JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instructior	Guide explains how to co	nplete this form.	1 Filer ID (Ethics Commission 00081318	n Filers)	2 Total pages	s filed: 9
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Scot G.				
NAME		0001 0.			Date Received	
					ELECTRON	CALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Dolli	Dollinger				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
MAILING	P.O. Box 220				-	
ADDRESS	c/o PHLR				Receipt #	Amount
Change of Address	Pittsburg, TX 75686					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Scot G.				
NAME		0000 0				
	NICKNAME	LAST			SUFFIX	
	Dolli	Dollinger				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO F	PO BOX PLEASE);	APT / S	SUITE #; CITY;	S	STATE; ZIP CODE
ADDRESS	P.O. Box 220					
(Desidence or Dusiness)	c/o PHLR					
(Residence or Business)	Pittsburg, TX 75686					
	<u>,</u>					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(281) 387-9055					
THOME						
8 REPORT		_	_	_	-	
TYPE	X January 15	30th day before	e election Ru	noff		campaign treasurer officeholder only)
	July 15	8th day before	election 🔲 Ex	ceeded modified	-	Attach C/OH-FR)
				porting limit		
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2024		IROUGH	12/31/202		
	01/01/2024			12/01/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea		-		Other	
	Buy rou		rimary	Kunon	Other	
		G	ieneral	Special		
			-			
11 OFFICE	OFFICE HELD (if any)	•	1	2 OFFICE SOUGHT	(if known)	
	None			Legacy Only		
	1					
		<u> </u>	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Ver	sion V4.1.0.5dd2ace2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 9

13 C / OH NAME	Dollinger, Scot G. (Th	ne Honorable)		14 Filer ID 00081318	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno notice of such					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS	i			
	SPECIFIC					
		COMMITTEE CAMPAIG	N TREASURER NAME			
		COMMITTEE CAMPAIG	N TREASURER ADDRES	55		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTR ES OF LOANS, OR CONT			, \$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTION	S		\$	0.00
TOTALS	\$	0.00				
	4. TOTAL POLIT	ICAL EXPENDITURES	5		\$	362.18
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	\$	2,424.81			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OU TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true a	ar, or affirm, under penalty nd correct and includes a Title 15, Election Code.			
			The Hono	rable Scot G. Dollir	naer	
				Candidate or Officeh	-	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
		- i-d		410:0 41		devi
		aid ertify which, witness my ha		, this the		_ day
	, , , , , , , , , , , , , , , , ,					
Signature of offic	er administering oath	Printed name of offic	cer administering oath	Title of offic	er administeri	ng oath
Forms provided by Tex	xas Ethics Commissior	www.ethics	s.state.tx.us		Version V4	.1.0.5dd2ace2

SUBTOTALS - JC/OH	C	FORM JC/OH COVER SHEET PG 3 3 of 9
18 FILER NAME Dollinger, Scot G. (The Honorable)	19 Filer ID 00081318	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 362.18
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

_	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 Solicitatio Fees Office Overhead/Rental Expense Transport Food/Beverage Expense Polling Expense Travel ou Gift/Awards/Memorials Expense Printing Expense Travel Ou						vlicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)		
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)		
1		1		blo)			ľ	00081318			
	Sch: 1/6 Rpt: 4/9		Dollinger, Scot G. (The Honora	bie)				00081318			
4	Date	5	Payee name								
	07/01/2024		Bank of America Corporation								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co						
ľ		Ľ		olulo,	, zip 00						
	\$16.00		100 North Tryon Street								
			Charlotte, NC 28255								
8	PURPOSE	(2)	Catagony			(b) Description					
ľ	OF	(4)	Category (See Categories listed at the top	of this sch	iedule)	(b) Description	oute	ide of Texas. Com	nlete Schedule T		
	EXPENDITURE		Accounting/Banking					, officeholder living			
						Monthly Bank			onpeniee		
						Wontiny Ban	νιιų	gree			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office he	eld		
	experiatione to benefit C/Of										
F	Date		Payee name								
	08/01/2024		Bank of America Corporation								
			-								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$16.00		100 North Tryon Street								
			Charlotte, NC 28255								
						<i>a</i> >					
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	iedule)	(b) Description					
	EXPENDITURE		Accounting/Banking					ide of Texas. Com			
								, officeholder living	expense		
						Monthly Banl	kini	у нее			
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	H									
-	Date	—	Payee name								
	09/03/2024										
	09/03/2024		Bank of America Corporation								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$16.00		100 North Tryon Street								
			Charlotte, NC 28255								
			Chanolle, NC 28255								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description					
	OF EXPENDITURE		Accounting/Banking					ide of Texas. Com			
								, officeholder living	expense		
						Monthly Banl	kin	g Fee			
	Complete ONLY if direct	. (Candidate/Officeholder name	(Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	Н				-					

_	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 Solicitation/Fit Fees Office Overhead/Rental Expense Transportatio Food/Beverage Expense Polling Expense Travel in Dist Gift/Awards/Memorials Expense Printing Expense Travel Out of				Transportation E Travel in District Travel Out of Dis				
	Total pages Schedule F1:	2							2	Filer ID	(Ethics Commission Filers)
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	Sch: 2/6 Rpt: 5/9		Dollinger, Sco	ot G. (The Hono	rable)					00081318	
4	Date	5	Payee name								
	10/01/2024		Bank of Amer	ica Corporation							
	Amount (¢)	-	Payee address	; City;	State	; Zip Co	, do				
ľ	Amount (\$)	ľ			Siale,	, zip co	Jue				
	\$16.00		100 North Try	on Street							
			Charlotte, NC	28255							
8	PURPOSE						(h)	Description			
ľ	OF	(a)		Categories listed at the	top of this sch	nedule)	(0)	Description	outei	do of Toyas, Com	plete Schedule T.
	EXPENDITURE		Accounting/Ba	anking						officeholder living	
								Monthly Bank			j okponeo
								Working Barn	NI IQ	jicc	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ight			Office he	eld
	experiatione to benefit C/Or										
	Date		Payee name								
	11/01/2024		2	ica Corporation							
	Amount (\$)		Payee address	; City;	State;	; Zip Co	bde				
	\$16.00	\$16.00 100 North Tryon Street									
			Charlotte, NC	28255							
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	PURPOSE OF	(a)		Categories listed at the	top of this sch	nedule)	(0)	Description	outoi	do of Toyac, Com	plete Schedule T.
	EXPENDITURE		Accounting/Ba	anking						officeholder living	
								Monthly Bank			Jexpense
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ight			Office he	eld
	expenditure to benefit C/O										
	Date		Payee name								
	12/02/2024		2	ica Corporation							
-		<u> </u>				7:- 0-					
	Amount (\$)		Payee address	-	State	; Zip Co	bae				
	\$16.00		100 North Try	on Street							
			Charlotte, NC	28255							
⊢	PURPOSE	(_)					(h)	Description			
	OF	(")		Categories listed at the	top of this sch	iedule)	(0)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Accounting/Ba	anking						officeholder living	
								Monthly Bank			j okponeo
L							Ļ				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ight			Office he	eld
		_									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 6/9		Dollinger, Scot G. (The Honora	ble)				00081318	
4	Date	5	Payee name						
	07/12/2024		Dropbox, Inc.						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	e			
	\$21.31		1800 Owens Street						
			San Francisco, CA 94158						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	iedule)	b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expens					de of Texas. Com	
	-					Monthly Data		officeholder living	expense
						Wontiny Date			
9	Complete ONLY if direct		andidate/Officeholder name	(Office soug	ht		Office he	ald
	expenditure to benefit C/OI							0	
	Date		Payee name						
	08/12/2024		Dropbox, Inc.						
	Amount (\$)		Payee address; City;	State	; Zip Coo	P			
	\$21.31		1800 Owens Street	otato,	, בוף סטנ				
	421.01								
			San Francisco, CA 94158						
	PURPOSE OF		Category (See Categories listed at the top		iedule)	b) Description	outoi	de of Texas. Com	nlata Sabadula T
	EXPENDITURE		Office Overhead/Rental Expens	se				officeholder living	
						Data Storage	e Fe	e - Monthly	
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office he	eld
	expenditure to benefit C/OI	H							
	Date		Payee name						
	09/12/2024		Dropbox, Inc.						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	e			
	\$21.31		1800 Owens Street						
			San Francisco, CA 94158						
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expens	se				de of Texas. Com	
						Data Storage		officeholder living	expense
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-	Complete ONLY if direct	LC	andidate/Officeholder name	0	Office soug	ht		Office he	eld
	expenditure to benefit C/OI								

	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: 4/6 Rpt: 7/9	Dollinger, Scot G. (The Honorable)	00081318						
4	Date 10/15/2024	Payee name Dropbox, Inc.							
6	Amount (\$) \$21.31	7 Payee address; City; State; Zip Code 1800 Owens Street San Francisco, CA 94158							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Storage Fee - Monthly 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/01/2024	Google							
	Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Access - Monthly fee						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/02/2024	Google							
	Amount (\$) \$23.03	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway							
		Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Access - Monthly fee						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen ittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/9	C	ollinger, Scot G. (The Honorat	ole)				00081318	
4	Date	5 F	ayee name				1		
	09/03/2024	G	oogle						
6	Amount (\$)		ayee address; City;	State;	Zip Coo	e			
	\$23.03	1	600 Amphitheatre Parkway						
			lountain View, CA 94043						
8	PURPOSE OF		ategory (See Categories listed at the top		edule)	b) Description	outoi	de of Texas. Com	nlata Sabadula T
	EXPENDITURE		office Overhead/Rental Expens	е				officeholder living	
						Internet/Ema			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	ht		Office he	eld
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	EXPENDITURE	C	office Overhead/Rental Expens	е				de of Texas. Comp officeholder living	
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	expenditure to benefit C/OF			U	Surce Soug	111			

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Transportation E Travel in District Travel Out of Dis	licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)		
1 To	otal pages Schedule F1: Sch: 6/6 Rpt: 9/9	2 FILER NAME Dollinger, Scot G. (The Honorable)	3	Filer ID 00081318	(Ethics Commission Filers)	
4 Da	-	5 Payee name Google				
6 Ar	mount (\$) \$23.03	 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 				
8 E	PURPOSE OF EXPENDITURE		tin, TX	side of Texas. Com (, officeholder living ACCESS - MON	expense	
9 Co ex	omplete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office he	eld	
09	ate 9/09/2024	Payee name Publicdata.com				
Ar	mount (\$) \$42.76	Payee address; City; State; Zip Code 7750 N. MacArthur Blvd Ste 120-320 Irving, TX 75063-7501				
E	PURPOSE OF EXPENDITURE		tin, TX	side of Texas. Com K, officeholder living SS Fee		
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office he	eld	