	5 Full name of contributor out-of-state PAC (ID#: Jeems, Robert & Nell		7 Amount of Contribution (\$) \$200.00			
	6 Contributor address; City; State; Zip Code					
	Greenwood, MS 38930					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
Restaurant C	Dwners	Restaurant Owners				
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)			
Jeems Diner						
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date		)	Amount of Contribution (\$)			
10/10/2024	Judd, Josh		\$400.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77056					
Contributor's	Principal Occupation	Contributor's Job Title				
Attorney		Shareholder				
	employer/law firm	Law firm of contributor's sp	house (if any)			
Andrews My						
	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)			
10/23/2024	Phillips, Annie	······	\$100.00			
	Contributor address; City; State; Zip Code					
	Greenwood, MS 38930					
Contributor's F	I Principal Occupation	Contributor's Job Title				
retired						
Contributor's e	employer/law firm	oouse (if any)				
N/A						
If contributor is a child, law firm of parent(s) (if any)						
	by Tayas Ethics Commission		Version \// 1.0./8da51f7			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 8/17		Scott, Brendetta Anthony (Ms.	.)				00088276
4	Date	5	Payee name				1	
	10/04/2024		12 Oaks Parking					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de		
	\$17.00		5175 Westheimer					
			Houston, TX 77056					
8	PURPOSE					(b) Description		
-	OF		Category (See Categories listed at the tr Fees	op of this sch	iedule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense
						Parking Fee	for	Campaign Event at 5115
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	10/23/2024		Allied Signs					
	Amount (\$)		Payee address; City;	State	; Zip Co	de		
	\$54.13		6820 Harwin Dr.					
			Houston, TX 77036					
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense		,	Check if travel	outs	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Stakes for ya	ard	signs
						-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held
		_						
	Date		Payee name					
	09/30/2024		Bailey, Cynthia					
	Amount (\$)		Payee address; City;	State	; Zip Co	de		
	\$200.00		7830 Flintridge					
			Houston, TX 77028					
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	redule)	(b) Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Canvassing	ano	лпсаюр
					24			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office sou	jnt		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pens (ages	e /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:	2					3	Filer ID (Ethics Commission Filers)	
_	Sch: 2/5 Rpt: 9/17		Scott, Brendetta Anthony (Ms.)					00088276	
4	Date	5	Payee name						
	10/25/2024		Bailey, Cynthia						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$1,487.50		7830 Flintridge						
			Houston, TX 77028						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	a dula)	(b)	Description			$\neg$
-	OF		Advertising Expense	ledule)	()	<u> </u>	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense	
						Poll workers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held	
_	Date								—
	10/23/2024		Payee name Brown, Robert						
									_
	Amount (\$)			; Zip Co	de				
	\$185.00		4315 Wuthering Heights Dr.						
			Houston, TX 77045						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.	
	_/						, TX,	, officeholder living expense	
						Poll worker			
				0.000					-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	gnt			Office held	
_	Date	_							=
	10/25/2024		Payee name Fort Bend County Democratic Party						
				7.00	-1 -				_
	Amount (\$)			; Zip Co	de				
	\$20.00		13515 Southwest Fwy #204						
			Sugar Land, TX 77478						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Contributions/Donations Made By					ide of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comn	nittee		Donation to F		, officeholder living expense סחר	
							50		
	Complete ONLV if direct		andidate/Officeholder name	Office sou	aht			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Since Sou	ynt			Office field	
									$\neg$

	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 Off/Awards/Memorials Expense Off/Awards/Memorials Expense 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:		<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 3/5 Rpt: 10/17	Scott, Brendetta Anthony (Ms.)	00088276		
4	Date 10/23/2024	Payee name Godaddy			
6	Amount (\$) \$24.51	Payee address; City; State; Zip Code 2150 E. Warner Rd Tempe, AZ 85284			
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense nail		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/09/2024	Harris County Democratic Party			
	Amount (\$) \$310.75	Payee address; City; State; Zip Code 4619 Lyons Houston, TX 77020			
	PURPOSE OF EXPENDITURE	Advertising Expense (See Categories listed at the top of this schedule) (b) Description Check if travel of Check if Austin, Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense m and marketing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/17/2024	Navasota Examiner			
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 115 Railroad St.			
		Navasota, TX 77868			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense paper		
	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		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: 4/5 Rpt: 11/17	Scott, Brendetta Anthony (Ms.)	00088276		
4	Date	5 Payee name			
	10/15/2024	Royal Sonesta			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$18.00	2222 W. Loop S.			
		Houston, TX 77027			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		utside of Texas. Complete Schedule T.		
	-		TX, officeholder living expense MABAH Gala		
			MABAN Gala		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/01/2024	Scott, LaShelle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	2277 Winrock			
		Apt. 322			
		Houston, TX 77057			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		utside of Texas. Complete Schedule T.		
	EXPENDITORE		TX, officeholder living expense		
		559 Fired Up	Precinct Donation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/23/2024	Shell Oil			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$39.54	6100 Bellaire			
		Houston, TX 77081			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	yas 🛛 🗖	utside of Texas. Complete Schedule T. TX, officeholder living expense		
			to various counties to campaign and		
		attend events			
	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	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/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:	P FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 5/5 Rpt: 12/17	Scott, Brendetta Anthony (Ms.)	00088276		
4	Date	Payee name			
	10/15/2024	UH Hilton			
6	Amount (\$) \$20.00	Payee address; City; State; Zip Code 4450 University Dr. Houston, TX 77204			
8	PURPOSE OF EXPENDITURE	Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense UH Candidate Forum		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/07/2024	Walmart			
	Amount (\$) \$19.44	Payee address; City; State; Zip Code 5501 Hwy 6 Missouri City, TX 77459			
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule)       (b) Description         Food/Beverage Expense       Check if travel ou         Check if Austin, T       Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense J Homecoming Parade		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	09/30/2024	Wells Fargo Bank			
	Amount (\$) \$10.00	Payee address;City;State;Zip Code2440 Texas Parkway			
		Missouri City, TX 77489			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 10(a)           Advertising Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense							
Accounting/Banking Consulting Expense	Fees	erage Expense	Office Overhead/Re Polling Expense	ental Expense Ti	ransportation Equipme		Expense
Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	ls/Memorials Expense	Printing Expense Salaries/Wages/Co		ravel Out of District THER (enter a categor	y not listed al	oove)
	The Inst	truction Guide explains l	how to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 1/2 Rpt: 13/17	Scott, Brendetta Ar	nthony (Ms.)			00088276		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED	\$		
ISSUER	Comer	ica Bank		GED TO A CREDIT			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid		
	\$351.81	10/05/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Allied Signs		6820 Hai	rwin Dr.			
			Houston,	TX 77036			
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this schoolule)	(b) Descrip				
EXPENDITURE	Advertising Expense	) of this schedule)	Yard sigr	าร			
X Political							
Non-Political		of Texas. Complete Schedule		Check if Austin, TX	, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name C	Office sought		Office held		
	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	or Paid		
	\$595.38	09/28/2024	(0) Duic(3)				
	\$393.36	09/20/2024					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Allied Signs		6820 Hai	rwin Dr.			
PURPOSE OF	(a) Category		(b) Descrip	TX 77036			
EXPENDITURE	(See Categories listed at the top of this schedule)		· / ·	Yard signs and stakes			
X Political	X         Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	е Т.	Check if Austin, TX,	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	r name C	Office sought		Office held		
expenditure to benefit C/OH					<b>D</b> 11		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issue	er Paid		
	\$1,353.13	10/21/2024					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Allied Ciana		6820 Hai	rwin Dr.			
	Allied Signs						
				TX 77036			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	(b) Descrip Yard sign	otion 1s, stakes and pt	ish cards		
X Political	Advertising Expense			is, states and pt			
Non-Political	(c) Chack if travel outside	of Texas. Complete Schedule			officeboldor living our	onco	
Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder		office sought		, officeholder living exp Office held	61156	
expenditure to benefit C/OH					2		

# EXPENDITURES MADE BY CREDIT CARD

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Tra Tra Tra	licitation/Fundraising ansportation Equipm avel in District avel Out of District HER (enter a categ	ent & Related I	·
	Total pages Schedule F4:	·				3 Filer ID (Eth	nics Commiss	ion Filers)
1	Sch: 2/2 Rpt: 14/17	Scott, Brendetta An	thony (Me.)			00088276		John Hiers)
4	•		ncial institution			00000270		
4	CREDIT CARD ISSUER		revious	5 TOTAL OF UNITEM EXPENDITURES CHARGED TO A CI CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer	Paid		
		\$108.25	10/21/2024					
7	PAYEE	(a) Payee name	1	(b) Payee address;		City,	State,	Zip Code
				6820 Harwin Dr.				
		Allied Signs						
				Houston, TX 77036				
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Stakes for yard sign	IS			
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	e T. Check if Au	ustin, TX, d	officeholder living ex	kpense	
9	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	l Issuer	Paid		
		\$573.72	10/21/2024					
	PAYEE	(a) Payee name	I	(b) Payee address;		City,	State,	Zip Code
				6820 Harwin Dr.				
		Allied Signs						
				Houston, TX 77036				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
		Advertising Expense		push cards, yard sig	gns, an	id stakes		
	X Political							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule		ustin, TX, d	officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder	name C	Office sought		Office held		
e	xpenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp /- Gift/Awards/Memorials Expense Printing Exp	Image: Market			
1	Total pages Schedule G: Sch: 1/3 Rpt: 15/17	2 FILER NAME Scott, Brendetta Anthony (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088276			
4	Date 10/21/2024	5 Payee name AB Canvassing Incorporated				
6	Amount (\$) \$2,467.00 X Reimbursement from political contributions intended	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>8331 Northern St.</li> <li>Houston, TX 77071</li> </ul>				
8	PURPOSE OF EXPENDITURE	Advertising Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll workers			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
	Date 10/25/2024	Payee name AB Canvassing Incorporated				
	Amount (\$) \$200.02 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8331 Northern St. Houston, TX 77071				
			Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit       C/OH       Office held       Office held					
	DatePayee name09/30/2024Bailey, Cynthia					
	Amount (\$) \$813.37	Payee address;     City;     State;     Zip Code       7830 Flintridge				
	X Reimbursement from political contributions intended	Houston, TX 77028				
	PURPOSE     Category (See Categories listed at the top of this schedule)       OF     Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Putting up 4X4s campaign signs			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held			
Γ						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense /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 G: Sch: 2/3 Rpt: 16/17	2 FILER NAME Scott, Brendetta Anthony (Ms.)	3	Filer ID (Ethics Commission Filers) 00088276			
4 Date 10/01/2024	5 Payee name Bailey, Cynthia					
6 Amount (\$) \$436.73	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>7830 Flintridge</li> <li>Houston, TX 77028</li> </ul>					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense up 4X4 campaign signs			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
Date 10/20/2024						
Amount (\$)     Payee address;     City;     State;     Zip Code       \$200.00     7830 Flintridge       Image: Political contributions intended     Houston, TX 77028						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office leads         expenditure to benefit       C/OH       Office leads       Office leads       Office leads			Office held			
Date 10/08/2024	T djee halle					
Amount (\$) \$175.00						
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ing lit for TDW- Ft. Bend			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

	POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense expense Expense 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 G: Sch: 3/3 Rpt: 17/17	2 FILER NAME Scott, Brendetta Anthony (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088276		
4	Date 09/30/2024	5 Payee name Sprint to Print				
6	Amount (\$) \$1,136.63 Reimbursement from	<ul> <li>7 Payee address; City; State; Zip C 8748 Clay Rd #300</li> </ul>	ode			
	X political contributions intended	Houston, TX 77080				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description [ 50 4x4 campaign	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held		