

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MS</u>	FIRST <u>Debra</u>	MI <u>J</u>
	NICKNAME <u>Debi</u>	LAST <u>Scaggs</u>	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Other (specify)
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election		
Month Day Year		Month Day Year	
<u>02 / 17 / 24</u>		THROUGH <u>03 / 04 / 24</u>	

OFFICE USE ONLY	
RECEIVED	
APR 11 2024	
By _____	
Receipt #	Amount \$
Date Processed	
Date Imaged	

## 6 EXPLANATION OF CORRECTION

Filed wrong form. Refiled correct form. Recorded Terry Gooch amount incorrectly as \$250 instead of \$200. Omitted contribution from Juna Inge & Blessings of Liberty, & In-kind form. Refiled w/ all forms.

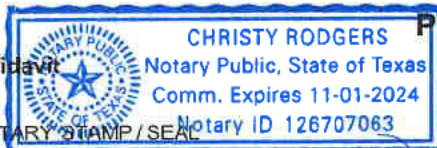
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

redacted for web posting

Signature of Candidate/Officeholder



Please complete either option below:

### (1) Affidavit

CHRISTY RODGERS  
Notary Public, State of Texas  
Comm. Expires 11-01-2024  
Notary ID 126707063

Sworn to and subscribed before me by Debra Scaggs this the 11th day of April.

20 24 to certify which, witness my hand and seal of office.

redacted for web posting

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR</u></div> <div>FIRST <u>Debra</u></div> <div>MI <u>J</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <u>Debi</u></div> <div>LAST <u>Scaggs</u></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <u>redacted for web posting</u>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <u>redacted for web posting</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR</u></div> <div>FIRST <u>Julie</u></div> <div>MI <u>A</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Hydock</u></div> <div>SUFFIX</div> </div>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <u>redacted for web posting</u> <u>Sanger</u> <u>TX</u> <u>76266</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <u>(214) 532-9216</u>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month      Day      Year <u>02</u>      <u>17</u>      <u>24</u></div> <div>THROUGH</div> <div>Month      Day      Year <u>04</u>      <u>04</u>      <u>24</u></div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE Month      Day      Year <u>05</u>      <u>04</u>      <u>24</u></div> <div>ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special         </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>SCHOOL BOARD OF TRUSTEES</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Debra Scaggs

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 460<sup>00</sup>

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3301.50

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2713.58

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 587.92

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

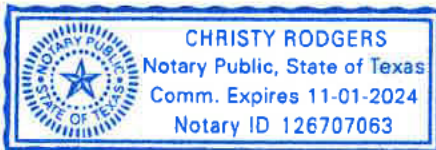
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

redacted for web posting

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Debra Scaggs this the 11<sup>th</sup> day of April

20 24, to certify which, witness my hand and seal of office.

redacted for web posting

Christy Rodgers

Admin. Asst.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Debra Scaggs

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3301. <sup>50</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500. <sup>00</sup>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2713. <sup>58</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 32. <sup>36</sup>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1531. <sup>06</sup>
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	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

# 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 <b>Debra Scaggs</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jana Inge</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code redacted for web posting <b>Argyle, TX 76226</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>3/25/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blessings of Liberty</b>	Amount of contribution (\$) <b>\$150.00</b>
Contributor address; City; State; Zip Code redacted for web posting <b>Savannah, TX 76227</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marianna Porter</b>	Amount of contribution (\$) <b>\$47.20</b>
Contributor address; City; State; Zip Code redacted for web posting <b>Flower Mound TX 75022</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>3/14/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Colleen Headly</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code redacted for web posting <b>Argyle, TX 76226</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## 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

3/16/24

5 Full name of contributor

out-of-state PAC (ID#:

Suzanne Gilbert

7 Amount of contribution (\$)

\$100<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

redacted for web posting

Argyle, TX, 76206

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/24

Full name of contributor

out-of-state PAC (ID#:

Karla Martinez

Amount of contribution (\$)

\$500<sup>00</sup>

Contributor address;

City;

State;

Zip Code

redacted for web posting

, Krum, TX 76249

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/24

Full name of contributor

out-of-state PAC (ID#:

Teresa Lamsberry

Amount of contribution (\$)

\$50<sup>00</sup>

Contributor address;

City;

State;

Zip Code

redacted for web posting

, Lantana TX  
76226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/24

Full name of contributor

out-of-state PAC (ID#:

Aaron Bunch

Amount of contribution (\$)

\$100<sup>00</sup>

Contributor address;

City;

State;

Zip Code

redacted for web posting

Denton TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## 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 <b>Debra Scaggs</b>				3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/22/24</b>	5 Full name of contributor <b>Dana Meek</b> out-of-state PAC (ID#): _____			7 Amount of contribution (\$) <b>\$100.00</b>	
6 Contributor address; redacted for web posting			City; <b>Jak Point,</b>	State; <b>TX</b>	Zip Code <b>75068</b>
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <b>3/23/24</b>	Full name of contributor <b>Mitch Little</b> out-of-state PAC (ID#): _____			Amount of contribution (\$) <b>479.70</b>	
Contributor address; redacted for web posting			City; <b>Lewisville</b>	State; <b>TX</b>	Zip Code <b>75056</b>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <b>3/24/24</b>	Full name of contributor <b>Jennifer Moulton</b> out-of-state PAC (ID#): _____			Amount of contribution (\$) <b>252</b>	
Contributor address; redacted for web posting			City; <b>Denton</b>	State; <b>TX</b>	Zip Code <b>76207</b>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <b>3/29/24</b>	Full name of contributor <b>Angela Jay Hudson</b> out-of-state PAC (ID#): _____			Amount of contribution (\$) <b>\$5.00</b>	
Contributor address; redacted for web posting			City; <b>The Colony</b>	State; <b>TX</b>	Zip Code <b>75056</b>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## 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

4/2/24

5 Full name of contributor

out-of-state PAC (ID#)

Roger Grosser

7 Amount of contribution (\$)

\$10000

6 Contributor address;

City;

State;

Zip Code

redacted for web posting

Savannah

TX 76227

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/24

Full name of contributor

out-of-state PAC (ID#)

Debra Watson

Amount of contribution (\$)

10000

Contributor address;

City;

State;

Zip Code

redacted for web posting

Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/24

Full name of contributor

out-of-state PAC (ID#)

Carolyn Rachaner

Amount of contribution (\$)

47.70

Contributor address;

City;

State;

Zip Code

redacted for web posting

TX  
Lantana, 76226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/18/24

Full name of contributor

out-of-state PAC (ID#)

Melinda Preston

Amount of contribution (\$)

47.70

Contributor address;

City;

State;

Zip Code

redacted for web posting

Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## 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 <b>Debra Scaggs</b>			3 Filer ID (Ethics Commission Filers)		
4 Date <b>3/18/24</b>	5 Full name of contributor <b>Jacqueline Adams</b> out-of-state PAC (ID#: 6 Contributor address; redacted for web posting	City; State; Zip Code <b>Lantana, TX 76226</b>	7 Amount of contribution (\$) <b>23.70</b>		
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <b>3/12/24</b>	Full name of contributor <b>Terry Gooch</b> Contributor address; redacted for web posting	out-of-state PAC (ID#: City; State; Zip Code <b>Little Elm, TX 75068</b>	Amount of contribution (\$) <b>\$200.00</b>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>3/28/24</b>	Full name of contributor <b>Sherrill Niederer</b> Contributor address; redacted for web posting	out-of-state PAC (ID#: City; State; Zip Code <b>, Argyle, TX 76226</b>	Amount of contribution (\$) <b>\$300.00</b>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <b>3/26/24</b>	Full name of contributor <b>Charles Gifford</b> Contributor address; City; State; Zip Code <b>Savannah, TX 76227</b>	out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$) <b>\$250.00</b>		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

# MONETARY POLITICAL CONTRIBUTIONS

## 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 <b>Debra Scaggs</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/11/24</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Jana Inge</b> 6 Contributor address; City; State; Zip Code redacted for web posting <b>, Angyle, TX 76226</b>	7 Amount of contribution (\$) <b>\$250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/25/24</b>	Full name of contributor out-of-state PAC (ID#: <b>Blessings of Liberty</b> Contributor address; City; State; Zip Code redacted for web posting <b>Savannah, TX 76227</b>	Amount of contribution (\$) <b>\$150<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

2 FILER NAME

Debra J Scaggs

\$ \Delta

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

3/29/24 Jace Yarborough

7 Contributor address; City; State; Zip Code  
redacted for web posting Sanger

\$500

web page

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Attorney

11 Employer (FOR NON-JUDICIAL)(See Instructions)

SL Law Firm

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Debra Scaggs</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/2/24</b>	5 Payee name <b>Alex Viscusi</b>
-------------------------	-------------------------------------

6 Amount (\$) <b>\$1150.16</b>	7 Payee address; <b>1112 Lopo Rd Flowermound, TX 75028</b>	City;	State;	Zip Code
-----------------------------------	---	-------	--------	----------

8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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 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:	2 FILER NAME <i>Debra Scagggs</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
5 CREDIT CARD ISSUER	Name of financial institution <i>Guaranty Bank &amp; Trust</i>	
6 PAYMENT	(a) Amount Charged \$ <i>32.36</i>	(b) Date Expenditure Charged <i>3/31/24</i>
7 PAYEE	(a) Payee name <i>Printful</i>	(c) Date(s) Credit Card Issuer Paid <i>3/31/24</i>
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code <i>11025 Westlake Charlotte, NC 28273</i>	(b) Description <i>Tee Shirts</i>
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code	(b) Description
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Payee address; City, State, Zip Code	(b) Description
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>Debra Scaggs</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/23/24</b>	5 Payee name <b>Vista Print</b>	
6 Amount (\$) <b>101.72</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Exp.</b>	(b) Description <b>Businesscards/ Push cards</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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 <b>3/6/24</b>	Payee name <b>Signsonthecheap</b>	
Amount (\$) <b>761.21</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>11525 Stonehollow Dr. Austin TX 78758 B. 220</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Pol. Signs</b>
	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 / Officeholder name Office sought Office held		
Date <b>3/18/24</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>43.30</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>6060 Long Prairie Rd. Flower Mound, TX 75028 Ste 300</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Business Cards</b>
	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 / Officeholder name Office sought Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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: <b>3</b>	2 FILER NAME <b>Debra Scagg</b>		3 Filer ID (Ethics Commission Filers)													
4 Date <b>3-5-24</b>	5 Payee name <b>Office Depot</b>															
6 Amount (\$) <b>12.98</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>6060 Long Prairie Rd. Flower Mound TX 75028</b>															
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>		(b) Description <b>Business Cards</b>													
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense															
9 Complete ONLY if direct expenditure to benefit C/OH																
<table style="width:100%;"> <tr> <td style="width:50%;">Date <b>3/17/24</b></td> <td style="width:50%;">Payee name <del>XXXX</del> <b>VietaPrint</b></td> </tr> <tr> <td>Amount (\$) <b>530.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended</td> <td>Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b></td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b></td> <td>Description <b>Push Cards</b></td> </tr> <tr> <td colspan="2">Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="2">Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>3/17/24</b>	Payee name <del>XXXX</del> <b>VietaPrint</b>	Amount (\$) <b>530.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Push Cards</b>	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate / Officeholder name		Office sought	Office held
Date <b>3/17/24</b>	Payee name <del>XXXX</del> <b>VietaPrint</b>															
Amount (\$) <b>530.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA 02451</b>															
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Push Cards</b>														
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense															
Candidate / Officeholder name		Office sought	Office held													
Complete ONLY if direct expenditure to benefit C/OH																
<table style="width:100%;"> <tr> <td style="width:50%;">Date <b>3/4/24</b></td> <td style="width:50%;">Payee name <b>CAMPAIGN PARTNER</b></td> </tr> <tr> <td>Amount (\$) <b>29.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended</td> <td>Payee address; City; State; Zip Code <b>P.O. Box 118 Still River, MA 01467</b></td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b></td> <td>Description <b>Website rental</b></td> </tr> <tr> <td colspan="2">Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</td> </tr> <tr> <td colspan="2">Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date <b>3/4/24</b>	Payee name <b>CAMPAIGN PARTNER</b>	Amount (\$) <b>29.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 118 Still River, MA 01467</b>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Website rental</b>	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Candidate / Officeholder name		Office sought	Office held
Date <b>3/4/24</b>	Payee name <b>CAMPAIGN PARTNER</b>															
Amount (\$) <b>29.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. Box 118 Still River, MA 01467</b>															
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Website rental</b>														
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense															
Candidate / Officeholder name		Office sought	Office held													
Complete ONLY if direct expenditure to benefit C/OH																

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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: <b>3</b>	2 FILER NAME <b>Debra Scaggs</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/24</b>	5 Payee name <b>Campaign Partner</b>	
6 Amount (\$) <b>29.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. Box 118 Still River, MA, 01467</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	(b) Description <b>Website Rental</b>
	(c) Check if travel outside of Texas. Complete Schedule 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 <b>3/14/24</b>	Payee name <b>FedEx</b>	
Amount (\$) <b>23.45</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>2300 San Jacinto Denton TX 76205</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Expense</b>	Description <b>Flyers</b>
	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 name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 name	Office sought Office held

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