STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruct	2 Total pages filed:								
3 CANDIDATE NAME	MS /MRS)/ MR	Debra	ე"	OFFICE USE ONLY					
	Debi	Scaggs	SUFFIX	Date Received					
4 CANDIDATE ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #; CITY; redacted for web posting	D) & G G I V G G APR 4 2024						
5 CANDIDATE PHONE		PHONE NUMBER T web posting	EXTENSION	By SHA					
6 CAMPAIGN TREASURER NAME	MS/MR9/MR NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$					
	148	DOCK		2010					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO_PO BOX PLEASE); APT / SUITE #; redacted for web posting	CITY; STATE; ZIP CODE	Date Processed					
(Residence or Business)	Sanger, 7	X 76266		Date Imaged					
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 5:	92 - 9216	EXTENSION						
9 REPORT TYPE	January 15 Soth day before convention / election Bunoff								
	July 15	8th day before conventi	on / election	Final report (Attach SC C/OH - FR)					
10 PERIOD COVERED		Day Year THROUG		04/2024					
11 CONVENTION/ ELECTION DATE		Month Day Year 12 OFFICE SOUGHT STATE CHAIR 05/04/2024 SCHOOL BOARD OF TRUSTEE COUNTY CHAIR							
13 POLITICAL PARTY	N/A	CC	UNTY (If Applicable)						
14 NOTICE FROM POLITICAL	EXPENDITURES MAY	CE OF POLITICAL EXPENDITURES MADE BY P HAVE BEEN MADE WITHOUT THE CANDIDA EQUIRED TO REPORT THIS INFORMATION ONLY	NTE'S OR OFFICEHOLDER'S KN	PORT THE CANDIDATE / OFFICEHOLDER. THESE OWLEDGE OR CONSENT. CANDIDATES AND CH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS							
	- OPESIFIE	COMMITTEE CAMPAIGN TREASURER F	AME						
		COMMITTEE CAMPAIGN TREASURER	ADDRESS						
GO TO PAGE 2									

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 2

15 CANDIDATE NAME		16 Filer ID (Ethics Commission Filers)
DEBRA	Scage	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ \$10.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ 3,252.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0.00-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1544.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	\$2175.68
OUTSTANDING LOAN TOTALS	6. FOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ -00.00-
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	1.1	
	redacted for web p	posting
	O sign	dure of Candidate
	Please complete either option belo	ow:
(1) Affidavít	S ARRINGTON Notary Public, State of Texas My Commission Expires October 24, 2024 NOTARY ID 559155-8	
NOTARY STAMP/SEA	+ done Commo	14h Doril
Sworn to and subscribed		the 471 day of PDF11,
20 LA, to certif	y which, witness my hand and seal of office.	I latar.
redacted for web		Title of officer administering oath
Signature of officer administ		Tide of Onicar administrating batt
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birt	th is
My address is	,	
	(=====,	(state) (zip code) (country)
Executed in	County, State of, on the day of	nonth) , 20 (year)
	Signature	of Candidate (Declarant)

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19.	CANDIDATE NAME	20. Filer ID (Ethics Commission Filers)
21.	DEBRA SCAGGS SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL * AMOUNT
н.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3252.20
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ -O -
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$ -O-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 32.36
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS \$ -O-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ions returned \$ -0 -

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	RA SCACGS	3 Filer ID (Ethics Commission Filers)
3177	5 Full name of contributor out-of-state PAC (ID#:) MARIANNA PORTER 6 Contributor address; City; State; Zip Code redacted for web posting FLOWER TX 75022 Dation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) \$50** 47.70 tions)
Date 3/14/24	Full name of contributor Collen Headly Contributor address; City; City; State; Zip Code redacted for web posting Angule TX 76226	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/16/24	Contributor address; City; State; Zip Code redacted for web posting Argyle Th 7622 stion / Job title (See Instructions) Employer (See Instructions)	\$10000
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 3/16/24	Full name of contributor out-of-state PAC (ID#:) Karla Martinez Contributor address; City; State; Zip Code redacted for web posting Krum TX 76249	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
	- File of the second se	

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	a Scagas	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
3(18/24	Teresa Lansberry	- No.
	6 Contributor address; City; State; Zip Code	50.00
	redacted for web posting Lantana, TK763	17/
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/20/24	Haron Bunch	1000
0,20,7	Contributor address; City; State; Zip Code	1000
	redacted for web posting Deuton TK 76205	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/22/24	Dana MEEK	400 ac
	Contributor address; City; State; Zip Code	100.00
	redacted for web posting Ook Point TX 750	68
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/24	MITCH LITTLE	200
	Contributor address; City; State; Zip Code	479.70
	redacted for web posting Lewisville T2 1505	. 777.70
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	stions)
		-

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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 DEBR	n Scaggs	3 Filer ID (Ethics Commission Filers)
4 Date 3124 /24	5 Full name of contributor out-of-state PAC (ID#:) Tenufer Moultan 6 Contributor address; City; State; Zip Code redacted for web posting Dentan TX 76207	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
7/29/24 Principal occup	Full name of contributor	
	Full name of contributor	Amount of contribution (\$) 100 ** LTX 76227 tions)
Date 3/29/24	Full name of contributor out-of-state PAC (ID#:) Debra Scaggs Contributor address; City; State; Zip Code redacted for web posting redacted for web posting	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)

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:
Debra Scaggs	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: 3117/24 Debræ Watson 6 Contributor address; City; State; Zip Code redacted for web posting Dentar TX 7 8 Principal occupation / Job title (See Instructions) 9 Employer (See	16209
Date Full name of contributor out-of-state PAC (ID#:	226
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	500 47.70
Principal occupation / Job title (See Instructions) Employer (See	
Date Full name of contributor Out-of-state PAC (ID#:	TX 23.70
Principal occupation / Job title (See Instructions) Employer (See	Instructions)

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	ora Scaggs	3 Filer ID (Ethics Commission Filers)
3 12 24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 2552
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ructions)
Date 3 28 24	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instru	ructions)
Date 3126124	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_); Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 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.					USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			
1 TOTAL PAGES SCHEDULE F4:	DEBRA	45		5	FILER	ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 32.36							36	
5 CREDIT CARD ISSUER	Name of financial institution Guarant		k & -					
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid 3 - 31 - 24				
7 PAYEE	Print-ful		(b) Payee add	iress; 25 W	estlake	2 0	State,	Zip Code ble NC 28213
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list Advertising		(b) Description Tel Shirts					
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.		Check if Austin,	TX, offic	eholder living	gexpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						d	
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$							
PAYEE	(a) Payee name		(b) Payee add	dress;	City	',	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					ig expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held						d	
PAYMENT	(a) Amount Charged (b) Date Expenditure Charged			(c) Date(s) Credit Card Issuer Paid				
PAYEE	(a) Payee name		(b) Payee ad	dress;	City	<i>'</i> ,	State	, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)			(b) Descript	tion			
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.		Check if Aust	in, TX, of	ficeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held					ld		
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDU	LE AS NEED	ED		

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	insuling Expense Fees southing Expense Food/Beverage Expense stributions/Donations Made By andidate/Officeholder/Political Committee Legal Services			Office Ov Polling E Printing E Salaries/	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Travel Out Of District Other (enter a category not listed above) The complete this form.			
1 Total pages Schedule G:	8.0		SCAGG	5	8	-3 Filer ID (Ethics	Commission Filers)	
4 Date 2/23/24	5 Payeena		14					
6 Amount (\$) /01.72 Reimbursement from political contributions intended	7 Payee a 275		W 57.	WALT	City: HAM, MA	State; 1- 02451	Zip Code	
8 PURPOSE OF EXPENDITURE		• •	s listed at the top of th		(b) Description Business	cards /	Push cards	
EXPENDITORE	(c)	Check if travel out	side of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense	
Gomplete ONLY if direct expenditure to benefit C/OH		idate / Officel	nolder name		Office sought		Office held	
Date 4/2/24	Payee na	ex Vi	scusi					
Amount (\$) 16 // 50. 16 Relmbursement from political contributions intended	Payee a	ddress;	Pd.	şî	FLOW	State;	75028	
PURPOSE OF EXPENDITURE	1	vertis	20.1	ense.	Digr	1 S		
Complete ONLY if direct expenditure to benefit Co	•	idate / Officeh	side of Texas. Completi nolder name	e schedule 1.	Office sought		Office held	
Date	Payeena	ame	ā					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code	
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Categor	y (See Categorie	s listed at the top of th	ile schedule)	Description			
		Check if travel out	side of Texas, Complete	e Schedule T.	Check if Aus	tin, TX, officeholder living ex	cpense	
Complete ONLY if direct expenditure to benefit C/OH		idate / Officel	nolder name		Office sought		Office held	
	ATT	ACH ADDITI	ONAL COPIES	OF THIS S	CHEDULE AS NEE	DED		

SCHEDULE G

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Glft/Awards/Memorials Expense	.oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form,	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME DEBRA SCAGGS	9	-3 Filer ID (Ethics Commission Filers)	
4 Date 36/24	5 Payee name SIGNSONTHECHEAR	0		
6 Amount (\$) 761-21 Reimbursament from political contributions intended	7 Payee address; 11525 Stone hollow B.22	State; Zip Code 7x 78758		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description Se Pol. Siz	ans	
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date ,	Payee name			
Amount (\$)	Payee address;	Gity;	State; Zip Code	
Relmbursement from political contributions intended	* 3	(a)		
PURPUSE OF	Category (See Categories listed at the top of this school	Description .		
EXPENDITURE		The state of the s	n, TX, officeholder living expense	
	Check if travel outside of Texas. Complete Sched		C65 1-14	
Complete <u>ONLY</u> if direct expenditure to benefit C/t	Candidate / Officeholder name	Office sought	Office rield.,	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursament from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this sche	dule) Description		
EXPENDITURE	Check if travel outside of Texas. Complete Sched	luje T. Check if Austin	n, TX, officeholder living expanse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED	

SCHEDULE G

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office On Food/Beverage Expense Polling E By Glift/Awards/Memorials Expense Printing I	Expense Travel Out Of District Wages/ContractLabor Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME BBBRA SCAGGS	-3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2024	5 Payee name OFFICE DEPOT	J
6 Amount (\$) 43.30 Reimbursement from political contributions introded	7 Payee address; 6060 Long Prairie Rd.	City; State; Zip Code Ste 300 FLOWER MOUND TX 75028
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business CARDS
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date -	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	ž ž	
PURPUSE OF	Category (Sea Categories listed at the top of this schedule)	Description .
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check If Aretin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/C	*	425
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
ZAFERUNURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder tiving expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

SCHEDULE G

Advertising Expense	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expenso	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense
Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Food/Beverage Expense By Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Gulde explains	how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME DEBRA SCAGGS	V E	-3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3-5-2024	OFFICEMAK/DEPO		
6 Amount (\$) 12. 98 Reimbursement from political contributions intended	7 Payse address; 6060 Long Prairie Rd	DWER MAWD	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the top of this ach		
OF EXPENDITURE	Advertising EXPENSE	PSUSINESS	S CARDS
EAFENDITURE	(c) Chack if travel outside of Texas. Complete Sche		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date .	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPUSE	Category (See Categories Heted at the top of this sch	hedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Sche	edule T. Chack If Asenth	in, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY If direct expenditure to benefit C/	¥	2.5	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		100000000000000000000000000000000000000	
PURPOSE OF	Category (See Categories listed at the top of this ach	nedule) Description	
EXPENDITURE	Check if travel outside of Texas, Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		ins how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME BBBRA SCAGG	5	-3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
3/17/24	VISTA PRINT		
6 Amount (\$) 530, 40 Reimbursement from political contributions intended	7 Payee address; 275 WYMAN ST.	WALTHAM, M	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this		ns Push Cards
EXPENDITURE	(c) Chack if travel outside of Taxas. Complete S		, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date -	Payee name		
Amount (\$)	Payee address;	City;	State; Zíp Code
Relmbursement from political contributions intended	31		
PURPUSE OF	Category (See Categories listed at the top of this	schedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete S	chedule T. Check If Avatir	n, TX, officeholder living expanse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held,
expenditure to benefit C/C	Н	3. K	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this	schedule) Description	
EXPENDITURE	Check if travel outside of Texas, Complete S	chedule T. Check If Austin	ı, TX, officaholder (Iving expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX B(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officaholder/Politic	Feas Of Food/Beverage Expense Prod/Beverage Expense Prod/Committee Legal Services Se	an Rapayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense siaries/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 he	ow to complete this form.	
1 Total pages Schedule G:	2 FILER NAME BEBRA SCAGGS	4)	-3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Payee name Campaign DART	NER	
Reimbursement from political contributions intended	7 Payee address; P.O. Box 118 STI	City:	State; Zip Code 8 01467
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedules and the song Expensions)		le rental
EXPENDITORE	(c) Check if travel outside of Toxas, Complete Schedul	eT. Check If Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date >	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	ž.	2 ±	
PURPUSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedul	eT. Check if Aestin,	.TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held,
expenditure to benefit C/6	DH		
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	
	Check if travel outside of Texas. Complete Schedul	e T. Check if Austin,	TX, officeholder living expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED!	ED Povined 1/4/2024

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarius/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME DBBRA SCAGGS	es.	-3 Filer ID (Ethics Commission Filers)
4 Date 4-4-24	5 Payee name Camprine Bull	NER	
Amount (\$) #29 0 Reimbursement from political contributions intended	7 Payee address; 0 P.O. Bax 118 577	TLL RIUER, M	State; Zip Code A 01467
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	se website	2 Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel cutside of Toxas, Complete Scher	Office sought	Office held
Date ,	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Relmbursement from political contributions intended	^ 2		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch		
	Check if travel outside of Texas. Complete Sche		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held .
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas, Complete Sche	dule T. Check if Austin	1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	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)
1 Total pages Schedule G:	2 FILER NAME BBBRA SCAGGS		-3 Filer ID (Ethics Commission Filers)
4 Date 3/14/24	5 Payee name Fedek		
6 Amount (\$) 23.45 Reimbursement from political contributions intended	7 Payee address; 2300 San Jacin	,	State; Zip Code fon TX 76205
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so Advertising Expen		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sci	neduleT. Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date /	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	* 2	<u>v</u> 14 00	
PURPUSE OF	Category (See Categories listed at the top of this s	chedule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Sci	hadule T Chack if Aveil	n, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/	*	2	
Date *	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	chedule) Description	
EAFERDITORIE	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			