CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete	this form.	1 Filer ID (Ethics Commis 00088256		2 Total pages fi	led: 22
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR F	IRST		MI	OFFICE	USE ONLY
NAME	Mr. S	Scott B.			Date Received	ALLY EU ED
					ELECTRONIC	ALLY FILED
		AST Vhite		SUFFIX	01/10/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT / S	SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered o	or Date Postmarked
OFFICEHOLDER MAILING	PO Box 1007					
ADDRESS	2180 W. Northwest Hwy #11	.4			Receipt #	Amount
Change of Address	Grapevine, TX 76051				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FI	IRST		MI		
TREASURER NAME	С	harles E.				
	NICKNAME LA	 AST		SUFFIX		
		ankford		0011111		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BO	OX PLEASE);	AP1	/ SUITE #; CIT	Y; STA	ATE; ZIP CODE
ADDRESS	PO Box 1007	4				
(Residence or Business)	2180 W. Northwest Hwy #11 Grapevine, TX 76051	.4				
	Grapevine, 17, 70001					
7 CAMPAIGN	AREA CODE PHONE I	NUMBER E	XTENSION			
TREASURER PHONE	(817) 832-7806					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	July 15	8th day before e	election	Exceeded modified	X Final Report (Att	
				reporting limit		
9 PERIOD COVERED	Month Day Year		DOLLOLL	Month Day		
COVERED	10/27/2024	IH	ROUGH	12/31/20	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11/05/2024	Pr	imary	Runoff	Other	
	11/03/2024	X Ge	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	None				ntative District HD	98
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	White, Scott B. (Mr.)		14 Filer ID 00088256	(Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	the candidate's or offic	eholder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	964.00
EXPENDITURE TOTALS					0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	10,275.84
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	2,395.45
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Mr.	. Scott B. White		
		Signature of	Candidate or Officeho	older	
AFFIX NOT	ΓARY STAMP / SEAL AΒ	OVE			
Sworn to and subso	ribed before me, by the s	aid	, this the		day
Of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of office	er administering	oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 22 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00088256 White, Scott B. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 964.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 10,275.84 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL CONTR	SCHEDULE A				
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 10/28/2024			7	Amount of Contribution (\$)	\$5.00	
_	D: : 1	Grapevine, TX 76099	la la		<u></u>		
8	Principal occu Test Softwar	ccupation / Job title (See Instructions) ware 9		S)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Cohen, Jonathan Contributor address; City; State; Zip Code Valley Ford, CA 94972			Amount of Contribution (\$)	\$250.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u>		
	Not Employed Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Cox, Karen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00		
		Austin, TX 78749					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Texas Department of Lie	′	sing and Regulation	
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Cruze, David Contributor address; City; State; Zip Code Colleyville, TX 76034			Amount of Contribution (\$)	\$10.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 11/01/2024	Full name of contributor out-of-state Dellamura, Joanne Contributor address; City; State; Zip Cod Fort Worth, TX 76109	ate PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 10/30/2024			7	Amount of Contribution (\$)	\$25.00	
	Dringing aggr	Southlake, TX 76092) In	Employer (See Instructions	<u>''</u>		
8	Not Employe			o)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2024 Edwards, Barbara Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$7.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u>s)</u>			
Not Employed Not Employed				٠,			
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Edwards, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Richardson, TX 75082					
	Principal occu Not Employe	pation / Job title (See Instructions d)	Employer (See Instructions Not Employed	s)		
Date Full name of contributor out-of-state PAC (ID#: 10/29/2024 Effinger, Raymond Contributor address; City; State; Zip Code Palm Springs, CA 92262)		Amount of Contribution (\$)	\$25.00		
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/31/2024	Full name of contributor Fickling, Sarah Contributor address; City; St McKinney, TX 75070	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIBU		E A1			
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 11/10/2024			7	Amount of Contribution (\$)	\$10.00	
_		Driftwood, TX 78619			_		
8	Self	pal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self		s)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Gosslee, Pagett Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions)			 s)			
	Not Employed Not Employed			Not Employed			
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00		
		San Antonio, TX 78209					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Ebby Halliday	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Huschle, Mary Contributor address; City; State; Zip Code Garland, TX 75044			Amount of Contribution (\$)	\$5.00		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Garland ISD	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 10/31/2024			7	Amount of Contribution (\$)	\$20.00	
8	Principal occur	Grapevine, TX 76051 pation / Job title (See Instructions)	- Ia	Employer (See Instructions	<u>:)</u>		
Ŭ	Not Employe			٠,			
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Knight, S H Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Onalaska, TX 77360			<u> </u>			
	Principal occupation / Job title (See Instructions) Not Employed Not Employed			5)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Lanier, Jimmy Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00		
		Euless, TX 76039					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Mckessson	S)		
	Date Full name of contributor out-of-state PAC (ID#:) Lefforge, Nan Contributor address; City; State; Zip Code Houston, TX 77079			Amount of Contribution (\$)	\$5.00		
	Principal occu Psychothera	pation / Job title (See Instructions) pust		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Manning, Elizabeth M Contributor address; City; State; Zip Code Manor, TX 78653		•	Amount of Contribution (\$)	\$10.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. тос Етіріоуо	•					

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 8/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 10/28/2024	May, George 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8	Principal occur	Colorado Springs, CO 8091 pation / Job title (See Instructions)		Employer (See Instructions	.)		
Ū	Not Employe			')			
	Date Full name of contributor out-of-state PAC (ID#:) 11/04/2024 McBeth, Lillian S Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		Corinth, TX 76210					
	Principal occupation / Job title (See Instructions) Employer (See Instruction Account Manager Custom Ink		Employer (See Instructions Custom Ink	i)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Messinger, Brus Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Deignaignal annu	Grapevine, TX 76051		Franks or (Cook batwotices	_		
	Pilot	pation / Job title (See Instructions)		Employer (See Instructions AAL)		
Date Full name of contributor out-of-state PAC (ID#:) 11/11/2024 Mondragon, Carlos Contributor address; City; State; Zip Code		,		Amount of Contribution (\$)	\$20.00		
Euless, TX 76039 Principal occupation / Job title (See Instructions) Truck Driver Employer (See Instructions) Self		Employer (See Instructions Self	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Morphew, Salena Contributor address; City; State; Zip Code Keller, TX 76248			Amount of Contribution (\$)	\$50.00		
	Principal occup	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed	5)		
			1				

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/22	
2	FILER NAME White, Scott	B. (Mr.)			3	Filer ID (Ethics Commission 00088256	r Filers)
4	Date 11/02/2024			7	Amount of Contribution (\$)	\$10.00	
_		North Richland Hills, TX 76			_		
8	Principal occu Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Intex	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Nicholls, Rosalie Contributor address; City; State; Zip Code Austin, TX 78748			Amount of Contribution (\$)	\$5.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>			
	Not Employed Not Employed						
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00	
		Euless, TX 76039					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Peterson, Mariel Contributor address; City; State; Zip Code Grapevine, TX 76051		,		Amount of Contribution (\$)	\$15.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/27/2024	Full name of contributor Pierson, Paula Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/22	
2	FILER NAME White, Scott			3	Filer ID (Ethics Commission 00088256	ı Filers)
4	Date 11/10/2024	Full name of contributor		7	Amount of Contribution (\$)	\$6.00
8	Principal occu	Bedford, TX 76021 spation / Job title (See Instructions)	9 Employer (See Instructions			
•	Not Employe	Employed Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Ritchie, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions))		
	Retired Retired					
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Rodriguez, Michelle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00	
		Georgetown, TX 78633				
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Scott & White Clinic)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/31/2024 Roitman-Boothe, Marcia Contributor address; City; State; Zip Code Grapevine, TX 76051				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 11/07/2024				Amount of Contribution (\$)	\$10.00
	Principal occu Real Estate	ipation / Job title (See Instructions)	Employer (See Instructions Self Employed)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	_E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/22	
2	FILER NAME White, Scott			3	Filer ID (Ethics Commission 00088256	n Filers)
4	Date 11/04/2024	5 Full name of contributor out-of-state PAC (ID#:_ Russell, Terry 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
0	Dringing agg	Arlington, TX 76016	9 Employer (See Instructions	<u></u>		
8	Principal occupation / Job title (See Instructions) Sales 9 Employer (See Instruction Self Employed					
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Tam, Alfred Contributor address; City; State; Zip Code Houston, TX 77019				Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions) IT Consultant Employer (See Instructions) Alight			<u>l</u> S)		
Date Full name of contributor out-of-state PAC (ID#: 11/11/2024 Williams, Alyssa Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$6.00	
		Keller, TX 76248				
	Principal occu Web Design	pation / Job title (See Instructions) er	Employer (See Instructions Rogers Wealth Group	s)		
Date Full name of contributor out-of-state PAC (ID#:			-	Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions) Technology Employer (See Instruction Idontwanttosay			5)		
	realmology		idonimanidody			

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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 12/22	White, Scott B. (Mr.) 00088256
4	Date	5 Payee name
	11/01/2024	Cates Legal Firm
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	20210 Silver Stream
		San Antonio, TX 78259
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Legal Expense - Retainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/31/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 02451
	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
		Digital Direct Communication / E-Mail Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
	Date	Pouso namo
	12/02/2024	Payee name Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
	7-1.1-0	
		Waltham, MA 02451
	PURPOSE	Tu.
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Digital Direct Communication / E-Mail Services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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	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: 2/10 Rpt: 13/22	White, Scott B. (Mr.) 00088256
4	Date	5 Payee name
	12/31/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.26	1601 Trapelo Road
		Waltham, MA 02451
8	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.
		Check if Austin, TX, officeholder living expense Digital Direct Communication / E-Mail Services
		Digital Direct Communication / E Mail Cervices
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	11/20/2024	Dreamhost
	Amount (\$)	
	\$19.99	PMB #257
		417 Associated Rd.
		Brea, CA 92821
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website
		• • • • • • • • • • • • • • • • • • •
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/23/2024	Dreamhost
	Amount (\$) \$13.41	Payee address; City; State; Zip Code PMB #257
	Ψ13.41	
		417 Associated Rd.
		Brea, CA 92821
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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: 14/22	White, Scott B. (Mr.) 00088256
4	Date	5 Payee name
	10/28/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.00	1 Hacker Way
		Menlo Park, CA 94025
8	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.
		Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
		Advertising Expense Coolai Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	10/28/2024	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.00	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Advertising Expense - Social Media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	10/29/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.00	1 Hacker Way
		Menlo Park, CA 94025
	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.
		Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
		Advertising Expense - Social Media
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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: 4/10 Rpt: 15/22	White, Scott B. (Mr.) 00088256
4	Date	5 Payee name
	10/30/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.00	1 Hacker Way
		Menlo Park, CA 94025
8	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.
		Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
		Advertising Expense Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	11/01/2024	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	1 Hacker Way
		Menlo Park, CA 94025
	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.
		Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
		Advertising Expense - Social Media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 11/04/2024	Payee name Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$154.00	1 Hacker Way
		Menlo Park, CA 94025
	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
		Advertising Expense - Social Media
		Advertising Expense - Social Media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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: 5/10 Rpt: 16/22	White, Scott B. (Mr.) 00088256
4	Date	5 Payee name
	11/12/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.63	1 Hacker Way
		Menlo Park, CA 94025
8	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.
		Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
		Advertising Expense - Social Media
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davisa nama
	10/28/2024	Payee name
		Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.65	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Electronic Mail Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	11/04/2024	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.41	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Electronic Mail Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 6/10 Rpt: 17/22	White, Scott B. (Mr.) 00088256						
4	Date	5 Payee name						
	11/15/2024	Lone Star Campaign Management						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,598.76	500 E Front St						
		Suite 160						
		Arlington, TX 76011						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Campaign Management / Consulting Fees						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/Ol							
	Date	Dayso name						
	11/15/2024	Payee name Lone Star Campaign Management						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,250.00	500 E Front St						
		Suite 160						
		Arlington, TX 76011						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Campaign Management / Consulting Fees						
		Campaign Management / Consulting Fees						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O							
	Date	Payee name						
	11/01/2024	McGill, Delaney						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	4100 Grim Ave						
	+=,000.00	1200 0 / 1.00						
		Waco, TX 76092						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Staff Wages						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						

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 comple	ete this form.
1	Total pages Schedule F1: Sch: 7/10 Rpt: 18/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4	Date 11/04/2024	5 Payee name NGP VAN	·
	Amount (\$) \$106.60	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Organizing Software
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 12/30/2024	Payee name NGP VAN	
	Amount (\$) \$111.93	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Organizing Software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 11/04/2024	Payee name Numero	
	Amount (\$) \$600.00	Payee address; City; State; Zip Code 695 Town Center Drive Ste 580 Costa Mesa, CA 92626	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Expense - Donor CRM Software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		:)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 8/10 Rpt: 19/22	White, Scott B. (Mr.) 00088256	
4	Date	5 Payee name	
	11/19/2024	QuickBooks Payments	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.31	2700 Coast Ave	
		Mountain View, CA 94043	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Administrative Finance Software	
_	0 1: 0.11.4.7.1.		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/07/2024	Scale to Win	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.90	13742 Harper Street	
		Santa Ana, CA 92703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Volunteer / Campaign SMS Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	11/20/2024	Smartsheets	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$28.78		
	,	Ste 200	
		Bellevue, WA 98004	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Administrative Finance Software	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

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

Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
_				· · · · · · · · · · · · · · · · · · ·				_	Eller ID	(Fabine Commission Filess)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 9/10 Rpt: 20/22		White, Scott	B. (Mr.)						00088256	
4	Date	5	Payee name								
	12/20/2024		Smartsheets	5							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de				
	\$28.78		500 108th A	ve NE							
			Ste 200								
			Bellevue, W	A 00004							
		_	·								
8	PURPOSE OF	(a)		e Categories listed at tl		lule)	(b)	Description			
	EXPENDITURE		Office Overh	nead/Rental Exp	pense			=		de of Texas. Com officeholder living	nplete Schedule T.
								Administrative			
								7 tarriirii Strati V	. .	mance Son	waic
_	0 1: 01 1/4 1	L			0"	<u>, </u>				0,11	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice souç	ght			Office h	eld
	Date		Payee name								
	11/07/2024		Switchboard	l Public Benefit	Corp						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de				
	\$488.39		P.O. Box 33	485							
			Machinaton	DC 20022							
		L	Washington			<u> </u>					
	PURPOSE OF	(a)		e Categories listed at the		lule)	(b)	Description			
EXPENDITURE		Solicitation/1 undialising Expense					<u></u>		officeholder living	nplete Schedule T.	
								—			S Text Services
								r arrandioning E	-/\p	01100 01110	TOM COLVIDOO
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	coholdor namo	Off	fico cour	aht			Office h	old
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH						Office fi	eiu				
		_									
	Date		Payee name								
	12/31/2024		White, Scott	(Mr.)							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de				
	\$723.55		2861 Placid	Cir							
			Grapevine,	TX 76051							
	DUDDOCE	(-)	-			I	/l-\	<u> </u>			
	PURPOSE OF	(a)		e Categories listed at the		lule)	(D)	Description	outci	do of Toyas Com	nplete Schedule T.
	EXPENDITURE		Loan Repay	ment/Reimburs	ement			ш		officeholder living	•
								Partial repayr			
								. ,		,	,
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name	Off	fice soug	thr			Office h	eld
	expenditure to benefit C/OI		Januara Offic	onolaci name	Oli	c sout	9111			Office III	oiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising 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	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Travel in Distr Travel Out of		
	· · · · · · · · · · · · · · · · · · ·		The Instruction Guide expla	ins how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 10/10 Rpt: 21/22	2 FILER NAMI White, Sco				3 Filer ID 00088256	(Ethics Commission Filers)
Ļ						00000250	,
4	Date 11/05/2024	5 Payee name Zapier					
6	Amount (\$)	7 Payee addre		ate; Zip Code			
	\$31.97	548 Market	St				
		#62411 San Franci	sco, CA 94104				
8	PURPOSE	(a) Category (S	see Categories listed at the top of this	s schedule) (b)	Description		
	OF EXPENDITURE	Advertising	Expense		ш	outside of Texas. Co , TX, officeholder liv	omplete Schedule T. ing expense
					Digital Direct	Communicat	on / E-Mail Services
9	Complete ONLY if direct		iceholder name	Office sought		Office	held
	expenditure to benefit C/OI	H 					

		FORM C/OH - FR
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 22 of 22
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)
	White, Scott B. (Mr.)	00088256
3	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.	
	Mr. So	cott B. White
	Signature of Ca	andidate / Officeholder
4	FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder ** A CAMPAIGN FUNDS	
	Check only one:	ical contributions
	X I do not have unexpended contributions or unexpended interest or income earned from polit	
	I have unexpended contributions or unexpended interest or income earned from political conconvert unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after from must dispose of unexpended political contributions and unexpended interest or income earned with the requirements of Election Code 254.204.	tical contributions to personal use. I also retain unexpended contributions or iling this report. Further, I understand that I
	B ASSETS	
	Check only one:	
	X I do not retain assets purchased with political contributions or interest or other income from	political contributions.
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also
	Mr. So	cott B. White
	Signatur	e of Candidate
5	OFFICEHOLDER	
	** Complete this section only if you are an officeholder **	
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from politicial contributions, or assets printerest or other income from political contributions.	last required report as an officeholder, I
	Signature	e of Officeholder