

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 (Ethics Commission Filers) 00088256
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	964.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,275.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,395.45

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Scott B. White

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azadpour, Aram <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76099	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Test Software		9 Employer (See Instructions) SMS Infocomm Corp.
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jonathan <hr/> Contributor address; City; State; Zip Code Valley Ford, CA 94972	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Department of Licensing and Regulation
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruze, David <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dellamura, Joanne <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edens, Paula	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Southlake, TX 76092		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Barbara	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Barbara	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Effinger, Raymond	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Palm Springs, CA 92262		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) NA
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fickling, Sarah	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Lupe <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosslee, Pagett <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hans, Carol <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harp, Jim <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Ebby Halliday
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huschle, Mary <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Garland ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Leonard <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, S H <hr/> Contributor address; City; State; Zip Code Onalaska, TX 77360	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanier, Jimmy <hr/> Contributor address; City; State; Zip Code Eules, TX 76039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Mckessson
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefforge, Nan <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Elizabeth M <hr/> Contributor address; City; State; Zip Code Manor, TX 78653	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, George <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80918	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBeth, Lillian S <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Account Manager		Employer (See Instructions) Custom Ink
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, Brus <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) AAL
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Carlos <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Truck Driver		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morphew, Salena <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, LJ <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Intex
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Cathy <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mariel <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierson, Paula <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Ida <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, David <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Michelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Scott & White Clinic
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roitman-Boothe, Marcia <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowe, Dana <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/22
2 FILER NAME White, Scott B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Terry <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Alfred <hr/> 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
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Alyssa <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Web Designer		Employer (See Instructions) Rogers Wealth Group
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zhang, Yi <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technology		Employer (See Instructions) Idontwanttosay

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 13/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 12/31/2024	5 Payee name Constant Contact	
6 Amount (\$) \$117.26	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Direct Communication / E-Mail Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2024	Payee name Dreamhost	
Amount (\$) \$19.99	Payee address; City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2024	Payee name Dreamhost	
Amount (\$) \$13.41	Payee address; City; State; Zip Code PMB #257 417 Associated Rd. Brea, CA 92821	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 14/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/28/2024	5 Payee name Facebook	
6 Amount (\$) \$104.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2024	Payee name Facebook	
Amount (\$) \$94.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2024	Payee name Facebook	
Amount (\$) \$115.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 15/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 10/30/2024	5 Payee name Facebook	
6 Amount (\$) \$127.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name Facebook	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Facebook	
Amount (\$) \$154.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/10 Rpt: 16/22	2	FILER NAME White, Scott B. (Mr.)	3	Filer ID (Ethics Commission Filers) 00088256
4	Date 11/12/2024	5	Payee name Facebook		
6	Amount (\$) \$80.63	7	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense - Social Media		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/28/2024		Payee name Google		
	Amount (\$) \$10.65		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic Mail Services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/04/2024		Payee name Google		
	Amount (\$) \$8.41		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic Mail Services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 17/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/15/2024	5 Payee name Lone Star Campaign Management	
6 Amount (\$) \$2,598.76	7 Payee address; City; State; Zip Code 500 E Front St Suite 160 Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management / Consulting Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2024	Payee name Lone Star Campaign Management	
Amount (\$) \$2,250.00	Payee address; City; State; Zip Code 500 E Front St Suite 160 Arlington, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management / Consulting Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2024	Payee name McGill, Delaney	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4100 Grim Ave Waco, TX 76092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete 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	
6 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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Organizing Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Organizing Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense - Donor CRM Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 8/10 Rpt: 19/22	2	FILER NAME White, Scott B. (Mr.)	3	Filer ID (Ethics Commission Filers) 00088256
4	Date 11/19/2024	5	Payee name QuickBooks Payments		
6	Amount (\$) \$37.31	7	Payee address; City; State; Zip Code 2700 Coast Ave Mountain View, CA 94043		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Finance Software		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/07/2024		Payee name Scale to Win		
	Amount (\$) \$800.90		Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 92703		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer / Campaign SMS Services		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/20/2024		Payee name Smartsheets		
	Amount (\$) \$28.78		Payee address; City; State; Zip Code 500 108th Ave NE Ste 200 Bellevue, WA 98004		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Finance Software		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 20/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 12/20/2024	5 Payee name Smartsheets	
6 Amount (\$) \$28.78	7 Payee address; City; State; Zip Code 500 108th Ave NE Ste 200 Bellevue, WA 98004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Administrative Finance Software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Switchboard Public Benefit Corp	
Amount (\$) \$488.39	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expense - SMS Text Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name White, Scott (Mr.)	
Amount (\$) \$723.55	Payee address; City; State; Zip Code 2861 Placid Cir Grapevine, TX 76051	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial repayment of Loan(s) outstanding
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 21/22	2 FILER NAME White, Scott B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088256
4 Date 11/05/2024	5 Payee name Zapier	
6 Amount (\$) \$31.97	7 Payee address; City; State; Zip Code 548 Market St #62411 San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Digital Direct Communication / E-Mail Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME White, Scott B. (Mr.)	2 Filer ID (Ethics Commission Filers) 00088256
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Mr. Scott B. White

Signature of Candidate / 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:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS

Check only one:

- 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 contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Mr. Scott B. White

Signature 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 does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder