

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00065318	2 Total pages filed: 116		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Scott K.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Field	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	REDACTED PER 254.0313, GOVT CODE			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Scott K.	MI			
	NICKNAME	LAST Field	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	REDACTED PER 254.0313, GOVT CODE					
7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 463-1460	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 11/03/2026			ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 2 District 15			12 OFFICE SOUGHT (if known) Court Of Appeals, Justice Place Place 2 District 15		

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

**FORM JC/OH
COVER SHEET PG 2**

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13 C / OH NAME	Field, Scott K. (The Honorable)		14 Filer ID (Ethics Commission Filers) 00065318
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> COMMITTEE TYPE GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
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)		\$ 128,057.12
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 92,847.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 219,408.85
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
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.

The Honorable Scott K. Field

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 oath

Printed name of officer administering oath

Title of officer administering oath

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

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18 FILER NAME Field, Scott K. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00065318
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 127,190.67	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 866.45	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 89,745.54	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 3,101.75	
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/45 Rpt: 4/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aggarwal, Ajay 6 Contributor address; City; State; Zip Code Bellaire, TX 77401-4222	7 Amount of Contribution (\$) \$101.00
8 Contributor's Principal Occupation Healthcare Provider		9 Contributor's Job Title Healthcare Provider
10 Contributor's employer/law firm WIP MPDA		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allspach, Eugene Contributor address; City; State; Zip Code Houston, TX 77025-4330		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amstutz, Paige Contributor address; City; State; Zip Code West Lake Hills, TX 78746-5522		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Scott Douglass & McConnico LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/45 Rpt: 5/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Bolivar 6 Contributor address; City; State; Zip Code Houston, TX 77057-1767	7 Amount of Contribution (\$) \$50.00	
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired	
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 07/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arlinghaus, Tania Contributor address; City; State; Zip Code Missouri City, TX 77459-6849	Amount of Contribution (\$) \$35.00
Contributor's Principal Occupation retired		Contributor's Job Title retired	
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/25/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnot III, William G. Contributor address; City; State; Zip Code Houston, TX 77057-3393	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/45 Rpt: 6/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auld, Marianne M. 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Kelly, Hart, & Hallman LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Anna M. Contributor address; City; State; Zip Code Austin, TX 78703-2310		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Alexander Dubose & Jefferson		Law firm of contributor's spouse (if any) Scott Baker Mediation, LLC
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Scott P. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78703-2310		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Scott Baker Mediation, LLC		Law firm of contributor's spouse (if any) Alexander Dubose & Jefferson
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/45 Rpt: 7/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Devin 6 Contributor address; City; State; Zip Code San Angelo, TX 76901-4547	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bee, Daniel Simmons (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78229-1423		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Real Estate		Contributor's Job Title Real Estate
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binns, Linda Contributor address; City; State; Zip Code San Angelo, TX 76904-5731		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Director IT Services		Contributor's Job Title Director IT Services
Contributor's employer/law firm Housley Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/45 Rpt: 8/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloomquist, Larry 6 Contributor address; City; State; Zip Code Austin, TX 78735-1477	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Real Estate		9 Contributor's Job Title Owner
10 Contributor's employer/law firm Narrow Road Interests, LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumberg, Catherine Contributor address; City; State; Zip Code San Antonio, TX 78210-5245		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boatright, Jason Contributor address; City; State; Zip Code Dallas, TX 75205-1908		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Duane Morris LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/45 Rpt: 9/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boldt, Michael 6 Contributor address; City; State; Zip Code Austin, TX 78746-2306	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Eversheds Sutherland		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boston, Nancy Contributor address; City; State; Zip Code Temple, TX 76503-0173		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Real Estate Investments		Contributor's Job Title n/a
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowden, J Murry (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056-3748		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Executive Chairman		Contributor's Job Title Executive Chairman
Contributor's employer/law firm The Hanover Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/45 Rpt: 10/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Marshall 6 Contributor address; City; State; Zip Code Austin, TX 78703-1345	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Shield Ranch		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockett, McNeel & Pocsik, LLP Contributor address; City; State; Zip Code Midland, TX 79702-1841		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Steven Contributor address; City; State; Zip Code Fort Worth, TX 76104-2106		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm Sendera Title		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/45 Rpt: 11/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler Snow LLP 6 Contributor address; City; State; Zip Code Ridgeland, MS 39158-6010	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, E. Leon Contributor address; City; State; Zip Code Dallas, TX 75206		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Principal		Contributor's Job Title Principal
Contributor's employer/law firm Carter Arnett PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Rob Contributor address; City; State; Zip Code Spring Branch, TX 78070-5022		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Brar Law Firm, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/45 Rpt: 12/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavin, Wylie 6 Contributor address; City; State; Zip Code Spicewood, TX 78669-6442	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title n/a
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cawyer, Carroll L. (Mr.) 6 Contributor address; City; State; Zip Code Stephenville, TX 76401-1606	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cayce, John 6 Contributor address; City; State; Zip Code Weatherford, TX 76087-1524	Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation Retired judge/Attorney		Contributor's Job Title Retired judge/Attorney
Contributor's employer/law firm Kelly Hart Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/45 Rpt: 13/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth S. 6 Contributor address; City; State; Zip Code Bulverde, TX 78163-2112	7 Amount of Contribution (\$) \$1,000.00	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired	
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Rebecca Contributor address; City; State; Zip Code San Antonio, TX 78212-2323	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Director, Las Misiones		Contributor's Job Title Director, Las Misiones	
Contributor's employer/law firm Archdiocese of San Antonio		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Continuum Fund of Zachry Holdings Inc PAC Contributor address; City; State; Zip Code San Antonio, TX 78221-1738	Amount of Contribution (\$) \$833.33
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/45 Rpt: 14/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowles & Thompson, P.C. 6 Contributor address; City; State; Zip Code Dallas, TX 75202-3746	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Joseph (Mr.) Contributor address; City; State; Zip Code Georgetown, TX 78633-5053		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cudd, Robert M. (Mr.) Contributor address; City; State; Zip Code Jacksonville, TX 75766-7572		
Contributor's Principal Occupation CFO		Contributor's Job Title CFO
Contributor's employer/law firm Southern Multifoods, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/45 Rpt: 15/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 12/30/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00364133</u>) DUANE MORRIS GOVERNMENT COMMITTEE 6 Contributor address; City; State; Zip Code Philadelphia, PA 19103-4001	7 Amount of Contribution (\$) \$2,500.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald T. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78735-1624 </td> <td>Amount of Contribution (\$) \$75.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Retired</td> <td>Contributor's Job Title Retired</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald T. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78735-1624	Amount of Contribution (\$) \$75.00	Contributor's Principal Occupation Retired		Contributor's Job Title Retired	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Gerald T. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78735-1624	Amount of Contribution (\$) \$75.00												
Contributor's Principal Occupation Retired		Contributor's Job Title Retired												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 10/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly Contributor address; City; State; Zip Code Liberty, TX 77575-4752 </td> <td>Amount of Contribution (\$) \$25.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly Contributor address; City; State; Zip Code Liberty, TX 77575-4752	Amount of Contribution (\$) \$25.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly Contributor address; City; State; Zip Code Liberty, TX 77575-4752	Amount of Contribution (\$) \$25.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/45 Rpt: 16/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Gerald & Cremer 6 Contributor address; City; State; Zip Code Midland, TX 79702-2796	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Eric Contributor address; City; State; Zip Code Houston, TX 77092-8317		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Principal
Contributor's employer/law firm Dick Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Eric Contributor address; City; State; Zip Code Houston, TX 77092		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Dick Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/45 Rpt: 17/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickens, Dana 6 Contributor address; City; State; Zip Code San Angelo, TX 76904-8011	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation Real estate investments		9 Contributor's Job Title Real estate investments
10 Contributor's employer/law firm Creekside Rural Investments, Inc		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Contributor's Principal Occupation Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dood, John D. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75234-6606
Contributor's Principal Occupation Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)		Contributor's Job Title Law firm of contributor's spouse (if any)
Date 10/28/2025 Contributor's Principal Occupation Attorney		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dore, Brent Contributor address; City; State; Zip Code Fort Worth, TX 76116-8022
Contributor's employer/law firm Dore Rothberg Law, PC		Contributor's Job Title Attorney Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/45 Rpt: 18/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duggins Wren Mann & Romero LLP 6 Contributor address; City; State; Zip Code Austin, TX 78701-3349	7 Amount of Contribution (\$) \$1,000.00												
	8 Contributor's Principal Occupation	9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/07/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Gossett PLLC Contributor address; City; State; Zip Code Detroit, MI 48226-1908 </td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Gossett PLLC Contributor address; City; State; Zip Code Detroit, MI 48226-1908	Amount of Contribution (\$) \$500.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykema Gossett PLLC Contributor address; City; State; Zip Code Detroit, MI 48226-1908	Amount of Contribution (\$) \$500.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/12/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaddy, Janet Contributor address; City; State; Zip Code The Hills, TX 78738-1556 </td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Retired </td> <td>Contributor's Job Title Retired</td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Retired </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaddy, Janet Contributor address; City; State; Zip Code The Hills, TX 78738-1556	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Retired		Contributor's Job Title Retired	Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaddy, Janet Contributor address; City; State; Zip Code The Hills, TX 78738-1556	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Retired		Contributor's Job Title Retired												
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 16/45 Rpt: 19/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkins, Virginia 6 Contributor address; City; State; Zip Code Houston, TX 77098-3747	7 Amount of Contribution (\$) \$2,500.00	
8 Contributor's Principal Occupation Community Volunteer		9 Contributor's Job Title Community Volunteer	
10 Contributor's employer/law firm Houston Trust Company		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 09/11/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Kenneth Contributor address; City; State; Zip Code Plano, TX 75093-5175	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Investments		Contributor's Job Title Executive Chairman	
Contributor's employer/law firm Fisher Investments		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fonseca, Juanite G. Contributor address; City; State; Zip Code San Antonio, TX 78201-2652	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 17/45 Rpt: 20/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Leonard (Mr.) 6 Contributor address; City; State; Zip Code Richardson, TX 75081-5919	7 Amount of Contribution (\$) \$50.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamble, Thurston Gerry (Mr.) Contributor address; City; State; Zip Code Salado, TX 76571		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Kellye Duncan Contributor address; City; State; Zip Code San Angelo, TX 76904-5308		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/45 Rpt: 21/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriott, David K. (Dr.)	7 Amount of Contribution (\$) \$100.00	
	6 Contributor address; City; State; Zip Code Spring, TX 77379-3026		
8 Contributor's Principal Occupation Retired MD		9 Contributor's Job Title Retired MD	
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/08/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78258-4127	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation retired		Contributor's Job Title retired	
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glatstein, David Contributor address; City; State; Zip Code Frisco, TX 75034-5784	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/45 Rpt: 22/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Reed & McGraw LLP 6 Contributor address; City; State; Zip Code Houston, TX 77056-8000	7 Amount of Contribution (\$) \$1,000.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/19/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, J. Cary (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056-1236</td> <td>Amount of Contribution (\$) \$1,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Attorney</td> <td>Contributor's Job Title Partner</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Gray Reed & McGraw, P.C.</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, J. Cary (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056-1236	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	Contributor's employer/law firm Gray Reed & McGraw, P.C.		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, J. Cary (Mr.) Contributor address; City; State; Zip Code Houston, TX 77056-1236	Amount of Contribution (\$) \$1,000.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner												
Contributor's employer/law firm Gray Reed & McGraw, P.C.		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/12/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Paul W. (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-2122</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation Lawyer</td> <td>Contributor's Job Title Lawyer</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm Alexander Dubose & Jefferson</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Paul W. (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-2122	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer	Contributor's employer/law firm Alexander Dubose & Jefferson		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Paul W. (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78209-2122	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer												
Contributor's employer/law firm Alexander Dubose & Jefferson		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/45 Rpt: 23/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grenader, David 6 Contributor address; City; State; Zip Code Houston, TX 77019-6816	7 Amount of Contribution (\$) \$5,000.00
8 Contributor's Principal Occupation Real Estate		9 Contributor's Job Title Real Estate
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Eva Contributor address; City; State; Zip Code Houston, TX 77018-7512		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Wright & Close, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett & Perrin, P.C. Contributor address; City; State; Zip Code Dallas, TX 75202-2758		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/45 Rpt: 24/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Nancy L. (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76179-5412	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon III, Frank (Mr.)
		Contributor address; City; State; Zip Code Houston, TX 77019-3409
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Crain Caton		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Flinley & Bogle
		Contributor address; City; State; Zip Code Fort Worth, TX 76102-5322
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/45 Rpt: 25/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Tommy 6 Contributor address; City; State; Zip Code Pearland, TX 77584-4181	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heldenfels IV, Fred Contributor address; City; State; Zip Code Austin, TX 78746-6858		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Executive Chairman		Contributor's Job Title Executive Chairman
Contributor's employer/law firm Heldenfels Enterprises, inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Clayton Contributor address; City; State; Zip Code Waco, TX 76702-3203		Amount of Contribution (\$) \$53.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/45 Rpt: 26/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Clayton E. (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Waco, TX 76710-1603	
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Conrad Contributor address; City; State; Zip Code Fort Worth, TX 76107-3611		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Vartabedian Hester & Haynes LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Robert G. (Mr.) Contributor address; City; State; Zip Code Richmond, TX 77469-1983		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 24/45 Rpt: 27/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Slovacek LLP 6 Contributor address; City; State; Zip Code Houston, TX 77502-0547	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huddleston, Albert (Mr.) 6 Contributor address; City; State; Zip Code Dallas, TX 75205-2108		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation CEO		Contributor's Job Title Chairman
Contributor's employer/law firm Hyperion Resources, Inc./Aethon Energy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/24/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunnell, Wesley 6 Contributor address; City; State; Zip Code Dale, TX 78616-2898		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Winstead PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 25/45 Rpt: 28/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Woody L. (Mr.)	7 Amount of Contribution (\$) \$2,500.00	
	6 Contributor address; City; State; Zip Code El Paso, TX 79913-0667		
8 Contributor's Principal Occupation Builder		9 Contributor's Job Title Owner	
10 Contributor's employer/law firm Hunt Companies Inc.		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson, Lamont Contributor address; City; State; Zip Code San Antonio, TX 78205-8902	Amount of Contribution (\$) \$333.34
Contributor's Principal Occupation Managing Member		Contributor's Job Title Managing Member	
Contributor's employer/law firm Jefferson Cano		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/08/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Scott Contributor address; City; State; Zip Code Mclean, VA 22101	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Partner	
Contributor's employer/law firm Lehotsky Keller Cohn LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 26/45 Rpt: 29/116																											
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318																											
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman PAC 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	7 Amount of Contribution (\$) \$4,000.00																											
8 Contributor's Principal Occupation		9 Contributor's Job Title																											
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)																											
12 If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td> Date 10/31/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation </td> <td> Contributor's Job Title </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> <tr> <td colspan="3"> <table border="1"> <tr> <td> Date 10/31/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Kelly, Hart, & Hallman LLP </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table> </td> </tr> </table>			Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)			<table border="1"> <tr> <td> Date 10/31/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Kelly, Hart, & Hallman LLP </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Kelly, Hart, & Hallman LLP		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Hart & Hallman PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of Contribution (\$) \$1,000.00																											
Contributor's Principal Occupation		Contributor's Job Title																											
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																											
If contributor is a child, law firm of parent(s) (if any)																													
<table border="1"> <tr> <td> Date 10/31/2025 </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129 </td> <td> Amount of Contribution (\$) \$1,000.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Attorney </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Kelly, Hart, & Hallman LLP </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of Contribution (\$) \$1,000.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	Contributor's employer/law firm Kelly, Hart, & Hallman LLP		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)																	
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keltner, David E. (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129	Amount of Contribution (\$) \$1,000.00																											
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney																											
Contributor's employer/law firm Kelly, Hart, & Hallman LLP		Law firm of contributor's spouse (if any)																											
If contributor is a child, law firm of parent(s) (if any)																													

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/45 Rpt: 30/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, John 6 Contributor address; City; State; Zip Code Longview, TX 75605-8811	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubosh, Paul A. Contributor address; City; State; Zip Code Houston, TX 77007-7715		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kubosh Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubosh, Paul A. Contributor address; City; State; Zip Code Houston, TX 77007-7715		Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Kubosh Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 28/45 Rpt: 31/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larose, Guy 6 Contributor address; City; State; Zip Code Richmond, TX 77469-2005	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation retired		9 Contributor's Job Title retired
10 Contributor's employer/law firm retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Wesley D. (Mr.) Contributor address; City; State; Zip Code Waco, TX 76708-5707		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Freeman Mills PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longwell, Harry J. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75220-2145		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 29/45 Rpt: 32/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCulloch, Ann K. (Ms.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brenham, TX 77833-5118	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis Lochridge Contributor address; City; State; Zip Code Austin, TX 78703-5675		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGruer, Aaron Contributor address; City; State; Zip Code Grand Prairie, TX 75050-6561		
Contributor's Principal Occupation student		Contributor's Job Title student
Contributor's employer/law firm student		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendicello, Les (Mr.) 6 Contributor address; City; State; Zip Code Longview, TX 75601-4655	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Banker		9 Contributor's Job Title CEO
10 Contributor's employer/law firm Spring Hill State Bank		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michel, Thomas Contributor address; City; State; Zip Code Fort Worth, TX 76110-1772		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/25/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murr, Andrew S. (Rep.) Contributor address; City; State; Zip Code Junction, TX 76849-0125		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Murr Law Office		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niermann, Jon 6 Contributor address; City; State; Zip Code Austin, TX 78703-1327	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Vinson & Elkins		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old, James Contributor address; City; State; Zip Code San Antonio, TX 78221-1738		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Zachry Industrial Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Giana Contributor address; City; State; Zip Code Arlington, TX 76013-1752		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Ortiz Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 32/45 Rpt: 35/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappas, Christopher C. 6 Contributor address; City; State; Zip Code Houston, TX 77056-3607	7 Amount of Contribution (\$) \$500.00	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney	
10 Contributor's employer/law firm Kane Russell		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 11/11/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pasta, Ciano Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$150.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/10/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picanso, Robin Contributor address; City; State; Zip Code Austin, TX 78738-6983	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation retired		Contributor's Job Title retired	
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 33/45 Rpt: 36/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce & O'Neill LLP 6 Contributor address; City; State; Zip Code Houston, TX 77006-5472	7 Amount of Contribution (\$) \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, James L. (Mr.) 6 Contributor address; City; State; Zip Code San Angelo, TX 76903-5873		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/19/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Joe 6 Contributor address; City; State; Zip Code Tuscaloosa, AL 35406-1636		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Underwriter		Contributor's Job Title Underwriter
Contributor's employer/law firm Fidelity National Financial		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

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2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Wayne H. 6 Contributor address; City; State; Zip Code Meadowlakes, TX 78654-7138	7 Amount of Contribution (\$) \$500.00	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired	
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulman Leflore Pullen & Reed LLP Contributor address; City; State; Zip Code San Antonio, TX 78213-1844	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/31/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Puryear, David E. Contributor address; City; State; Zip Code Driftwood, TX 78619-0227	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired Judge		Contributor's Job Title Retired Judge	
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/45 Rpt: 38/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, Parker 6 Contributor address; City; State; Zip Code Austin, TX 78746-5716	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation President		9 Contributor's Job Title President
10 Contributor's employer/law firm Reese Energy Ventures		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricks, Patricia Contributor address; City; State; Zip Code Houston, TX 77227-7583		Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation retired		Contributor's Job Title retired
Contributor's employer/law firm retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/05/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Richard G. (Dr.) Contributor address; City; State; Zip Code San Antonio, TX 78216-1628		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 36/45 Rpt: 39/116	
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruesink, Charles A. (Mr.)	7 Amount of Contribution (\$) \$150.00	
	6 Contributor address; City; State; Zip Code Austin, TX 78759-6111		
8 Contributor's Principal Occupation Lawyer		9 Contributor's Job Title Lawyer	
10 Contributor's employer/law firm Ruesnick Law		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 09/26/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75240-5050	Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Contributor's employer/law firm		Contributor's Job Title Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/09/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Michael Contributor address; City; State; Zip Code Robstown, TX 78380-4454	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation VP		Contributor's Job Title VP	
Contributor's employer/law firm H&S Constructors		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 37/45 Rpt: 40/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamoun & Norman LLP 6 Contributor address; City; State; Zip Code Dallas, TX 75234-8944	7 Amount of Contribution (\$) \$4,000.00
	8 Contributor's Principal Occupation 9 Contributor's Job Title	
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, Michael Contributor address; City; State; Zip Code Austin, TX 78746-1833		Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation Managing Partner		Contributor's Job Title Managing Partner
Contributor's employer/law firm Slack Davis Sanger		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/02/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smaistrla, Charles Contributor address; City; State; Zip Code Austin, TX 78759-4732		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Charles Smaistrla Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 38/45 Rpt: 41/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Steven L. (Mr.) 6 Contributor address; City; State; Zip Code College Station, TX 77845-6275	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025 Contributor address; City; State; Zip Code Houston, TX 77002		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Shipley Snell Montgomery LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2134		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Housewife		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 39/45 Rpt: 42/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagner, Brian 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109-2134	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation Judge		9 Contributor's Job Title Judge
10 Contributor's employer/law firm Texas Business Court 8th Division		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Christopher Contributor address; City; State; Zip Code Lampasas, TX 76550-9658		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Sneed, Vine & Perry, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jonathon D. (Mr.) Contributor address; City; State; Zip Code Austin, TX 78738-6033		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation President		Contributor's Job Title President
Contributor's employer/law firm TSM Ventures		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 40/45 Rpt: 43/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Scott E. (Mr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76107-3721	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Stewart, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Scott E. (Mr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-3721	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Stewart, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Scott E. (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107-3721	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Stewart, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 41/45 Rpt: 44/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 08/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex 6 Contributor address; City; State; Zip Code Pasadena, TX 77503-1428	7 Amount of Contribution (\$) \$50.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/21/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex K. (Mr.) Contributor address; City; State; Zip Code Pasadena, TX 77503-1428</td> <td>Amount of Contribution (\$) \$50.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex K. (Mr.) Contributor address; City; State; Zip Code Pasadena, TX 77503-1428	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex K. (Mr.) Contributor address; City; State; Zip Code Pasadena, TX 77503-1428	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 12/12/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2153</td> <td>Amount of Contribution (\$) \$20,000.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2153	Amount of Contribution (\$) \$20,000.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701-2153	Amount of Contribution (\$) \$20,000.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 42/45 Rpt: 45/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomei, Betty J. 6 Contributor address; City; State; Zip Code Richmond, TX 77469-1962	7 Amount of Contribution (\$) \$25.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Roger M. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75252-6860</td> <td>Amount of Contribution (\$) \$100.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Roger M. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75252-6860	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traxel, Roger M. (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75252-6860	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 07/25/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent & Taylor, L.L.P. Contributor address; City; State; Zip Code Houston, TX 77002-5387</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td colspan="2">Contributor's Principal Occupation</td> <td>Contributor's Job Title</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent & Taylor, L.L.P. Contributor address; City; State; Zip Code Houston, TX 77002-5387	Amount of Contribution (\$) \$250.00	Contributor's Principal Occupation		Contributor's Job Title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent & Taylor, L.L.P. Contributor address; City; State; Zip Code Houston, TX 77002-5387	Amount of Contribution (\$) \$250.00												
Contributor's Principal Occupation		Contributor's Job Title												
Contributor's employer/law firm		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 43/45 Rpt: 46/116												
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318												
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE 6 Contributor address; City; State; Zip Code San Antonio, TX 78269-6000	7 Amount of Contribution (\$) \$2,500.00												
8 Contributor's Principal Occupation		9 Contributor's Job Title												
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/29/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vartabedian, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76107-1171 </td> <td>Amount of Contribution (\$) \$2,500.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Attorney </td> <td> Contributor's Job Title Partner </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Vartabedian Hester & Haynes LLP </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vartabedian, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76107-1171	Amount of Contribution (\$) \$2,500.00	Contributor's Principal Occupation Attorney		Contributor's Job Title Partner	Contributor's employer/law firm Vartabedian Hester & Haynes LLP		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vartabedian, Robert Contributor address; City; State; Zip Code Fort Worth, TX 76107-1171	Amount of Contribution (\$) \$2,500.00												
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner												
Contributor's employer/law firm Vartabedian Hester & Haynes LLP		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 09/19/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Jr., Walter Contributor address; City; State; Zip Code Dallas, TX 75216-7418 </td> <td>Amount of Contribution (\$) \$10.00</td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Retired </td> <td> Contributor's Job Title Retired </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Retired </td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Jr., Walter Contributor address; City; State; Zip Code Dallas, TX 75216-7418	Amount of Contribution (\$) \$10.00	Contributor's Principal Occupation Retired		Contributor's Job Title Retired	Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Jr., Walter Contributor address; City; State; Zip Code Dallas, TX 75216-7418	Amount of Contribution (\$) \$10.00												
Contributor's Principal Occupation Retired		Contributor's Job Title Retired												
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 44/45 Rpt: 47/116
2 FILER NAME Field, Scott K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehill, William 6 Contributor address; City; State; Zip Code Coppell, TX 75019-4176	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Judge		9 Contributor's Job Title Judge
10 Contributor's employer/law firm State of Texas		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Thomas Contributor address; City; State; Zip Code Houston, TX 77056-1981		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Partner
Contributor's employer/law firm Wright Close Barger & Guzman LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Thomas C. (Mr.) Contributor address; City; State; Zip Code Houston, TX 77024-3021		Amount of Contribution (\$) \$1,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Managing Partner
Contributor's employer/law firm Wright & Close, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 45/45 Rpt: 48/116</p>
<p>2 FILER NAME Field, Scott K. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00065318</p>
<p>4 Date 11/20/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter Coleman LLP 6 Contributor address; City; State; Zip Code Houston, TX 77002-6125</p>	<p>7 Amount of Contribution (\$) \$2,000.00</p>
<p>8 Contributor's Principal Occupation</p>		<p>9 Contributor's Job Title</p>
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 09/15/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yetter, Paul Contributor address; City; State; Zip Code Spring, TX 77379-7571</p>	<p>Amount of Contribution (\$) \$1,500.00</p>
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>
<p>Contributor's employer/law firm Yetter Coleman LLP</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 49/116</p>
<p>2 FILER NAME Field, Scott K. (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00065318</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 12/15/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Bill 7 Contributor address; City; State; Zip Code Houston, TX 77027-4138</p>	<p>8 Amount of contribution (\$) \$433.23</p> <p>9 In-kind contribution description Event food and beverage</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL) Alexander Dubose & Jefferson</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Hogan Lovells LLP</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 12/20/2025</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyce, Maria Contributor address; City; State; Zip Code Houston, TX 77027-4138</p>		<p>Amount of contribution (\$) \$433.22</p> <p>In-kind contribution description Event food and beverage</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Senior Counsel</p>
<p>Contributor's employer/law firm (FOR JUDICIAL) Hogan Lovells LLP</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL) Alexander Dubose & Jefferson</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/45 Rpt: 50/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/04/2025	5 Payee name Agape Pregnancy Resource Center	
6 Amount (\$) \$250.00	7 Payee address; City; 104 E. Main St. Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for fundraiser
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/22/2025	Payee name American Inns of Court	
Amount (\$) \$475.00	Payee address; City; 225 Reinekers Lane Suite 770 Alexandria , VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues for 2025-2026 Inn program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Anedot	
Amount (\$) \$200.30	Payee address; City; PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/45 Rpt: 51/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/20/2025	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Anedot	
Amount (\$) \$12.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Anedot	
Amount (\$) \$8.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/45 Rpt: 52/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/13/2025	5 Payee name Anedot	
6 Amount (\$) \$8.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/45 Rpt: 53/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/02/2025	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Anedot	
Amount (\$) \$100.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/45 Rpt: 54/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/25/2025	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/20/2025	Payee name Anedot	
Amount (\$) \$10.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/45 Rpt: 55/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/15/2025	5 Payee name Anedot	
6 Amount (\$) \$60.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Anedot	
Amount (\$) \$200.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 7/45 Rpt: 56/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/11/2025	5 Payee name Anedot	
6 Amount (\$) \$4.34	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Anedot	
Amount (\$) \$100.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 8/45 Rpt: 57/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/08/2025	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/07/2025	Payee name Anedot	
Amount (\$) \$0.50	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 9/45 Rpt: 58/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/26/2025	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 10/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/15/2025	5 Payee name Anedot	
6 Amount (\$) \$1.70	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Anedot	
Amount (\$) \$2.42	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 11/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/09/2025	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/08/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 12/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/31/2025	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 13/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/02/2025	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 14/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/20/2025	5 Payee name Anedot	
6 Amount (\$) \$80.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Anedot	
Amount (\$) \$12.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 15/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/14/2025	5 Payee name Anedot	
6 Amount (\$) \$200.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 16/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/08/2025	5 Payee name Anedot	
6 Amount (\$) \$200.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Anedot	
Amount (\$) \$6.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 17/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/29/2025	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
8 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 Processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314	
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 Processing fee
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 18/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/24/2025	5 Payee name Anedot		
6 Amount (\$) \$13.63	7 Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884-4314		
8 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 Processing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 07/10/2025	Payee name Black's BBQ		
Amount (\$) \$105.82	Payee address; City; State; Zip Code 3110 Guadalupe Street Austin, TX 78705		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff lunch for law clerk's last day	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 12/18/2025	Payee name Brister, Scott		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 301 W. 15th St. Austin, TX 78701		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for share of court Christmas party	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 19/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/16/2025	5 Payee name Buc-ees		
6 Amount (\$) \$21.49	7 Payee address; City; State; Zip Code 165 State Hwy 77 Hillsboro, TX 76645		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal on way to Dallas event	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 11/19/2025	Payee name Buc-ees		
Amount (\$) \$4.84	Payee address; City; State; Zip Code 40900 US 290 Waller, TX 77484		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Snack on way home from Houston fundraiser	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 07/09/2025	Payee name Bull Creek Strategies		
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code PO Box 170073 Austin, TX 78717		
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 Fee for consulting services	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 20/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 11/04/2025	5 Payee name Bull Creek Strategies		
6 Amount (\$) \$3,750.00	7 Payee address; City; PO Box 170073 Austin, TX 78717	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for signature collection	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2025	Payee name Chick-Fil-A		
Amount (\$) \$9.69	Payee address; City; 17430 Northwest Freeway Jersey Village, TX 77040	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food on way to Houston	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/10/2025	Payee name City of Austin		
Amount (\$) \$2.25	Payee address; City; 2006 East 4th Street Austin, TX 78702	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event	
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 21/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/12/2025	5 Payee name City of Austin	
6 Amount (\$) \$3.75	7 Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name City of Austin	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/28/2025	Payee name City of Austin	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 22/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/03/2025	5 Payee name City of Austin	
6 Amount (\$) \$2.25	7 Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name City of Austin	
Amount (\$) \$3.40	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name City of Austin	
Amount (\$) \$2.75	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 23/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/06/2025	5 Payee name City of Austin	
6 Amount (\$) \$3.25	7 Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name City of Austin	
Amount (\$) \$2.75	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for campaign meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name City of Austin	
Amount (\$) \$3.25	Payee address; City; State; Zip Code 2006 East 4th Street Austin, TX 78702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for luncheon
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 24/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 07/07/2025	5 Payee name Crown Awards		
6 Amount (\$) \$69.71	7 Payee address; City; 9 Skyline Drive Hawthorne, NY 10532	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Gift for law clerk	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/14/2025	Payee name Doubletree Dallas		
Amount (\$) \$226.06	Payee address; City; 8250 N. Central Expy Dallas, TX 75206	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for fundraising meetings	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/02/2025	Payee name Dudley Group LLC		
Amount (\$) \$16,721.37	Payee address; City; 1108 Lavaca Street Suite 110 Austin, TX 78701	State; Zip Code	
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 Fee for consulting services and mailer.	
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 25/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/08/2025	5 Payee name Dudley Group LLC	
6 Amount (\$) \$16,300.22	7 Payee address; City; 1108 Lavaca Street Suite 110 Austin, TX 78701	
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 Consulting and direct mail fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dudley Group LLC	Office sought Office held
Date 12/12/2025	Payee name Dudley Group LLC	
Amount (\$) \$5,100.00	Payee address; City; 1108 Lavaca Street Suite 110 Austin, TX 78701	
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 Several months consulting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutch Bros	Office sought Office held
Date 10/28/2025	Payee name Dutch Bros	
Amount (\$) \$7.44	Payee address; City; 8614 Potranco Road San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food for travel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutch Bros	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 26/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/06/2025	5 Payee name El Arroyo	
6 Amount (\$) \$50.65	7 Payee address; City; State; Zip Code 1624 W. 5th St. Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff luncheon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Embassy Suites	
Amount (\$) \$226.68	Payee address; City; State; Zip Code 5615 Landmark Parkway San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Enterprise Rent-A-Car	
Amount (\$) \$308.79	Payee address; City; State; Zip Code 1904 N. Bell Blvd Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental vehicle for week of fundraisers
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 27/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/20/2025	5 Payee name Federalist Society	
6 Amount (\$) \$25.00	7 Payee address; City; 1776 I Street NW Suite 300 Washington DC, TX 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yealy dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Field, Scott	Office sought Office held
Date 07/02/2025	Payee name Field, Scott	
Amount (\$) \$2,576.13	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOV'T CODE	
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 Reimbursement for personal expenses used for campaign from January through June 2025
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Fixe	Office sought Office held
Date 12/08/2025	Payee name Fixe	
Amount (\$) \$163.46	Payee address; City; State; Zip Code 505 W. 5th St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff holiday luncheon
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 28/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/05/2025	5 Payee name Four Seasons	
6 Amount (\$) \$23.00	7 Payee address; City; State; Zip Code 98 San Jacinto Blvd Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Go Creative Group	
Amount (\$) \$6,495.00	Payee address; City; State; Zip Code PO Box 170009 Austin, TX 78717	
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 Fee for consulting services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Go Creative Group	
Amount (\$) \$270.63	Payee address; City; State; Zip Code PO Box 170009 Austin, TX 78717	
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 Fee for consulting 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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 29/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/18/2025	5 Payee name Go Daddy.com	
6 Amount (\$) \$66.57	7 Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260	
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 Fee for domain names
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Hotel Vesper	
Amount (\$) \$336.09	Payee address; City; State; Zip Code 5160 Hidalgo Street Houston, TX 77056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel, meals, and parking in conjunction with fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Hula Hut	
Amount (\$) \$133.38	Payee address; City; State; Zip Code 3825 Lake Austin Blvd. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff and intern luncheon
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 30/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/18/2025	5 Payee name Hyatt Regency	
6 Amount (\$) \$31.81	7 Payee address; City; State; Zip Code 208 Barton Springs Road Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name JW Marriott	
Amount (\$) \$266.00	Payee address; City; State; Zip Code 110 E. 2nd Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Hotel for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Keel Systems LLC	
Amount (\$) \$1,125.00	Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669	
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 Fee for consulting 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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 31/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/05/2025	5 Payee name Keel Systems LLC	
6 Amount (\$) \$718.75	7 Payee address; City; 23812 Tres Coronas Spicewood, TX 78669	
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 Fee for consulting services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Keel Systems LLC	
Amount (\$) \$593.75	Payee address; City; 23812 Tres Coronas Spicewood, TX 78669	
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 Consulting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Keel Systems LLC	
Amount (\$) \$562.50	Payee address; City; 23812 Tres Coronas Spicewood, TX 78669	
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 Consulting expense
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 32/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/02/2025	5 Payee name Keel Systems LLC	
6 Amount (\$) \$500.00	7 Payee address; City; 23812 Tres Coronas Spicewood, TX 78669	
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 Consulting fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name La Cocina de Consuelo	
Amount (\$) \$110.08	Payee address; City; 4516 Burnet Road Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Breakfast with donor group
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Lilly and Company	
Amount (\$) \$3,711.52	Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	
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 Fee for consulting 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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 33/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 08/18/2025	5 Payee name Lilly and Company		
6 Amount (\$) \$2,516.24	7 Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	State; Zip Code	
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 Fee for consulting services rendered	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lilly and Company	Office sought Austin, TX 78701	Office held
Date 09/17/2025	Payee name Lilly and Company		
Amount (\$) \$2,529.84	Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	State; Zip Code	
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 Consulting fees and expenses	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lilly and Company	Office sought Austin, TX 78701	Office held
Date 10/15/2025	Payee name Lilly and Company		
Amount (\$) \$2,710.44	Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	State; Zip Code	
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 Fees for consulting and fundraising expenses	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lilly and Company	Office sought Austin, TX 78701	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 34/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/17/2025	5 Payee name Lilly and Company	
6 Amount (\$) \$3,676.51	7 Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	State; Zip Code
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 Fees for consulting and fundraising expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lilly and Company	Office sought Office held
Date 12/16/2025	Payee name Lilly and Company	
Amount (\$) \$4,695.85	Payee address; City; 1005 Congress Avenue Suite 400 Austin, TX 78701	State; Zip Code
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 Consulting fees and reimbursement for fundraising expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Love's	Office sought Office held
Date 10/29/2025	Payee name Love's	
Amount (\$) \$36.39	Payee address; City; 200 Garden Acres Drive Fort Worth, TX 76140	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas and snack for travel to Fort Worth fundraiser
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/10/2025	5 Payee name MOD Pizza	
6 Amount (\$) \$17.23	7 Payee address; City; State; Zip Code 990 US Hwy 290 E Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meal on way home from Houston event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Magic Circle Republican Women	
Amount (\$) \$260.73	Payee address; City; State; Zip Code 9 Rollingwood Drive Houston, TX 77080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Magnolia Hotel	
Amount (\$) \$300.28	Payee address; City; State; Zip Code 1100 Texas Avenue Houston, TX 77002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for event
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 36/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/30/2025	5 Payee name Magnolia Hotel	
6 Amount (\$) \$29.84	7 Payee address; City; 1100 Texas Avenue Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Breakfast for event in Houston
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Microsoft	
Amount (\$) \$108.24	Payee address; City; 15010 NE 36th Street Redmond, WA 98052	
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 Subscription payment for computer software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Monument Cafe	
Amount (\$) \$33.55	Payee address; City; 500 S. Austin Ave. Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Inn of Court breakfast meeting
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 37/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 08/01/2025	5 Payee name Perry's Steakhouse	
6 Amount (\$) \$127.30	7 Payee address; City; 114 W. 7th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Lunch for interns last day
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Perry's Steakhouse	
Amount (\$) \$63.85	Payee address; City; 114 W. 7th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Lunch for departing law school mentee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Perry's Steakhouse	
Amount (\$) \$36.00	Payee address; City; 114 W. 7th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking fees for attending luncheon
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 38/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/10/2025	5 Payee name Petroleum Club	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 1225 Louisiana Houston, TX 77002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Phoebe's Diner	
Amount (\$) \$74.47	Payee address; City; State; Zip Code 408 W. 11th St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff lunch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Phoebe's Diner	
Amount (\$) \$74.97	Payee address; City; State; Zip Code 408 W. 11th St. Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff lunch expense
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 39/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 11/05/2025	5 Payee name Procore Tower Parking	
6 Amount (\$) \$9.00	7 Payee address; City; 221 W. 6th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for event parking
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name QT	
Amount (\$) \$23.48	Payee address; City; 7747 US 281 S Spring Branch, TX 78070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for fundraiser in San Antonio
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name Quik Trip	
Amount (\$) \$2.68	Payee address; City; 6940 US 67 N Alvarado, TX 76009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Snack on way back from Fort Worth
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 40/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/21/2025	5 Payee name Ranch 616	
6 Amount (\$) \$106.77	7 Payee address; City; State; Zip Code 616 Nueces Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Staff lunch
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Republican Party of Texas	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 900 Congress Avenue Suite 300 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Royal Sonesta Hotel	
Amount (\$) \$246.58	Payee address; City; State; Zip Code 2222 West Loop S Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel, parking, and food for Houston fundraiser
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 41/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 12/19/2025	5 Payee name Southwest Airlines	
6 Amount (\$) \$431.96	7 Payee address; City; 2702 Love Field Drive Dallas , TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airline ticket purchase for judicial conference (will be reimbursed)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Stone Werks Grill	
Amount (\$) \$71.97	Payee address; City; 6626 W Loop 1604 N San Antonio, TX 78254	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Dinner after fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Stripes Convenience Store	
Amount (\$) \$31.15	Payee address; City; 901 Glenna Street San Angelo, TX 76901	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas and snack for trip to San Angelo fundraiser
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 42/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/30/2025	5 Payee name TFRW Convention 2025 PAC	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1301 Vista Monte San Antonio, TX 78216	
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 Fee for ad
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Taco Cabana	
Amount (\$) \$10.71	Payee address; City; State; Zip Code 691 W Hwy 71 Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food on way to Houston fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Texas Aggie Bar Association	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 500 Winstead Building 2728 N. Harwood Street Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for event
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 43/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/24/2025	5 Payee name Texas Center for the Judiciary	
6 Amount (\$) \$150.00	7 Payee address; City; 1210 San Antonio St. Suite 800 Austin, TX 78701	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for judicial conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/20/2025	Payee name Texas Supreme Court Historical Society	
Amount (\$) \$25.00	Payee address; City; PO Box 12673 Austin, TX 78711	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/06/2025	Payee name Texas Supreme Court Historical Society	
Amount (\$) \$40.00	Payee address; City; PO Box 12673 Austin, TX 78711	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for breakfast event
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	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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 44/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/29/2025	5 Payee name The Nobleman Hotel		
6 Amount (\$) \$253.36	7 Payee address; City; 503 Bryan Avenue Fort Worth, TX 76104	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for meetings	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 07/08/2025	Payee name The Otis		
Amount (\$) \$16.24	Payee address; City; 1901 San Antonio Street Austin, TX 78705	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Parking for event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held Office held
Date 10/14/2025	Payee name The Parking Spot		
Amount (\$) \$108.79	Payee address; City; 1600 Hwy 71 E Austin, TX 78742	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking for trip to speak on court system	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought	Office held 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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 45/45 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/18/2025	5 Payee name U.S. Post Office	
6 Amount (\$) \$7.45	7 Payee address; City; 2665 Ranch Road 1869 Liberty Hill, TX 78642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Shipping fee for law clerk gift
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name United Airlines	
Amount (\$) \$34.00	Payee address; City; 3600 Presidential Blvd Austin, TX 78719	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for travel to event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name University of Texas Parking and Transportation Services	
Amount (\$) \$6.00	Payee address; City; 2401 San Jacinto Blvd. Austin, TX 78705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Fee for parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 1/22 Rpt: 95/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 07/18/2025	5 Payee name Field, Scott		
6 Amount (\$) \$51.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to meet with consultant and donor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/01/2025	Payee name Field, Scott		
Amount (\$) \$54.88 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/14/2025	Payee name Field, Scott		
Amount (\$) \$52.22 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 2/22 Rpt: 96/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/02/2025	5 Payee name Field, Scott		
6 Amount (\$) \$74.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/03/2025	Payee name Field, Scott		
Amount (\$) \$50.82 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/08/2025	Payee name Field, Scott		
Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/22 Rpt: 97/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 07/10/2025	5 Payee name Field, Scott	
6 Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to meeting with campaign team
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/14/2025	Payee name Field, Scott	
Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to meeting re office space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/28/2025	Payee name Field, Scott	
Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/22 Rpt: 98/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 09/02/2025	5 Payee name Field, Scott	
6 Amount (\$) \$69.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from judicial conference event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/03/2025	Payee name Field, Scott	
Amount (\$) \$52.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from judicial conference
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/05/2025	Payee name Field, Scott	
Amount (\$) \$25.90 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 5/22 Rpt: 99/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/06/2025	5 Payee name Field, Scott		
6 Amount (\$) \$25.90	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage from event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/09/2025	Payee name Field, Scott		
Amount (\$) \$51.80	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/10/2025	Payee name Field, Scott		
Amount (\$) \$264.60	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from fundraising meetings in Houston	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 6/22 Rpt: 100/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/11/2025	5 Payee name Field, Scott		
6 Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/16/2025	Payee name Field, Scott		
Amount (\$) \$42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/18/2025	Payee name Field, Scott		
Amount (\$) \$260.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation in Dallas	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 7/22 Rpt: 101/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/24/2025	5 Payee name Field, Scott		
6 Amount (\$) \$51.80	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/25/2025	Payee name Field, Scott		
Amount (\$) \$51.80	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from fundraising meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/26/2025	Payee name Field, Scott		
Amount (\$) \$51.80	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from meeting with campaign team	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 8/22 Rpt: 102/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/29/2025	5 Payee name Field, Scott		
6 Amount (\$) \$132.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to Houston for CLE presentation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/30/2025	Payee name Field, Scott		
Amount (\$) \$132.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage back from Houston CLE presentations	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/03/2025	Payee name Field, Scott		
Amount (\$) \$50.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from legal presentation at UT Law	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 9/22 Rpt: 103/116	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318
4 Date 10/08/2025	5 Payee name Field, Scott	
6 Amount (\$) \$33.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to airport for travel to presentation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/10/2025	Payee name Field, Scott	
Amount (\$) \$33.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage from airport after presentation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/15/2025	Payee name Field, Scott	
Amount (\$) \$268.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from Dallas for fundraising meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 10/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318		
4 Date 10/16/2025	5 Payee name Field, Scott			
6 Amount (\$) \$51.80	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 10/25/2025	Payee name Field, Scott			
Amount (\$) \$51.80	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from judging moot court event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 11/05/2025	Payee name Field, Scott			
Amount (\$) \$52.50	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 11/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318		
4 Date 11/06/2025	5 Payee name Field, Scott			
6 Amount (\$) \$51.80	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from reception	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 11/13/2025	Payee name Field, Scott			
Amount (\$) \$25.20	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from meeting in Georgetown	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
Date 11/14/2025	Payee name Field, Scott			
Amount (\$) \$41.30	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE			
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from CLE presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 12/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 11/18/2025	5 Payee name Field, Scott		
6 Amount (\$) \$264.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from fundraiser in Houston	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/04/2025	Payee name Field, Scott		
Amount (\$) \$51.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/18/2025	Payee name Field, Scott		
Amount (\$) \$51.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code REDACTED PER 254.0313, GOVT CODE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage to and from court Christmas party	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 13/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 07/18/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$13.06	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/01/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/14/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 14/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 08/22/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$4.15	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/02/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/03/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 15/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/11/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$6.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to CLE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/16/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to CLE speech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/24/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 16/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/25/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$8.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to fundraising meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$10.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to Houston for presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/30/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$12.13 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel back from Houston presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 17/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/02/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/03/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$4.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to speech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/08/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$9.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 18/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 10/10/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$9.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$6.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to speech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/25/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to moot court competition	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 19/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 11/05/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$17.92	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to and from speech	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/06/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to and from reception	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/14/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel to and from speech	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 20/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 11/18/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$7.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to fundraiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/20/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$6.53 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/04/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$9.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to and from fundraiser	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 21/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 12/08/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$10.68	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll charges for travel to and from meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/05/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$6.53	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Toll reimbursement for travel to event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/06/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$6.53	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls for travel from event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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 G: Sch: 22/22 Rpt:	2 FILER NAME Field, Scott K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00065318	
4 Date 09/09/2025	5 Payee name Harris County Toll Road Authority		
6 Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to and from event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/10/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to and from presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/11/2025	Payee name Harris County Toll Road Authority		
Amount (\$) \$13.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive Houston, TX 77040		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tolls to and from presentation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held