CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER	MS MRS/ MR	Delora	JMI	OFFICE USE ONLY
NAME	NICKNAME	Scaggs	SUFFIX	DECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUTTE #; c	CITY; STATE; ZIP CODE	APR 2 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE redacted	PHONE NUMBER for web posting	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	Julie	A [™] ·	Date Processed
MAIVIE	NICKNAME	Hydock	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S dacted for web posting		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (914) 5	32-9216	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 05/24	THROUGH 4	Day Year / 26 / 24
11 ELECTION	Month Day 5 / 04	Year	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	113	13 OFFICE SOUGHT (if known	ARD TRUSTEE
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEEK	ENOUGED THESE EXPENDITURES	S MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

Forms provided by Texas Ethics Com-

Reset Form

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Reset Page

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME D	EBRA SCAGGS)	16 Filer	ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL OF PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	N	\$ (
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,)	\$ 244	12.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.		\$ 0)
	4. TOTAL POLITICAL EXPENDITU	RES		\$ 230	6.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY	\$ 723	.59
OUTSTANDING LOAN TOTALS	6, TOTAL PRINCIPAL AMOUNT OF AI LAST DAY OF THE REPORTING P		OF THE	\$	0
	wear, or affirm, under penalty of perjury, that uired to be reported by me under Title 15, Elec		ue and co	rrect and includ	es all information
		redacted for web post	ing		
	19	V V V		of Officeholder	
		Signature of G	arididate i	oi Oilicerioidei	
	Please complet	te either option belo	w:		
(1) Affidavit	S ARRINGTON Notary Public, State of Texas My Commission Expires Cctober 24, 2024 NOTARY ID 559155-8				
NOTARY STAMP/SEAL	-				-21
Sworn to and subscribed	before me by Debra J. Scage	this the	2104	h _{day of}	toril.
124	which, witness my hand and seal of office.	this the			
				Notar	1
redacted for web	ring oath Printed name of officer			Title of officer	dministering oath
	OI	and the second s		Victoria de la constanta de la	
(2) Unowers Declaration					
(2) Unsworn Declaration	511				
My name is		, and my date of birth i	s		4
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	on the day of	46.	, 20 (year)	
		(mon	ut)	(year)	
		Signature of Cand	lidate/Offic	eholder (Declar	rant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	ER NAME	20 Filer ID (Ethics Co	mmissi	on Filers)
I	DEBRA SCAGGS			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	2442.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	574 31
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$	132.64
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBL TO FILER	ITIONS RETURNED	\$	0

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 8
A SCAGGS	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Full name of contributor aut-of-state PAC (IDM) Yolandal & Terry Gooch	Amount of contribution (\$)
Contributor address; City; State; Zip Code redacted for web posting LITTLE GLM,	\$ 200°°
pation / Job title (See Instructions) Employer (See Instructions)	dons)
Full name of contributor out-of-etato PAC (ID#:) Bridget Melson	Amount of contribution (\$)
Contributor address; City; State; Zip Code redacted for web posting Bartonville, 75	479.70
pation / Job title (See Instructions) Employer (See Instruct	ions)
Full name of contributor Out-of-wate PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
eation / Job title (See Instructions) Employer (See Instructions)	ions)
	5 Full name of contributor cut-of-state PAC (ID#: Derry Fuller 6 Contributor address: redacted for web posting State; Zip Code FRISCO.TX T5036 Full name of contributor cut-of-state PAC (ID#: Description Description Full name of contributor cut-of-state PAC (ID#: Description Description Full name of contributor cut-of-state PAC (ID#: Description Description Description Full name of contributor cut-of-state PAC (ID#: Description Description

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	DEBRA SCAGGS	3 Filer ID (Ethics Commission Filers)	
4 Date 4 / 1 6 / 24 8 Principal occu	5 Full name of contributor out-of-state PAC (ID#:) Scene FARRIS 6 Contributor address; City; State; Zip Code redacted for web LLTTLE ELM, TX 750LG posting pation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 4-17-24	Full name of contributor ANDREA MICHOLS Contributor address; redacted for web posting DENTON, TX 76208	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 4-17-25	Full name of contributor out-of-state PAC (ID#:) SPENCER BROLS MA Contributor address; City; State; Zip Code redacted for web posting	Amount of contribution (\$)	
Principal occup	redacted for web posting COLINTH, TX 76210 Pation / Job title (See Instructions) Employer (See Instructions)	ctions)	
Date 4-20-24	Full name of contributor PATRICK WAM HOFF Contributor address; City; State; Zip Code redacted for web posting FRISCO, TX 75034	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	etions)	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	, , ,	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME DED	ra Seaggs	3 Filer ID (Ethics Commission Filers)
4 Date 4/13/24	redacted for web posting	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ee Instructions)
Date	Full name of contributor qut-of-state PAC (ID#:	Amount of contribution (\$)
4-12-24	Contributor address; City; State; Zip Corredacted for web posting	19170 37760
Principal occur	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Timorpal occup	Employer (Co	and matricularity
Date	Full name of contributor) Amount of contribution (\$)
4-12-24	Contributor address; City; State; Zip Correducted for web posting TX 762	_
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributorout-of-state PAC (ID#:	Amount of contribution (\$)
4-14-24	Suzanne Blackstone Contributor address; City; State; Zip Correct redacted for web posting Colorad CO 8	to Springs
Principal occup	pation / Job title (See Instructions) Employer (Se	ee Instructions)
	I	
	ATTACH ADDITIONAL CONTROL	H E AS NEEDED

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SCHEDULE A1

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•		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Deb	ra J Scaggs	3 Filer ID (Ethics Commission Filers)
4 Date 4 1 24	5 Full name of contributor Out-of-state PAC (ID#:	207
8 Principal occu	pation / Job title (See instructions)	as decions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
4/8	Toel Plansman Contributor address; City; State; Zip Code redacted for web posting Wenten TX 76206	,000
Principal occup	pation / Job title (See Instructions) Employer (See In	
Date 4/9/24	Full name of contributor Contributor address: City: State; Zip Code redacted for web posting TX 15033	Amount of contribution (\$) 4720
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date 4 9 24	Full name of contributor Deborah Avellanu Contributor address; City; State; Zip Code redacted for web posting Corinth 76208	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See In	estructions)
		ν.

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Debra Scaggs	3 Filer ID (Ethics Commission Filers)
redacted for web posting	7 Amount of contribution (\$) 36 18 2; Zip Code 7, 7X 75 034
9 En	nployer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	18 —
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
redacted for web posting	Amount of contribution (\$) Zip Code penfon, TX 76210 Inployer (See Instructions)
Date Full name of contributor Sheila Bowles Contributor address: City: State redacted for web posting Cut-of-state PAC (ID#:	Amount of contribution (\$) 2: Zip Code 76201
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Debra Scaggs	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Joseph General Pack (ID#:	4.5 I	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)		
Date 4/7/24	Full name of contributor Charlotte Smith Contributor address; City; State; Zip Code Ponder, TX	Amount of contribution (\$) 50	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date 4/5/24	Full name of contributor Contributor address; redacted for web posting contributor address; City: State: State: Zip Code TK 7620 /	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tructions)	
Date 4/12/24	Full name of contributor Ray Shade Contributor address; City; State; Zip Code redacted for web posting	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			

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SCHEDULE A1

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in the requested information to the applicable, be not include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Debra Scaggs	3 Filer ID (Ethics Commission Filers)			
4 Date 4/7/24	5 Full name of contributor Vangue Heldun 6 Contributor address City; State; Zip Code redacted for web posting Balla Vista AR 72 715	7 Amount of contribution (\$) 4720			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:) April Wilson	Amount of contribution (\$)			
4/6/24	redacted for web posting redacted for web posting Textor, TX 76210	10-			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:) Mary Kuhfeldt	Amount of contribution (\$)			
4/6/24	redacted for web posting State: Zip Code	66			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)			
Date 4 6 24	Full name of contributor out-of-state PAC (ID#:) Debra Watson	Amount of contribution (\$)			
4161	Contributor address; City; State; Zip Code redacted for web posting Destay, TX 762-09	16000			
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)			
		To the state of th			

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Delo	ra Scaggs	3 Filer ID (Ethics Commission Filers)
4 Date 4-4-24	5 Full name of contributor out-of-state PAC (ID#:) Angela Thomas 6 Contributor address: City; State; Zip Code redacted for web posting Alean TX 16288	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-7-24	Sarah Kershen Contributor address; City; State; Zip Code	1000
	TK	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
4-6-24	Contributor address; City; State; Zip Code Lowisville, KY 40291	10.00
		4:
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	nons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4-6-24	Thomas Carroll Contributor address; City; State; Zip Code redacted for web posting , Lantana, TX 762	25000
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPE	NDITURE CAT	EGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awards	rage Expense s/Memorials Expense	Office Of Polling E Printing I	Expense 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 con	mplete this form.		USE A NEW PAGE FOR	EACH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Delora 5	cages			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			s 574.31
5 CREDIT CARD ISSUER	Name of financial instituti	Bank		ust	
6 PAYMENT	(a) Amount Charged \$ 21.20	(b) Date Expenditu		(c) Date(s) Credit Card Iss	,
7 PAYEE	(a) Payee name		(b) Payee ad 2101 (diress; Colorado Blu. Deult	ity, State, Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list		ule)	(b) Description Shamps	
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame AGS	School	ice Sought of Board of	Office Held Trustees
PAYMENT	(a) Amount Charged \$30.17	(b) Date Expenditu		(c) Date(s) Credit Card Iss	uer Paid Z -24
PAYEE	(a) Payee name Dominos F	122a	(b) Payee ad 709	Sunset D	ity, State, Zip Code Lenton TX 76201
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	ted at the top of this sched	ule}	(b) Description Canvasing	People
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	asses S	Weel off	ice Sought d of Trust	Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss $H - 16 - 26$	4
PAYEE	(a) Payee name		(b) Payee ad 2101	colorado Bl	ity, State, Zip Code Id. Denton, TK 76205
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories IIs Adv. E	ted at the top of this sched	ule}	(b) Description	S
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T,	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	Boags		ice Sought Land Board	Office Held Trustee
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS NEE	DED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPE	NDITURE CAT	EGORIES	FOR BOX 10)(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Awards	age Expense /Memorials Expense ces	Office Ov Polling E Printing B	Expense Wages/Contract L	epense abor	Travel In District Travel Out Of Distr	ipment & Related Expense rict gory not listed above)
The Instruction	Guide explains now to col	inpiete ima ioini.		00271112111			
1 TOTAL PAGES SCHEDULE F4:	Debra S	cages				3 FILER ID (Eth	ics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$ 574	1.31
5 CREDIT CARD ISSUER	Name of financial instituti Guaranty	Bank	& Tr				
6 PAYMENT	(a) Amount Charged \$ 503.34	(b) Date Expenditu		(c) Date(s) Cred	dit Card Issu ラークリ	,	
7 PAYEE	(a) Payee name Vista Print		(b) Payee add 275 W		_	iy, Sta Yaltham	te, Zip Code MA 02451
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list Adv. Exp		ule)	(b) Description	sh ca	urds	
Non-Political	(c) Check if travel outs	side of Texas. Complete	Schedule T.		Check if Austin	n, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held School Boaled Trustee						
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issu	er Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	Ci	ty, Sta	te, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	lule)	(b) Description	1		
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Off	ice Sought		Office H	Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issu	er Paid	
PAYEE	(a) Payee name		(b) Payee ad	dress;	Ci	ty, Sta	te, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. (b) Description (c) Check if Austin, TX, officeholder living expense					
Political Non-Political	(c) Check if travel out:						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						
	ATTACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE	AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME DLOVA SCAGGS 3 Filer ID (Ethics Commission Filers)				
4 Date 4-11-24	Vista Print				
6 Amount (\$) 1604.36 X Reimbursement from political contributions intended	7 Payee address; State; Zip Code 275 Wyman St Waltham, MA 02451				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Greense (b) Description Post cards Charles Austin TV of cards				
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Condidate / Office holder name Office sought				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Delana Sama Salara Salara Board Tanda				
Date 4-14-24	Payee name OFFICE DEPOT				
Amount (\$) 64.14 Reimbursement from political contributions intended	Payee address; Zip Code 2360 San Jacinto Blvd. Denton, TX 76205				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense Copies				
EXILIVOITORE	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/G					
Date 4-14-24	Payee name Office Depot				
Amount (\$) Seimbursement from political contributions intended	Payee address; Zip Code 2300 San Jacumto Blvd Denton, TX 76205				
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Description Corpies				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held School Board Trustee.				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
Forms provided by Texas E	During 4 M POO				