

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00065318	<b>2</b> Total pages filed:  116								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Scott K.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Scott K.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026					
	MS / MRS / MR The Honorable	FIRST Scott K.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Field</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Field	SUFFIX							
NICKNAME	LAST Field	SUFFIX									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>		Date Hand-delivered or Date Postmarked  <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount						
	Receipt #	Amount									
	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mr.</td> <td style="width: 30%;">FIRST Scott K.</td> <td style="width: 40%;">MI</td> </tr> </table>		MS / MRS / MR Mr.	FIRST Scott K.	MI						
	MS / MRS / MR Mr.	FIRST Scott K.	MI								
<table style="width: 100%;"> <tr> <td style="width: 30%;">NICKNAME</td> <td style="width: 30%;">LAST Field</td> <td style="width: 40%;">SUFFIX</td> </tr> </table>		NICKNAME	LAST Field	SUFFIX							
NICKNAME	LAST Field	SUFFIX									
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>											
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     REDACTED PER 254.0313, GOV'T CODE                 </div>										
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 463-1460										
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)
<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)								
<b>9</b> PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> <td style="width: 25%;">Month Day Year</td> <td style="width: 25%;"></td> </tr> <tr> <td>07/01/2025</td> <td>THROUGH</td> <td>12/31/2025</td> <td></td> </tr> </table>			Month Day Year		Month Day Year		07/01/2025	THROUGH	12/31/2025	
Month Day Year		Month Day Year									
07/01/2025	THROUGH	12/31/2025									
<b>10</b> ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">                     ELECTION DATE                      Month Day Year                      11/03/2026                 </td> <td style="width: 60%;">                     ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>			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						
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										
<b>11</b> OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 2 District 15	<b>12</b> OFFICE SOUGHT (if known) Court Of Appeals, Justice Place Place 2 District 15									

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 116

<b>13 C / OH NAME</b> Field, Scott K. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00065318
---	---

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

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 128,057.12
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 92,847.29
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 219,408.85
<b>OUTSTANDING LOAN TOTALS</b>	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

3 of 116

<b>18 FILER NAME</b> Field, Scott K. (The Honorable)		<b>19 Filer ID</b> 00065318	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/45 Rpt: 4/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aggarwal, Ajay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bellaire, TX 77401-4222	<b>7</b> Amount of Contribution (\$)  \$101.00
<b>8</b> Contributor's Principal Occupation Healthcare Provider		<b>9</b> Contributor's Job Title Healthcare Provider
<b>10</b> Contributor's employer/law firm WIP MPDA		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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 <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/45 Rpt: 5/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Bolivar <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77057-1767	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  Missouri City, TX 77459-6849	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$35.00</div>
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. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057-3393	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
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**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/45 Rpt: 7/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bates, Devin <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76901-4547	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> 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 <hr/> 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**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/45 Rpt: 9/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boldt, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-2306	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Eversheds Sutherland		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  Temple, TX 76503-0173	Amount of Contribution (\$)  <div style="text-align: right;">\$250.00</div>
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.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-3748	Amount of Contribution (\$)  <div style="text-align: right;">\$2,500.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/45 Rpt: 10/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Marshall <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-1345	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Shield Ranch		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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 <hr/> 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/45 Rpt: 11/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler Snow LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ridgeland, MS 39158-6010	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75206	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$5,000.00</div>
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 <hr/> Contributor address; City; State; Zip Code  Spring Branch, TX 78070-5022	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/45 Rpt: 12/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavin, Wylie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669-6442	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> 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 <hr/> 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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/45 Rpt: 14/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowles & Thompson, P.C. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75202-3746	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,500.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633-5053	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$20.00</div>
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.) <hr/> Contributor address; City; State; Zip Code  Jacksonville, TX 75766-7572	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$200.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/45 Rpt: 15/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00364133 ) DUANE MORRIS GOVERNMENT COMMITTEE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19103-4001	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> 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#: ) Davis, Beverly <hr/> 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**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/45 Rpt: 17/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickens, Dana <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Angelo, TX 76904-8011	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Contributor's Principal Occupation Real estate investments		<b>9</b> Contributor's Job Title Real estate investments
<b>10</b> Contributor's employer/law firm Creeside Rural Investments, Inc		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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#: _____) Dood, John D. (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75234-6606	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 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dore, Brent <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-8022	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Dore Rothberg Law, 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**

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

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/45 Rpt: 22/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray Reed & McGraw LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77056-8000	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056-1236	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Paul W. (Mr.) <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209-2122	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$250.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/45 Rpt: 23/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grenader, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77019-6816	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$5,000.00</div>
<b>8</b> Contributor's Principal Occupation Real Estate		<b>9</b> Contributor's Job Title Real Estate
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  Houston, TX 77018-7512	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$500.00</div>
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. <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202-2758	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$500.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/45 Rpt: 24/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Nancy L. (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76179-5412	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019-3409	Amount of Contribution (\$)  <div style="text-align: right;">\$150.00</div>
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, Finley & Bogle <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102-5322	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/45 Rpt: 25/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Tommy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584-4181	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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 <hr/> 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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/45 Rpt: 27/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Slovacek LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77502-0547	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75205-2108	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$2,500.00</div>
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 <hr/> Contributor address; City; State; Zip Code  Dale, TX 78616-2898	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$150.00</div>
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**

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/45 Rpt: 31/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larose, Guy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469-2005	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation retired		<b>9</b> Contributor's Job Title retired
<b>10</b> Contributor's employer/law firm retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> 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.) <hr/> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 29/45 Rpt: 32/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCulloch, Ann K. (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77833-5118	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-5675	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
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#: _____) McGrue, Aaron <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050-6561	Amount of Contribution (\$)  <div style="text-align: right;">\$5.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/45 Rpt: 33/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendicello, Les (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Longview, TX 75601-4655	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Banker		<b>9</b> Contributor's Job Title CEO
<b>10</b> Contributor's employer/law firm Spring Hill State Bank		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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.) <hr/> 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)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 31/45 Rpt: 34/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niermann, Jon <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-1327	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Vinson & Elkins		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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 <hr/> 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)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 33/45 Rpt: 36/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce & O'Neill LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77006-5472	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> 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 <hr/> 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)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 34/45 Rpt: 37/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prescott, Wayne H. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Meadowlakes, TX 78654-7138	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$500.00</div>
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm Retired		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78213-1844	Amount of Contribution (\$)  <div style="text-align: right;">\$1,000.00</div>
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. <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619-0227	Amount of Contribution (\$)  <div style="text-align: right;">\$100.00</div>
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**

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

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 39/45 Rpt: 42/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagner, Brian <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-2134	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Contributor's Principal Occupation Judge		<b>9</b> Contributor's Job Title Judge
<b>10</b> Contributor's employer/law firm Texas Business Court 8th Division		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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.) <hr/> 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**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 41/45 Rpt: 44/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pasadena, TX 77503-1428	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77503-1428	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$50.00</div>
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 <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2153	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$20,000.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 42/45 Rpt: 45/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomei, Betty J. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77469-1962	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$25.00</div>
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75252-6860	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$100.00</div>
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. <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002-5387	Amount of Contribution (\$)  <div style="text-align: right; font-weight: bold;">\$250.00</div>
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 43/45 Rpt: 46/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78269-6000	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Jr., Walter <hr/> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 44/45 Rpt: 47/116
<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehill, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Coppell, TX 75019-4176	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Judge		<b>9</b> Contributor's Job Title Judge
<b>10</b> Contributor's employer/law firm State of Texas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> 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 <hr/> 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.) <hr/> 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

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



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/45 Rpt: 50/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/04/2025	<b>5</b> Payee name Agape Pregnancy Resource Center	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 104 E. Main St.  Round Rock, TX 78664	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 225 Reinekers Lane Suite 770 Alexandria , VA 22314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/45 Rpt: 51/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/20/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$2.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/45 Rpt: 52/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/13/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$8.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/08/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.30	Payee name Anedot  Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$20.30	Payee name Anedot  Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/45 Rpt: 53/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/02/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$10.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/45 Rpt: 54/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/25/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/45 Rpt: 55/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/15/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$60.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/45 Rpt: 56/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/11/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$4.34	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/45 Rpt: 57/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/08/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$40.30	Payee name Anedot	Office held
Purpose (\$) \$40.30	Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	Office held
Purpose (\$) \$0.50	Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/45 Rpt: 58/116	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/26/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/19/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/15/2025	Candidate/Officeholder name Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/15/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$1.70	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/09/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/31/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$4.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$10.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/20/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$80.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/14/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$200.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/08/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$200.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 17/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/29/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/24/2025	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$13.63	<b>7</b> Payee address; City; State; Zip Code PO Box 84314  Baton Rouge, LA 70884-4314	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/16/2025	<b>5</b> Payee name Buc-ees	
<b>6</b> Amount (\$) \$21.49	<b>7</b> Payee address; City; State; Zip Code 165 State Hwy 77  Hillsboro, TX 76645	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/04/2025	<b>5</b> Payee name Bull Creek Strategies	
<b>6</b> Amount (\$) \$3,750.00	<b>7</b> Payee address; City; State; Zip Code PO Box 170073  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 17430 Northwest Freeway  Jersey Village, TX 77040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/12/2025	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$3.75	<b>7</b> Payee address; City; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name City of Austin	
Amount (\$) \$2.25	Payee address; City; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name City of Austin	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 22/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/03/2025	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$2.25	<b>7</b> Payee address; City; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/09/2025	Candidate/Officeholder 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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2025	Candidate/Officeholder 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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/06/2025	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$3.25	<b>7</b> Payee address; City; State; Zip Code 2006 East 4th Street  Austin, TX 78702	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/07/2025	<b>5</b> Payee name Crown Awards	
<b>6</b> Amount (\$) \$69.71	<b>7</b> Payee address; City; State; Zip Code 9 Skyline Drive  Hawthorne, NY 10532	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 8250 N. Central Expy  Dallas, TX 75206	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 1108 Lavaca Street Suite 110 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 25/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/08/2025	<b>5</b> Payee name Dudley Group LLC	
<b>6</b> Amount (\$) \$16,300.22	<b>7</b> Payee address; City; State; Zip Code 1108 Lavaca Street Suite 110 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Dudley Group LLC	
Amount (\$) \$5,100.00	Payee address; City; State; Zip Code 1108 Lavaca Street Suite 110 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Dutch Bros	
Amount (\$) \$7.44	Payee address; City; State; Zip Code 8614 Potranco Road  San Antonio, TX 78251	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/06/2025	<b>5</b> Payee name El Arroyo	
<b>6</b> Amount (\$) \$50.65	<b>7</b> Payee address; City; State; Zip Code 1624 W. 5th St.  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 27/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/20/2025	<b>5</b> Payee name Federalist Society	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 1776 I Street NW Suite 300 Washington DC, TX 20006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name Field, Scott	
Amount (\$) \$2,576.13	Payee address; City; State; Zip Code <b>REDACTED PER 254.0313, GOV'T CODE</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	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	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/05/2025	<b>5</b> Payee name Four Seasons	
<b>6</b> Amount (\$) \$23.00	<b>7</b> Payee address; City; State; Zip Code 98 San Jacinto Blvd  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 29/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/18/2025	<b>5</b> Payee name Go Daddy.com	
<b>6</b> Amount (\$) \$66.57	<b>7</b> Payee address; City; State; Zip Code 14455 North Hayden Rd. Suite 219 Scottsdale, AZ 85260	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 30/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/18/2025	<b>5</b> Payee name Hyatt Regency	
<b>6</b> Amount (\$) \$31.81	<b>7</b> Payee address; City; State; Zip Code 208 Barton Springs Road  Austin, TX 78704	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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; State; Zip Code 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; 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 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; 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 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 32/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/02/2025	<b>5</b> Payee name Keel Systems LLC	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 23812 Tres Coronas  Spicewood, TX 78669	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 4516 Burnet Road  Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 33/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/18/2025	<b>5</b> Payee name Lilly and Company	
<b>6</b> Amount (\$) \$2,516.24	<b>7</b> Payee address; City; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Lilly and Company	
Amount (\$) \$2,529.84	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Lilly and Company	
Amount (\$) \$2,710.44	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 34/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/17/2025	<b>5</b> Payee name Lilly and Company	
<b>6</b> Amount (\$) \$3,676.51	<b>7</b> Payee address; City; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Lilly and Company	
Amount (\$) \$4,695.85	Payee address; City; State; Zip Code 1005 Congress Avenue Suite 400 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Love's	
Amount (\$) \$36.39	Payee address; City; State; Zip Code 200 Garden Acres Drive  Fort Worth, TX 76140	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 35/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/10/2025	<b>5</b> Payee name MOD Pizza	
<b>6</b> Amount (\$) \$17.23	<b>7</b> Payee address; City; State; Zip Code 990 US Hwy 290 E  Brenham, TX 77833	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 36/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/30/2025	<b>5</b> Payee name Magnolia Hotel	
<b>6</b> Amount (\$) \$29.84	<b>7</b> Payee address; City; State; Zip Code 1100 Texas Avenue  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 15010 NE 36th Street  Redmond, WA 98052	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 500 S. Austin Ave.  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 37/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/01/2025	<b>5</b> Payee name Perry's Steakhouse	
<b>6</b> Amount (\$) \$127.30	<b>7</b> Payee address; City; State; Zip Code 114 W. 7th Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 114 W. 7th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 114 W. 7th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 38/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/10/2025	<b>5</b> Payee name Petroleum Club	
<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address; City; State; Zip Code 1225 Louisiana  Houston, TX 77002	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 39/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/05/2025	<b>5</b> Payee name Procore Tower Parking	
<b>6</b> Amount (\$) \$9.00	<b>7</b> Payee address; City; State; Zip Code 221 W. 6th St  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 7747 US 281 S  Spring Branch, TX 78070	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 6940 US 67 N  Alvarado, TX 76009	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 40/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/21/2025	<b>5</b> Payee name Ranch 616	
<b>6</b> Amount (\$) \$106.77	<b>7</b> Payee address; City; State; Zip Code 616 Nueces  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 41/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/19/2025	<b>5</b> Payee name Southwest Airlines	
<b>6</b> Amount (\$) \$431.96	<b>7</b> Payee address; City; State; Zip Code 2702 Love Field Drive  Dallas , TX 75235	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</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)
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 6626 W Loop 1604 N  San Antonio, TX 78254	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 901 Glenna Street  San Angelo, TX 76901	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 42/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/30/2025	<b>5</b> Payee name TFRW Convention 2025 PAC	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1301 Vista Monte  San Antonio, TX 78216	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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 <u>ONLY</u> 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	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 43/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/24/2025	<b>5</b> Payee name Texas Center for the Judiciary	
<b>6</b> Amount (\$) \$150.00	<b>7</b> Payee address; City; State; Zip Code 1210 San Antonio St. Suite 800 Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code PO Box 12673 Austin, TX 78711	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code PO Box 12673 Austin, TX 78711	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 44/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/29/2025	<b>5</b> Payee name The Nobleman Hotel	
<b>6</b> Amount (\$) \$253.36	<b>7</b> Payee address; City; State; Zip Code 503 Bryan Avenue  Fort Worth, TX 76104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name The Otis	
Amount (\$) \$16.24	Payee address; City; State; Zip Code 1901 San Antonio Street  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name The Parking Spot	
Amount (\$) \$108.79	Payee address; City; State; Zip Code 1600 Hwy 71 E  Austin, TX 78742	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 45/45 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/18/2025	<b>5</b> Payee name U.S. Post Office	
<b>6</b> Amount (\$) \$7.45	<b>7</b> Payee address; City; State; Zip Code 2665 Ranch Road 1869  Liberty Hill, TX 78642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code 3600 Presidential Blvd  Austin, TX 78719	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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 <u>ONLY</u> 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; State; Zip Code 2401 San Jacinto Blvd.  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</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 <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: 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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: 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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.

<b>1</b> Total pages Schedule G: Sch: 5/22 Rpt: 99/116		<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318	
<b>4</b> Date 09/06/2025		<b>5</b> Payee name Field, Scott			
<b>6</b> Amount (\$) \$25.90  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District		<b>(b)</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	
<b>9</b> 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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  
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: 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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: 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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: 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 ONLY 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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 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  
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.

<b>1</b> Total pages Schedule G: Sch: 11/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/06/2025	<b>5</b> Payee name Field, Scott	
<b>6</b> Amount (\$)  \$51.80  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  <div style="background-color: black; color: white; text-align: center; padding: 5px;">REDACTED PER 254.0313, GOV'T CODE</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> 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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  <div style="background-color: black; color: white; text-align: center; padding: 5px;">REDACTED PER 254.0313, GOV'T CODE</div>	
<b>PURPOSE OF EXPENDITURE</b>	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  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  <div style="background-color: black; color: white; text-align: center; padding: 5px;">REDACTED PER 254.0313, GOV'T CODE</div>	
<b>PURPOSE OF EXPENDITURE</b>	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  
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.

<b>1</b> Total pages Schedule G: Sch: 12/22 Rpt:		<b>2</b> FILER NAME Field, Scott K. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00065318	
<b>4</b> Date 11/18/2025		<b>5</b> Payee name Field, Scott			
<b>6</b> Amount (\$) \$264.60  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District		<b>(b)</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	
<b>9</b> 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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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  <b>REDACTED PER 254.0313, GOV'T CODE</b>			
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  
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.

<b>1</b> Total pages Schedule G: Sch: 13/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 07/18/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date 08/14/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		

# 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.

<b>1</b> Total pages Schedule G: Sch: 14/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 08/22/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$4.15  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date 09/03/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		

# 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.

<b>1</b> Total pages Schedule G: Sch: 15/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/11/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$6.53  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> 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  
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.

<b>1</b> Total pages Schedule G: Sch: 16/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/25/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$8.30  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
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		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
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		

# 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.

<b>1</b> Total pages Schedule G: Sch: 17/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/02/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$13.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> 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  
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.

<b>1</b> Total pages Schedule G: Sch: 18/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 10/10/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$9.33  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> 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  
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.

<b>1</b> Total pages Schedule G: Sch: 19/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318			
<b>4</b> Date 11/05/2025	<b>5</b> Payee name Harris County Toll Road Authority				
<b>6</b> Amount (\$)  \$17.92  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
Candidate/Officeholder name	Office sought	Office held			
Date 11/06/2025	Payee name Harris County Toll Road Authority				
Amount (\$)  \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040				
<b>PURPOSE OF EXPENDITURE</b>	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					
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
Candidate/Officeholder name	Office sought	Office held			
Date 11/14/2025	Payee name Harris County Toll Road Authority				
Amount (\$)  \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040				
<b>PURPOSE OF EXPENDITURE</b>	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					
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held
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.

<b>1</b> Total pages Schedule G: Sch: 20/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 11/18/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$7.67  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> 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  
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.

<b>1</b> Total pages Schedule G: Sch: 21/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$)  \$10.68  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$)  \$6.53  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date 09/06/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$)  \$6.53  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		

# 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.

<b>1</b> Total pages Schedule G: Sch: 22/22 Rpt:	<b>2</b> FILER NAME Field, Scott K. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00065318
<b>4</b> Date 09/09/2025	<b>5</b> Payee name Harris County Toll Road Authority	
<b>6</b> Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		
Date 09/11/2025	Candidate/Officeholder name Harris County Toll Road Authority	
Amount (\$) \$13.06  <input checked="checked" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7701 Wilshire Place Drive  Houston, TX 77040	
<b>PURPOSE OF EXPENDITURE</b>	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		