

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|   |  |                            |  |  |     |      |
|---|--|----------------------------|--|--|-----|------|
| The JC/OH Instruction Guide explains how to complete this form.                                       |  |                            | 1 Filer ID<br>(Ethics Commission Filers)<br>00088276 | 2 Total pages filed:<br>34   |     |      |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Brendetta Anthony | MI   | <b>OFFICE USE ONLY</b>   |     |      |
|   | NICKNAME   | LAST<br>Scott              | SUFFIX   | Date Received<br>ELECTRONICALLY FILED<br>01/15/2026  |     |      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>2500 Tanglewilde St.<br>Ste. 274<br>Houston, TX 77063  |                            |  | ZIP CODE<br>Date Hand-delivered or Date Postmarked   |     |      |
|   |  |                            |  | Receipt # <input type="text"/> Amount <input type="text"/>   |     |      |
|   |  |                            |  | Date Processed   |     |      |
|   |  |                            |  | Date Imaged  |     |      |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Ms.   | FIRST<br>Kimberly          | MI   |  |     |      |
|   | NICKNAME   | LAST<br>Duck               | SUFFIX   |  |     |      |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>4623 Pebblestone Drive<br>Missouri City, TX 77459   |                            |  |  |     |      |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>(281) 615-3444   |                            |  |  |     |      |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) |                            |  |  |     |      |
| 9 PERIOD<br>COVERED   | Month<br>07/05/2025  | Day                        | Year   | Month<br>12/31/2025  | Day | Year |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026   |                            | Day  | ELECTION TYPE<br><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |     |      |
| 11 OFFICE   | OFFICE HELD (if any)<br>None Place N/A1 District N/A   |                            |  | 12 OFFICE SOUGHT (if known)<br>District Judge District 268   |     |      |

**GO TO PAGE 2**

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

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

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|   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME  | Scott, Brendetta Anthony (Ms.)  |  | 14 Filer ID<br>(Ethics Commission Filers)<br>00088276 |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)  | <p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |   | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |  | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |  | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE  | COMMITTEE NAME                             |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                          |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME          |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS       |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 16 CONTRIBUTION<br>TOTALS   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |  | \$ 200.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |  | \$ 12,040.00  |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$ 100.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  |  | \$ 9,630.14   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD   |  | \$ 1,929.97   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>OF THE REPORTING PERIOD  |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 17 AFFIDAVIT  |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>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.</p> |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>Ms. Brendetta Anthony Scott<br/>_____<br/>Signature of Candidate or Officeholder</p>   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| AFFIX NOTARY STAMP / SEAL ABOVE   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day<br/>of _____, 20_____, to certify which, witness my hand and seal of office.</p>                                    |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| Signature of officer administering oath   |   | Printed name of officer administering oath |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | Title of officer administering oath        |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |

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

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|   |  |
|---|--|
| <b>18</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00088276 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 12,040.00      |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$                          |  |
| 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 \$ 9,580.14 |  |
| 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 \$ 50.00              |  |
| 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:<br>Sch: 1/13 Rpt: 4/34 |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276    |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <b>4</b> Date<br>11/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Clarence<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Grenada, MS 38901 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00         |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <b>8</b> Contributor's Principal Occupation<br>retired   |   | <b>9</b> Contributor's Job Title<br>retired                 |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <b>10</b> Contributor's employer/law firm<br>N/A   |   | <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)  |   |   |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <table border="1"> <tr> <td>           Date<br/>           11/06/2025         </td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>           Anthony, Clyde<br/> <b>6</b> Contributor address; City; State; Zip Code<br/> <br/>           Grenada, MS 38901         </td> <td>           Amount of Contribution (\$)<br/> <br/>           \$50.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation<br/>           retired         </td> <td>           Contributor's Job Title<br/>           retired         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm<br/>           N/A         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>                                |   |   | Date<br>11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Clyde<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Grenada, MS 38901  | Amount of Contribution (\$)<br><br>\$50.00  | Contributor's Principal Occupation<br>retired               |  | Contributor's Job Title<br>retired | Contributor's employer/law firm<br>N/A                    |  | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>11/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Clyde<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Grenada, MS 38901             | Amount of Contribution (\$)<br><br>\$50.00                  |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| Contributor's Principal Occupation<br>retired  |   | Contributor's Job Title<br>retired                          |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| Contributor's employer/law firm<br>N/A   |   | Law firm of contributor's spouse (if any)                   |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| If contributor is a child, law firm of parent(s) (if any)  |   |   |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| <table border="1"> <tr> <td>           Date<br/>           09/02/2025         </td> <td>           Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>           Anthony, Mary<br/> <b>6</b> Contributor address; City; State; Zip Code<br/> <br/>           Greenwood, MS 38930         </td> <td>           Amount of Contribution (\$)<br/> <br/>           \$200.00         </td> </tr> <tr> <td colspan="2">           Contributor's Principal Occupation<br/>           Certified Nurse's Aid         </td> <td>           Contributor's Job Title<br/>           CNA         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm<br/>           Riverview Nursing Home         </td> <td>           Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="3">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table> |   |   | Date<br>09/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Mary<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930 | Amount of Contribution (\$)<br><br>\$200.00 | Contributor's Principal Occupation<br>Certified Nurse's Aid |  | Contributor's Job Title<br>CNA     | Contributor's employer/law firm<br>Riverview Nursing Home |  | Law firm of contributor's spouse (if any) | If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>09/02/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anthony, Mary<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930            | Amount of Contribution (\$)<br><br>\$200.00                 |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| Contributor's Principal Occupation<br>Certified Nurse's Aid  |   | Contributor's Job Title<br>CNA                              |                    |  |   |   |  |                                    |   |  |   |   |  |  |
| Contributor's employer/law firm<br>Riverview Nursing Home  |   | 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:<br>Sch: 2/13 Rpt: 5/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276    |
| <b>4</b> Date<br>11/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barr, Willie & Ruby<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930 | <b>7</b> Amount of Contribution (\$)<br>\$250.00            |
| <b>8</b> Contributor's Principal Occupation<br>retired   |   | <b>9</b> Contributor's Job Title<br>retired                 |
| <b>10</b> Contributor's employer/law firm<br>N/A   |   | <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<br>10/25/2025   |   |   |
| Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benny Agosto Jr PC<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77002 |   | Amount of Contribution (\$)<br>\$2,000.00                   |
| Contributor's Principal Occupation<br><br>Contributor's Job Title  |   |   |
| Contributor's employer/law firm<br><br>Law firm of contributor's spouse (if any)   |   |   |
| If contributor is a child, law firm of parent(s) (if any)  |   |   |
| Date<br>12/03/2025   |   |   |
| Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brundidge, Patricia<br>Contributor address; City; State; Zip Code<br><br>Newark, NY 14513 |   | Amount of Contribution (\$)<br>\$100.00                     |
| Contributor's Principal Occupation<br>retired  |   |   |
| Contributor's Job Title<br>retired   |   |   |
| Contributor's employer/law firm<br><br>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:<br>Sch: 3/13 Rpt: 6/34                                |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276                                   |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carter, Tameika<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459 | <b>7</b> Amount of Contribution (\$)<br>\$250.00   |
| <b>8</b> Contributor's Principal Occupation<br>Attorney   |   | <b>9</b> Contributor's Job Title<br>Division Chief   |
| <b>10</b> Contributor's employer/law firm<br>Harris County District Attorney's Office   |   | <b>11</b> Law firm of contributor's spouse (if any)<br>The Law Offices of Wilvin J. Carter |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)   |   |  |
| Date<br>11/24/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Catmull, Annie<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77008    |   | Amount of Contribution (\$)<br>\$1,000.00  |
| Contributor's Principal Occupation<br>Attorney  |   | Contributor's Job Title<br>Attorney  |
| Contributor's employer/law firm<br>O'Connor Weschler PLLC   |   | Law firm of contributor's spouse (if any)  |
| If contributor is a child, law firm of parent(s) (if any)   |   |  |
| Date<br>11/06/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cooper, Lawanda<br>Contributor address; City; State; Zip Code<br><br>Columbia , SC 29203 |   | Amount of Contribution (\$)<br>\$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:<br>Sch: 4/13 Rpt: 7/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276    |
| <b>4</b> Date<br>10/02/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Brandi<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77056 | <b>7</b> Amount of Contribution (\$)<br>\$100.00            |
| <b>8</b> Contributor's Principal Occupation<br>Attorney   |   | <b>9</b> Contributor's Job Title<br>Attorney                |
| <b>10</b> Contributor's employer/law firm<br>Hoover Slovacek, 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<br>10/15/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Renea<br>Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77489    |   | Amount of Contribution (\$)<br>\$50.00                      |
| Contributor's Principal Occupation<br>retired   |   | Contributor's Job Title<br>retired                          |
| Contributor's employer/law firm<br>N/A  |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)   |   |   |
| Date<br>10/02/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dorsey, Schuwan (Dr.)<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77071 |   | Amount of Contribution (\$)<br>\$100.00                     |
| Contributor's Principal Occupation<br>Professor   |   | Contributor's Job Title<br>Houston Community College        |
| 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:<br>Sch: 5/13 Rpt: 8/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276    |
| <b>4</b> Date<br>11/08/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flores, Roberto<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77002 | <b>7</b> Amount of Contribution (\$)<br>\$100.00            |
| <b>8</b> Contributor's Principal Occupation<br>Police Officer   |  | <b>9</b> Contributor's Job Title<br>Police Officer          |
| <b>10</b> Contributor's employer/law firm<br>Houston Police Department  |  | <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<br>10/14/2025<br>.....<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hackett, Tokay<br>.....<br>Contributor address; City; State; Zip Code<br><br>Upper Marlboro, MD 20792 |  | Amount of Contribution (\$)<br>\$150.00                     |
| Contributor's Principal Occupation<br>Attorney  |  | Contributor's Job Title<br>Attorney                         |
| 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<br>11/06/2025<br>.....<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haleem, Shah<br>.....<br>Contributor address; City; State; Zip Code<br><br>Katy, TX 77494             |  | Amount of Contribution (\$)<br>\$100.00                     |
| Contributor's Principal Occupation<br>Director  |  | Contributor's Job Title<br>Director                         |
| 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:<br>Sch: 6/13 Rpt: 9/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276    |
| <b>4</b> Date<br>12/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hall Law Group, PLLC<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77006 | <b>7</b> Amount of Contribution (\$)<br>\$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<br>10/06/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haselden Farrow<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77002          |  | Amount of Contribution (\$)<br>\$250.00                     |
| Contributor's Principal Occupation   |  | Contributor's Job Title                                     |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)  |  |   |
| Date<br>12/01/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Haselden Zepeda, Melissa<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77018 |  | Amount of Contribution (\$)<br>\$100.00                     |
| Contributor's Principal Occupation<br>Attorney   |  | Contributor's Job Title<br>Attorney                         |
| Contributor's employer/law firm<br>Haselden Farrow   |  | 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:<br>Sch: 7/13 Rpt: 10/34   |   |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276   |   |
| <b>4</b> Date<br>09/12/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Herrington, Claudette | <b>7</b> Amount of Contribution (\$)<br>\$100.00   |   |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459                                |  |   |
| <b>8</b> Contributor's Principal Occupation<br>Clinical Trials Operations |   | <b>9</b> Contributor's Job Title<br>Clinical Leads   |   |
| <b>10</b> Contributor's employer/law firm<br>Thermo Fisher Scientific     |   | <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<br>10/10/2025  |   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hilton, Tracey<br>Contributor address; City; State; Zip Code<br><br>Cleveland, TX 77327       | Amount of Contribution (\$)<br>\$100.00 |
| Contributor's Principal Occupation<br>Real Estate Agent                   |   | Contributor's Job Title<br>Real Estate Agent   |   |
| 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<br>11/06/2025  |   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jeems, Robert & Nell<br>Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930 | Amount of Contribution (\$)<br>\$250.00 |
| Contributor's Principal Occupation<br>Restaurant Owners                   |   | Contributor's Job Title<br>Restaurant Owners   |   |
| Contributor's employer/law firm<br>Jeems Diner                            |   | 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:<br>Sch: 8/13 Rpt: 11/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276     |
| <b>4</b> Date<br>08/14/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Barbara<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77053 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
|   | <b>8</b> Contributor's Principal Occupation<br>retired   |  |
| <b>9</b> Contributor's Job Title<br>retired   |  |  |
| <b>10</b> Contributor's employer/law firm<br>N/A  |  | <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<br>11/07/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Barbara<br>Contributor address; City; State; Zip Code<br><br>Houston, TX 77053    |  | Amount of Contribution (\$)<br><br>\$150.00                  |
| Contributor's Principal Occupation<br>retired   |  | Contributor's Job Title<br>retired                           |
| Contributor's employer/law firm<br>N/A  |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)   |  |  |
| Date<br>08/14/2025<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McQueen, Andrew<br>Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930 |  | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor's Principal Occupation<br>retired   |  | Contributor's Job Title<br>retired                           |
| Contributor's employer/law firm<br>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:<br>Sch: 9/13 Rpt: 12/34  |   |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276  |   |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mikeska, Michelle<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77478 | <b>7</b> Amount of Contribution (\$)<br>\$25.00   |   |
| <b>8</b> Contributor's Principal Occupation<br>N/A                  |  | <b>9</b> Contributor's Job Title<br>Stay at home Mom  |   |
| <b>10</b> Contributor's employer/law firm<br>N/A                    |  | <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<br>11/07/2025  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ouderkirk, Joanna<br>Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459   | Amount of Contribution (\$)<br>\$100.00 |
| Contributor's Principal Occupation<br>Councilwoman                  |  | Contributor's Job Title<br>Councilwoman   |   |
| Contributor's employer/law firm<br>City of Missouri City            |  | Law firm of contributor's spouse (if any)   |   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |   |
| Date<br>08/14/2025  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pallipparambil, Aneesh<br>Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479 | Amount of Contribution (\$)<br>\$100.00 |
| Contributor's Principal Occupation<br>Registered Nurse              |  | Contributor's Job Title<br>Registered Nurse   |   |
| Contributor's employer/law firm<br>County Hospital                  |  | 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:<br>Sch: 10/13 Rpt: 13/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276      |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phillips, Annie<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Greenwood, MS 38930  | <b>7</b> Amount of Contribution (\$)<br><br>\$140.00          |
| <b>8</b> Contributor's Principal Occupation<br>retired              |  | <b>9</b> Contributor's Job Title<br>retired                   |
| <b>10</b> Contributor's employer/law firm<br>N/A                    |  | <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) |  |   |
| <br>  |  |   |
| <b>Date</b><br>11/08/2025   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robertson, Alton (Dr.)<br><b>Contributor address; City; State; Zip Code</b><br><br>Houston, TX 77057 | <b>Amount of Contribution (\$)</b><br><br>\$100.00            |
| <b>Contributor's Principal Occupation</b><br>retired                |  | <b>Contributor's Job Title</b><br>retired                     |
| <b>Contributor's employer/law firm</b><br>N/A                       |  | <b>Law firm of contributor's spouse (if any)</b>              |
| <b>If contributor is a child, law firm of parent(s) (if any)</b>    |  |   |
| <br>  |  |   |
| <b>Date</b><br>11/10/2025   | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robertson, Alton (Dr.)<br><b>Contributor address; City; State; Zip Code</b><br><br>Houston, TX 77057 | <b>Amount of Contribution (\$)</b><br><br>\$100.00            |
| <b>Contributor's Principal Occupation</b><br>retired                |  | <b>Contributor's Job Title</b><br>retired                     |
| <b>Contributor's employer/law firm</b><br>N/A                       |  | <b>Law firm of contributor's spouse (if any)</b>              |
| <b>If contributor is a child, law firm of parent(s) (if any)</b>    |  |   |
| <br>  |  |   |

# 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:<br>Sch: 11/13 Rpt: 14/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276      |
| <b>4</b> Date<br>11/06/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Robertson, Alton (Dr.) | <b>7</b> Amount of Contribution (\$)<br>\$100.00              |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77057                                       |   |
| <b>8</b> Contributor's Principal Occupation<br>retired  |  | <b>9</b> Contributor's Job Title<br>retired                   |
| <b>10</b> Contributor's employer/law firm<br>N/A  |  | <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 09/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rutledge, Will (Mr.)<br>Contributor address; City; State; Zip Code<br><br>Houston 77057 Tajikistan |  |   |
| Contributor's Principal Occupation<br>retired   |  | Contributor's Job Title<br>retired                            |
| Contributor's employer/law firm<br>N/A  |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)   |  |   |
| Date 07/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Scott, Brendetta<br>Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459      |  |   |
| Contributor's Principal Occupation<br>Attorney  |  | Contributor's Job Title<br>Attorney                           |
| Contributor's employer/law firm<br>The Anthony Scott 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:<br>Sch: 12/13 Rpt: 15/34 |
| <b>2</b> FILER NAME<br>Scott, Brendetta Anthony (Ms.)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00088276      |
| <b>4</b> Date<br>11/14/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Anthony Scott Law Firm, PLLC<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77063 | <b>7</b> Amount of Contribution (\$)<br>\$2,700.00            |
| <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 09/02/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Truscott, Cassel<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459 |  |   |
| Contributor's Principal Occupation<br>retired   |  | Contributor's Job Title<br>retired                            |
| Contributor's employer/law firm<br>N/A  |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)   |  |   |
| Date 09/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wagner, Franklin<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77269       |  |   |
| Contributor's Principal Occupation<br>Farmer  |  | Contributor's Job Title<br>Farmer                             |
| Contributor's employer/law firm<br>F and J Farms  |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)   |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |   |
|--|---|---|
| <p><b>The Instruction Guide explains how to complete this form.</b></p>    |   | <p><b>1</b> Total pages Schedule A(J)1:<br/>Sch: 13/13 Rpt: 16/34</p> |
| <p><b>2</b> FILER NAME<br/>Scott, Brendetta Anthony (Ms.)</p>              |   | <p><b>3</b> Filer ID (Ethics Commission Filers)<br/>00088276</p>      |
| <p><b>4</b> Date<br/>12/08/2025</p>  | <p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br/>Walter J. Pink and Associates, PC<br/>.....<br/><b>6</b> Contributor address; City; State; Zip Code<br/><br/>Houston, TX 77056</p> | <p><b>7</b> Amount of Contribution (\$)<br/>\$500.00</p>              |
| <p><b>8</b> Contributor's Principal Occupation</p>                         |   | <p><b>9</b> Contributor's Job Title</p>                               |
| <p><b>10</b> Contributor's employer/law firm</p>                           |   | <p><b>11</b> Law firm of contributor's spouse (if any)</p>            |
| <p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p> |   |   |
| <p>Date<br/>11/24/2025</p>   | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:<br/>Wright, Tressa<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Olive Branch, MS 38654</p>                                 | <p>Amount of Contribution (\$)<br/>\$100.00</p>                       |
| <p>Contributor's Principal Occupation<br/>Education</p>                    |   | <p>Contributor's Job Title<br/>Director</p>                           |
| <p>Contributor's employer/law firm</p>                                     |   | <p>Law firm of contributor's spouse (if any)</p>                      |
| <p>If contributor is a child, law firm of parent(s) (if any)</p>           |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 1/17 Rpt: 17/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>11/21/2025                                  | 5 Payee name<br>Aldi   |   |
| 6 Amount (\$)<br>\$48.41                              | 7 Payee address; City; State; Zip Code<br>6016 Sienna Ranch Road<br><br>Missouri City, TX 77459              |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Purchased Turkeys to Donate to community | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchased Turkeys to Donate to community |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/29/2025                                    | Payee name<br>Allied Signs   |   |
| Amount (\$)<br>\$297.69                               | Payee address; City; State; Zip Code<br>6820 Harwin Dr.<br><br>Houston, TX 77036                             |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Push cards and Campaign T-Shirts prints  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/06/2025                                    | Payee name<br>Allied Signs   |   |
| Amount (\$)<br>\$378.88                               | Payee address; City; State; Zip Code<br>6820 Harwin Dr.<br><br>Houston, TX 77036                             |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Backdrop for Campaign Kickoff    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 2/17 Rpt: 18/34       | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>11/25/2025                                     | 5 Payee name<br>Amegy Bank  |   |
| 6 Amount (\$)<br>\$28.50                                 | 7 Payee address; City;<br>5820 Hwy 6<br><br>Missouri City, TX 77459   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Fees  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Check order fee  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>07/30/2025                                       | Payee name<br>American Caribbean Chambers of Commerce   |   |
| Amount (\$)<br>\$349.00                                  | Payee address; City;<br>6201 Bonhomme Rd<br><br>Houston, TX 77036   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Vendor Fee for a table to advertise at the Back to<br>School Mega Fest |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>11/21/2025                                       | Payee name<br>American Caribbean Chambers of Commerce   |   |
| Amount (\$)<br>\$50.00                                   | Payee address; City;<br>6201 Bonhomme Rd<br><br>Houston, TX 77036   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Mission Bend Turkey Giveaway                              |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 3/17 Rpt: 19/34       | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>10/04/2025                                     | 5 Payee name<br>American Caribbean Chambers of Commerce   |  |
| 6 Amount (\$)<br>\$150.00                                | 7 Payee address; City;<br>6201 Bonhomme Rd<br><br>Houston, TX 77036   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>International Girl Child Day              |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/19/2025                                       | Payee name<br>American Caribbean Chambers of Commerce   |  |
| Amount (\$)<br>\$25.00                                   | Payee address; City;<br>6201 Bonhomme Rd<br><br>Houston, TX 77036   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>The Bend Community Winter Wonderland Fest |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/26/2025                                       | Payee name<br>Aviva Wholesale   |  |
| Amount (\$)<br>\$18.89                                   | Payee address; City;<br>10355 Harwin Dr<br><br>Houston, TX 77036  |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>T-Shirts purchased for campaign           |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 4/17 Rpt: 20/34       | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>11/06/2025                                     | 5 Payee name<br>B's Wine Bar  |  |
| 6 Amount (\$)<br>\$400.00                                | 7 Payee address; City;<br>8027 Hwy 6, Ste. 100<br><br>Missouri City, TX 77459   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for food for Campaign Kickoff         |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/18/2025                                       | Payee name<br>Black Tie Event   |  |
| Amount (\$)<br>\$60.00                                   | Payee address; City;<br>303 Texas Parkway<br>Ste. 213<br>Missouri City, TX 77489  |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Black Tie Event With Commissioner |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/20/2025                                       | Payee name<br>Carey Frozen Ice  |  |
| Amount (\$)<br>\$50.00                                   | Payee address; City;<br>2603 Cartwright Rd<br><br>Missouri City, TX 77459   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Frozen Ice for Kids          |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>Sch: 5/17 Rpt: 21/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>11/05/2025                                  | 5 Payee name<br>Divine Sight Films  |   |
| 6 Amount (\$)<br>\$225.00                             | 7 Payee address; City;<br>2431 Jasper Pt<br><br>Missouri City, TX 77459                           |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Partial fee paid for photographer/videographer                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Divine Sight Films   | Office sought<br>Office held  |
| Date<br>11/17/2025                                    | Payee name<br>Divine Sight Films  |   |
| Amount (\$)<br>\$225.00                               | Payee address; City;<br>2431 Jasper Pt<br><br>Missouri City, TX 77459                             |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Final payment for photographer and videographer for Campaign Kickoff |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Dollar General   | Office sought<br>Office held  |
| Date<br>10/24/2025                                    | Payee name<br>Dollar General  |   |
| Amount (\$)<br>\$75.23                                | Payee address; City;<br>1783 Texas Pkwy<br><br>Missouri City, TX 77489                            |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>For event to give children candy                                     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Divine Sight Films   | Office sought<br>Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>Sch: 6/17 Rpt: 22/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>09/22/2025                                  | 5 Payee name<br>Dollar Tree   |   |
| 6 Amount (\$)<br>\$37.13                              | 7 Payee address; City;<br>1681 Cartwright Rd<br><br>Missouri, TX 77489  |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Purchased back to school supplies to donate      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>11/20/2025                                    | Payee name<br>Dollar Tree   |   |
| Amount (\$)<br>\$53.24                                | Payee address; City;<br>1681 Cartwright Rd<br><br>Missouri, TX 77489  |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Canned goods to donate for Thanksgiving                                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canned goods to donate for Thanksgiving          |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/04/2025                                    | Payee name<br>Dorsey, Schuwan (Dr.)   |   |
| Amount (\$)<br>\$100.00                               | Payee address; City;<br>State; Zip Code<br><br>REDACTED PER 254.0401, ELEC. CODE<br><br>Houston, TX 77071   |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Angel Tree for Christmas Gifts and Toys for kids |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 7/17 Rpt: 23/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>12/01/2025                                  | 5 Payee name<br>Felicia, Moon-Thomas   |  |
| 6 Amount (\$)<br>\$125.00                             | 7 Payee address; City;<br>State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br><br>Missouri City, TX 77459 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Grinch Party - Food and supplies for Senior Residents |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>11/24/2025                                    | Payee name<br>Foodarama  |  |
| Amount (\$)<br>\$86.81                                | Payee address; City;<br>State; Zip Code<br><br>1603 Cartwright Rd<br><br>Missouri City, TX 77489                         |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Turkeys for the Community                             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>11/15/2025                                    | Payee name<br>Fort Bend County Democratic Party  |  |
| Amount (\$)<br>\$1,500.00                             | Payee address; City;<br>State; Zip Code<br><br>13515 Southwest Fwy #204<br><br>Sugar Land, TX 77478                      |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Application Fee to be on the ballot                   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 8/17 Rpt: 24/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>12/22/2025                                  | 5 Payee name<br>Fort Bend County Democratic Party  |   |
| 6 Amount (\$)<br>\$750.00                             | 7 Payee address; City; State; Zip Code<br>13515 Southwest Fwy #204<br><br>Sugar Land, TX 77478 |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party Fee      |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>12/22/2025                                    | Payee name<br>Fort Bend County Democratic Party  |   |
| Amount (\$)<br>\$750.00                               | Payee address; City; State; Zip Code<br>13515 Southwest Fwy #204<br><br>Sugar Land, TX 77478   |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party Fee      |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>09/22/2025                                    | Payee name<br>Fort Bend Education Foundation   |   |
| Amount (\$)<br>\$35.98                                | Payee address; City; State; Zip Code<br>16431 Great Southwest Pkwy<br><br>Sugar Land, TX 77479 |   |
| PURPOSE<br>OF<br>EXPENDITURE                          | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense              | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sugar Shin dig |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>Sch: 9/17 Rpt: 25/34    | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>12/15/2025                                  | 5 Payee name<br>Grace's Cafe  |  |
| 6 Amount (\$)<br>\$44.38                              | 7 Payee address; City; State; Zip Code<br>1909 Texas Parkway<br><br>Missouri City, TX 77489 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food for Campaign Meeting                       |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/25/2025                                    | Payee name<br>HEB   |  |
| Amount (\$)<br>\$81.11                                | Payee address; City; State; Zip Code<br>530 Hwy 6<br><br>Sugar Land, TX 77478               |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canned Goods and food for Thanksgiving giveaway |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/10/2025                                    | Payee name<br>Houston Livestock & Rodeo   |  |
| Amount (\$)<br>\$180.00                               | Payee address; City; State; Zip Code<br>11645 Almeda Rd<br><br>Houston, TX 77045            |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Western Gala                                    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 10/17 Rpt: 26/34   | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>11/21/2025                                  | 5 Payee name<br>Houston Missouri City Domino Club  |   |
| 6 Amount (\$)<br>\$100.00                             | 7 Payee address; City; State; Zip Code<br>16030 Blue Ridge Rd<br><br>Missouri City, TX 77489   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Jamaica Relief Fund |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>10/17/2025                                    | Payee name<br>Indivisible  |   |
| Amount (\$)<br>\$25.00                                | Payee address; City; State; Zip Code<br>9119 Hwy 6<br>Ste. 230 PMB 378<br>Missouri City, TX 77459  |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation                         |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/14/2025                                    | Payee name<br>Inspiration Church   |   |
| Amount (\$)<br>\$50.00                                | Payee address; City; State; Zip Code<br>16310 Chimney Rock Rd<br><br>Houston, TX 77053   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Fall Festival       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 11/17 Rpt: 27/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>12/13/2025                                     | 5 Payee name<br>Inspiration Church  |  |
| 6 Amount (\$)<br>\$50.00                                 | 7 Payee address; City;<br>16310 Chimney Rock Rd<br><br>Houston, TX 77053  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Angel Tree donation for toys for kids for Christmas                 |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>10/14/2025                                       | Payee name<br>Katy Democrats  |  |
| Amount (\$)<br>\$200.00                                  | Payee address; City;<br>P.O. Box 6952<br><br>Katy, TX 77491   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for advertising at the Katy Area Democrats<br>Democracy Palooza |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/17/2025                                       | Payee name<br>Kroger  |  |
| Amount (\$)<br>\$100.00                                  | Payee address; City;<br>11003 Shadow Creek Pkwy<br><br>Pearland, TX 77551   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Canned good purchased for food giveaway                             |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 12/17 Rpt: 28/34   | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>12/20/2025                                  | 5 Payee name<br>McGarr, Oscar  |  |
| 6 Amount (\$)<br>\$250.00                             | 7 Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br><br>Houston, TX 77071                                |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for social media posts regarding campaign |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Missouri City Ruff Ryders   | Office sought<br>Office held   |
| Date<br>12/06/2025                                    | Payee name<br>Missouri City Ruff Ryders  |  |
| Amount (\$)<br>\$50.00                                | Payee address; City; State; Zip Code<br>5007 Highway 6<br><br>Missouri City, TX 77459  |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for Christmas Toys for Kids          |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Moon-Thomas, Felicia  | Office sought<br>Office held   |
| Date<br>09/24/2025                                    | Payee name<br>Moon-Thomas, Felicia   |  |
| Amount (\$)<br>\$75.00                                | Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br><br>Missouri City, TX 77459                            |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fort Bend County Parade                       |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought<br>Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 13/17 Rpt: 29/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>12/07/2025                                     | 5 Payee name<br>Mt. Vernon Missionary Baptist   |   |
| 6 Amount (\$)<br>\$10.00                                 | 7 Payee address; City;<br>218 3rd St<br><br>Rosenberg, TX 77471   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Church donation                |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/27/2025                                       | Payee name<br>NAACP   |   |
| Amount (\$)<br>\$20.00                                   | Payee address; City;<br>P.O. Box 1053<br><br>Missouri City, TX 77459  |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Raffle tickets                 |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>11/06/2025                                       | Payee name<br>Office Depot  |   |
| Amount (\$)<br>\$19.03                                   | Payee address; City;<br>5766 Hwy 6<br><br>Missouri City, TX 77459   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Name tags and pens for Kickoff  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Name tags and pens for kickoff |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 14/17 Rpt: 30/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>11/21/2025                                     | 5 Payee name<br>Palmer House  |  |
| 6 Amount (\$)<br>\$200.00                                | 7 Payee address; City;<br>P.O. Box 17593<br><br>Sugar Land, TX 77496  |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Thanksgiving Giveaway 2025  |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/17/2025                                       | Payee name<br>Pappasitos Cantina  |  |
| Amount (\$)<br>\$80.42                                   | Payee address; City;<br>13750 Southwest Fwy<br><br>Sugar Land, TX 77478   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Meeting and Dinner |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/17/2025                                       | Payee name<br>Run Sister Run Political Action Committee   |  |
| Amount (\$)<br>\$400.00                                  | Payee address; City;<br>P.O. Box 66470<br><br>Houston, TX 77266   |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation to Organization    |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 15/17 Rpt: 31/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>10/14/2025                                     | 5 Payee name<br>Run Sister Run Political Action Committee   |   |
| 6 Amount (\$)<br>\$60.00                                 | 7 Payee address; City;<br>P.O. Box 66470<br><br>Houston, TX 77266   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Run Sister Run's Tea Party                   |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/30/2025                                       | Payee name<br>TGM Printing  |   |
| Amount (\$)<br>\$1,234.05                                | Payee address; City;<br>13910 Murphy Rd<br><br>Stafford, TX 77477   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>30 4x4s Campaign Signs                               |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>09/10/2025                                       | Payee name<br>The Dub Way Foundation  |   |
| Amount (\$)<br>\$50.00                                   | Payee address; City;<br>703 Derby Ln<br><br>Missouri City, TX 77489   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for the Family Fun Day at Hunters Glen Park |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 16/17 Rpt: 32/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>11/05/2025                                     | 5 Payee name<br>The Dub Way Foundation  |   |
| 6 Amount (\$)<br>\$50.00                                 | 7 Payee address; City;<br>703 Derby Ln<br><br>Missouri City, TX 77489   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Thanksgiving Giveaway            |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/04/2025                                       | Payee name<br>The Dub Way Foundation  |   |
| Amount (\$)<br>\$50.00                                   | Payee address; City;<br>703 Derby Ln<br><br>Missouri City, TX 77489   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Trunk or Treat Event             |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/01/2025                                       | Payee name<br>The Dub Way Foundation  |   |
| Amount (\$)<br>\$50.00                                   | Payee address; City;<br>703 Derby Ln<br><br>Missouri City, TX 77489   |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation for the Christmas Event |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 17/17 Rpt: 33/34      | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)  | 3 Filer ID (Ethics Commission Filers)<br>00088276   |
| 4 Date<br>12/05/2025                                     | 5 Payee name<br>Walmart   |   |
| 6 Amount (\$)<br>\$134.39                                | 7 Payee address; City;<br>5501 Hwy 6<br><br>Missouri City, TX 77459                               |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bike and toys for Giveaway for kids for Christmas at American Caribbean Chambers of Commerce |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/11/2025                                       | Payee name<br>Walmart   |   |
| Amount (\$)<br>\$97.00                                   | Payee address; City;<br>5501 Hwy 6<br><br>Missouri City, TX 77459                                 |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Toys and gifts for Christmas Giveaway  |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 1/1 Rpt: 34/34   | 2 FILER NAME<br>Scott, Brendetta Anthony (Ms.)   | 3 Filer ID (Ethics Commission Filers)<br>00088276  |
| 4 Date<br>08/07/2025   | 5 Payee name<br>The Dub Way Foundation   |  |
| 6 Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>703 Derby Ln<br><br>Missouri City, TX 77489  |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Family Fun Day |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |