		ICEHOLDER CE REPORT	*	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS /MR	S COST	√ MI	OFFICE USE ONLY
NAME	NICKNAME	LAST DADSON	SUFFIX	City of Heath RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	x; APT / SUITE #; C	eity: state; zip code 14h 7x 75a32	APR 0 4 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked 04-04-2024 Receipt Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS/ MR	FIRST LYNAE	мı Д.	Date Processed 04-2024
	NIGKNAME	DODLON	SUFFIX	Date Imaged 04-04-2024
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	HEE+H	STATE: ZIP CODE 7x ZS D32
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before eld		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O	Day Year / 23 / 2024	THROUGH OY	Day Year / 04 / 2024
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE Runoff Other Description	
	05/04,	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) HERTH CITY	COUNCIL - PEACE 5
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME SCOTT DO	DION FOR HEATH	CITY COUNCIL
Additional Pages	GENERAL	COMMITTEE ADDRESS	DSON FOR HEATH	Tx 75032
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	TX 75032
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) SCOTT DODSON 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 3525.51 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 3525.51 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 3275,51 **TOTAL POLITICAL EXPENDITURES** 3275.51 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD 250.00 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. Signature of Candidate or Officeholder Please complete either option below: NORMA E. DUNCAN My Notary ID # 129218292 (1) Affidavit Expires February 4, 2025 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath · OR (2) Unsworn Declaration Scott Dodson , and my date of birth is _ TX. 75032 HEATH USA My address is (state) (country) (zin code)

Executed in Rockwall County, State of Teras, on the 4th day of

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Eth	nics Commission Filers)		
	Scott DODSON			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1070.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 820.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2455.51 \$ 2455.5]		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	с/он \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		

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 thi	is form.	1 Total pages Schedule A1: 2
2 FILER NAME	5 COTT DODSON		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PA		7 Amount of contribution (\$)
2/2/2024	Scott Dooson		20.00
	6 Contributor address; City:	State; Zip Code	
		TX 75032	
	ipation / Job title (See Instructions)	9 Employer (See Instruct	tions)
CEO		Compression	n Work-i
Date		c (ID#:)	Amount of contribution (\$)
2/05/24	Contributor address; City;	State; Zip Code	100.00
*	48 Willside Ave SLC	Utah Eyjo3	
	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Tea	cher	PL Cammuni	ty College
Date		C (ID#:)	Amount of contribution (\$)
2/07/24	1 2 14 CARDON AUGASTANIA ANDRES		200,00
	Lez:	th TX 75032	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	1	C (IDĀ:)	Amount of contribution (\$)
2/22/24	Contributor address; City;	State; Zip Code	500.00
	1009 Covensut Ct. L		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instru		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A1: 2	
FILER NAM	S'COTT DODSON	3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PAC (IE Stephen Wilson 7 6 Contributor address; City; 1632 Sognet Prive Ho	State; Zip Code	7 Amount of contribution (\$) 250.80
		Employer (See Instructi	
Date	Full name of contributor)#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	(anc
Date	Full name of contributor	#:	Amount of contribution (\$)
		State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Dato	Full name of contributor	#:	Amount of contribution (\$)
	Contributor address: City; S	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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 F1:	2 FILER NAME Scott Dawson		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/2024 6 Amount (\$)	5 Payee name Keepers Press		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 820.00	520 Loma Vista	Heeth	Tx 25032
8	(a) Category (See Categories listed at the top of this so		
PURPOSE OF EXPENDITURE	Printing Expense	Signs	
	(c) Check if travel outside of Texas, Complete Scho	edule T. Check if Austin	n, 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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officatioider living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	Clty;	State; Zlp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this sche	edule) Description	
	Check if travel outside of Texas. Complete School	dule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expanse Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel in District Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) JOST DODSON 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 2455.51 Noit GATOR. COM 8 Payee address: City: 5005 Mitchelldale Houston 7 Amount (\$) Zip Code TK 77092 91.70 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Web hosting PURPOSE Advertising Expense OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Minuteman Press Payee address; Payee Read Rockwell TX 75087 Amount (\$) 115.85 TYPE OF Political Non-Political EXPENDITURE Category (See Calegories listed at the top of this schedule) Description Door Jags Advertising Expense PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

If the requested information is not applicable, DO NOT include this page in the report.					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholden/Politic					
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date 62/13 524 7 Amount (\$) 188.77	6 Payee name Name Badge Inc. 8 Payee address; City: State: Zip Code 1224 D SW S3RD ST COMPERC. ty FL 33330				
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advects and Expense (b) Description Name Bade ES (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
Date 62/23/24 Amount (\$)	Payee name Ministeman Presi Payee address; City; State; Zip Code 1104 B RIDZE ROAD ROCKWEIT TO 75087				
TYPE OF EXPENDITURE	9 Political Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder IIving expense				
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If the requested infor	mation is not applicable, DO NOT include this page in the rep	port.
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		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 F4:	2 FILER NAME SCOTT DODSON	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
5 Date • 2/23/24	6 Payee name Kezpers Press 8 Payee address; City;	
7 Amount (\$) 327. 45	8 Payee address; City; 520 Long Vista Weeth	State; Zip Code 7X 2543 Z
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Sign)
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aut Candidate / Officeholder name Office sought	stin, TX, officeholder living expense Office held
Data 63/02/24 Amount (\$)	Payee name I ractor Supply Payee address; City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF Expenditure	Category (See Categories listed at the top of this schedule) Description T - F2 Check if travel outside of Texas. Complete Schedule T. Check if Aus	skin, TX, officeholder living expense
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 NEE	EDED

If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made E Candidate/Officeholder/Politic		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 F4:	2 FILER NAME COTT DEDIGN 3 Filer ID (Ethics Commission Filers					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
5 Date 63/64/24 7 Amount (\$)	8 Payee address; City: 1104 B Ridge Road Rockwall	State; Zip Code				
192.22	1104 B Ridge Road Rockwall	TX 750B7				
9 TYPE OF EXPENDITURE	Political Non-Political					
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Door le	Naver, sing				
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Au	ıstin, TX, officaholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held				
Date 03/05/74	Payee name /n1print.com					
Amount (\$)	Payee address; City;	State; Zlp Code				
192.22	Online					
TYPE OF EXPENDITURE	Political Non-Political					
PURPOSE OF Expenditure	Catagory (See Categories listed at the top of this schedule) Description To Shire	~ 1 >				
	Check if travel outside of Texas. Complete Schedule T. Check if Au	istin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held				
		8.				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED				

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 B Candidate/Officeholder/Politics	al Committee Legal Services	Loen Repayment/Reimbursament Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as 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 F4:	2 FILER NAME Scott Dods	S/1	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$			
5 Date 03/08/24	6 Payee name Keepers Press					
7 Amount (\$) 489_29	Repers Press 8 Payee address; 510 Lome Vista	city; Werth	State; Zip Code TX 25-032			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sale) ADVERTISAR (c) Check if travel outside of Texas. Complete S	Signs	stin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date (53/(5/24)	Payee name Kerperi Press Payee address;					
Amount (\$)	Payee address; 520 Loma Vssta	city, Heath	State: Zip Code TX Z503Z			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF Expenditure	Category (See Categories listed at the top of this set of Texas, Complete Section 1985)	Sign	; Stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEI	EDED			

If the requested infor	mation is not applicable, DO NOT include this pag	je in the report.
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Mede B Candidate/Officeholder/Politics		Reimbursement Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Scott Dowson	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREDIT	CARD \$
5 Date 03/27/24	6 Payee name Keepers Press	
7 Amount (\$) 552.08	8 Payee address; 520 Lama Vista /4	city; State; Zip Code leath TX 75032
9 TYPE OF EXPENDITURE	Political Non-Political	
10 PURPOSE OF EXPENDITURE	6.7	Description I g y g y g
11 Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office so	Check If Austin, TX, officeholder living expense
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
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 so	ought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDI	ULE 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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction C	offi nse Po s Expense Pri Sal	an Repayment/Reimburse ce Overhead/Rental Exp ling Expense nting Expense aries/Wages/Contract La w to complete this fo	pense Transp Travel Travel abor Other	ation/Fundraising portation Equipme I in District I Out Of District (enter a category r	nt & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME Scott D	odson		3 File	er ID (Ethics Co	ommission Filers)
4 Date 1/28/24	5 Payee nar	ne at Gat	6		*)		
6 Amount (\$) 9 / . 7 > Reimbursement from political contributions intended		dress; 205 Mithe de 100	hell dale	Wensy.	ty: on N	State;	Zip Code
8 PURPOSE OF EXPENDITURE	1	(See Categories listed at		The state of the s	portion	9	
	(c)	Check If travel outside of Texa	as. Complete Schedule	r. Check	If Austin, TX, office	eholder living expe	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder n	ame	Office sought		Of	ffice held
Date 02/19/24	Payee nam	nnteman	Press				
Amount (\$) //5 - &5 Reimbursement from political contributions intended	Payee add	lroes; B Ridge	Rond	Rockus	vi シリ フ	State; オ 750	Zip Code うち フ
PURPOSE OF EXPENDITURE		(See Categories listed at		The second second	- Tags		
		heck if travel outside of Texa	as. Complete Schedule	Check	if Auslin, TX, office	sholder living expe	nse
Complete <u>ONLY</u> If direct expenditure to benefit C/C		ate / Officeholder n	ame	Office sought		Off	fice held
Date	Payee nam	e	_				
62/19		me Badg		•			
Amount (\$) / 8 8 . 7 7 Reimbursement from political contributions intended		ress; 40 SW E 511	3rd 3t	Cooper City	Y F.	- /	Zip Code
PURPOSE OF EXPENDITURE	A	See Calegories listed at the Calegories listed	ĵ	Name	Badz	U Zek	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	اسسا	ite / Officeholder na		Office sought	if Austin, TX, office		īce held
	ATTAC	CH ADDITIONAL (OPIES OF THI	S 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 Expanse
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 Salarias/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		as/Wages/Contract Labor Ott	avel Out Of District her (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME SLOST DODS ON	3 (Filer ID (Ethics Commission Filers)
4 Date OZ/23/24	5 Payee name Minuteman Press		
6 Amount (\$) /S. O-6 Reimbursement from political contributions intended	7 Payee address: 1104 B Ridge Road	Rockwess	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Frinted Nas	ne Badges
	(c) Check if travel outside of Texas. Complete Schedule T.	Chack if Austin, TX, o	officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/23/24	Payee name Keepors Press		
Amount (\$) 3 Z 7 - Y 5 Reimbursement from political contributions intended	Payee address: 520 Loma Vsota	Leath TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) るくいとイナ, コック	Description \[\int g \tau \cdots \]	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date / /	Payee name ()		
03/02/04	Tractor Supply		
Amount (\$) // 7 /- 7 / 5 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 T-ports	
	Check if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX, of	Ticeholder 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	

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Exponse Travel In District Travel Out Of District Consulting Expense Food/Beverage Expense Polling Expense Printing Expense Contributions/Donations Made By Git/Awards/Memorials Expense Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID (Ethics Commission Filers) Scott Dodson 4 Date 6 Amount (\$) 7 Payee address; City; State; Zip Code 192.2Z / 1104 B Ridge Road Rockwell TX 75087 Z|p Code Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Door Jags Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; Online 03/05/24 Amount (\$) City; State: Zip Code 192.22 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** 7-3かいと Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Auatin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Recpect Press Payee address; 520 Loma Vista 03/08/24 city; State; Zip Code Weath TX 75032 489.29 Reimbursementfrom political contributions intended Category (See Calegories listed at the top of this schedule) Description PURPOSE Signe Advertising OF EXPENDITURE 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

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 Git/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (online expenses and listed shows)

Candidate/Officeholder/Politi Credit Card Payment		g Expense ns:Wages/ContractLabor no complete this form.	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:	2 FILER NAME ScaTT DOOLSON		3 Filer ID (Ethics Commission Filers)
03/15/24	5 Payee name Keepers Preis		
Amount (\$) //9_05 Relimbursement from political contributions intended	7 Payee address; 520 Lame Vruta	City;	State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	J,gn_s	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living expense
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Date 03/27/24	Payee name KERPEGI PORILI Payee address:		
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SS 2. 0 S Reimbursement from political contributions intended	520 Loma Vista	Leath	TK 75032
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	ATTACHADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDEL)