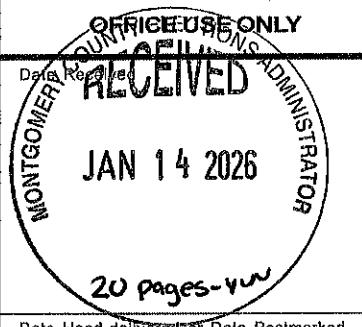


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filer)	2 Total pages filed: <b>20</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b> FIRST <b>SCOTT</b> MI NICKNAME LAST <b>CARSON</b> SUFFIX			 <p>OFFICE USE ONLY RECEIVED JAN 14 2026 20 pages - 4W Date Received: JAN 14 2026 Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____</p>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <b>17507 CARROL LANE WILLIS, TEXAS 77378</b>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(936)</b> PHONE NUMBER <b>537-4318</b> EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b> FIRST <b>SARA</b> MI NICKNAME LAST <b>CARSON</b> SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <b>17507 CARROL LANE WILLIS, TEXAS 77378</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(936)</b> PHONE NUMBER <b>520-0721</b> EXTENSION					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <b>07</b>	Day <b>01</b>	Year <b>2025</b>	Month <b>12</b>	Day <b>31</b>	Year <b>2025</b>
11 ELECTION	ELECTION DATE Month <b>03</b> / Day <b>03</b> / Year <b>2026</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <b>N/A</b>			13 OFFICE SOUGHT (if known) <b>JUSTICE OF THE PEACE PRECINCT 1</b>		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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)	\$ 36,300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,931.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,068.25
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 24,000.00

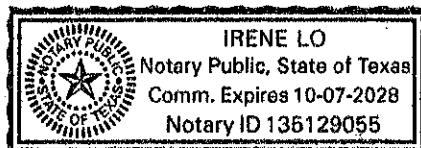
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

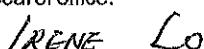
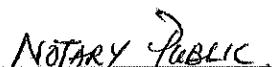
(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by SCOTT ALLAN CARSON this the 14 day of JAN,

20 26, to certify which, witness my hand and seal of office.

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 12,300.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS \$ 24,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 20,931.75	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ Type text here	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
12. <input type="checkbox"/> 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 this form.			<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>SCOTT CARSON</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  10/28/2025	<b>5</b> Full name of contributor  Wesley Doolittle	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7</b> Amount of contribution (\$)  1,000.00
	<b>6</b> Contributor address;  6606 FM 1488 Suite 148-638 Magnolia TX. 77354	City; State; Zip Code	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>Date</b>  11/04/2025	<b>Full name of contributor</b>  Heath Marek	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  1,000.00
	Contributor address;  7435 Teaswood Drive	City; State; Zip Code Conroe Texas 77304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  11/18/2025	<b>Full name of contributor</b>  JCS Services, LLC	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  2,000.00
	Contributor address;  13924 East FM 1097	City; State; Zip Code Willis Texas 77378	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>Date</b>  12/03/2025	<b>Full name of contributor</b>  Carole Parsons	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>  200.00
	Contributor address;  158 April Waters North	City; State; Zip Code Montgomery TX. 77356	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:																				
<b>2 FILER NAME</b> <b>SCOTT CARSON</b>				<b>3 Filer ID (Ethics Commission Filers)</b>																				
<b>4 Date</b>  12/08/2025	<b>5 Full name of contributor</b>  Dorothy Woodall	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>7 Amount of contribution (\$)</b>  100.00																				
	<b>6 Contributor address;</b>  65 Fairfield Drive	City:	State:	Zip Code																				
Montgomery, Texas 77356																								
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>																					
<table border="1"> <tr> <td><b>Date</b>  12/08/2025</td> <td><b>Full name of contributor</b>  SCOTT CARSON</td> <td colspan="2"><input type="checkbox"/> out-of-state PAC (ID#_____)</td> <td><b>Amount of contribution (\$)</b>  24,000.00</td> </tr> <tr> <td></td> <td><b>Contributor address;</b>  17507 CARROL LANE WILLIS, TEXAS 77378</td> <td>City:</td> <td>State:</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table>					<b>Date</b>  12/08/2025	<b>Full name of contributor</b>  SCOTT CARSON	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  24,000.00		<b>Contributor address;</b>  17507 CARROL LANE WILLIS, TEXAS 77378	City:	State:	Zip Code	Principal occupation / Job title (See Instructions)			Employer (See Instructions)						
<b>Date</b>  12/08/2025	<b>Full name of contributor</b>  SCOTT CARSON	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  24,000.00																				
	<b>Contributor address;</b>  17507 CARROL LANE WILLIS, TEXAS 77378	City:	State:	Zip Code																				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)																					
<table border="1"> <tr> <td><b>Date</b>  12/11/2025</td> <td><b>Full name of contributor</b>  Ameritex Machine &amp; Fab, LLC</td> <td colspan="2"><input type="checkbox"/> out-of-state PAC (ID#_____)</td> <td><b>Amount of contribution (\$)</b>  2,500.00</td> </tr> <tr> <td></td> <td><b>Contributor address;</b>  13391 East FM 1097</td> <td>City:</td> <td>State:</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Willis, Texas 77378</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table>					<b>Date</b>  12/11/2025	<b>Full name of contributor</b>  Ameritex Machine & Fab, LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  2,500.00		<b>Contributor address;</b>  13391 East FM 1097	City:	State:	Zip Code	Willis, Texas 77378					Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<b>Date</b>  12/11/2025	<b>Full name of contributor</b>  Ameritex Machine & Fab, LLC	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  2,500.00																				
	<b>Contributor address;</b>  13391 East FM 1097	City:	State:	Zip Code																				
Willis, Texas 77378																								
Principal occupation / Job title (See Instructions)			Employer (See Instructions)																					
<table border="1"> <tr> <td><b>Date</b>  12/11/2025</td> <td><b>Full name of contributor</b>  Russell Miller</td> <td colspan="2"><input type="checkbox"/> out-of-state PAC (ID#_____)</td> <td><b>Amount of contribution (\$)</b>  1,000.00</td> </tr> <tr> <td></td> <td><b>Contributor address;</b>  11572 Forest Glen Drive</td> <td>City:</td> <td>State:</td> <td>Zip Code</td> </tr> <tr> <td colspan="3">Willis, Texas 77318</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Principal occupation / Job title (See Instructions)</td> <td colspan="2">Employer (See Instructions)</td> </tr> </table>					<b>Date</b>  12/11/2025	<b>Full name of contributor</b>  Russell Miller	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  1,000.00		<b>Contributor address;</b>  11572 Forest Glen Drive	City:	State:	Zip Code	Willis, Texas 77318					Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<b>Date</b>  12/11/2025	<b>Full name of contributor</b>  Russell Miller	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b>  1,000.00																				
	<b>Contributor address;</b>  11572 Forest Glen Drive	City:	State:	Zip Code																				
Willis, Texas 77318																								
Principal occupation / Job title (See Instructions)			Employer (See Instructions)																					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:	
<b>2</b> FILER NAME <b>SCOTT CARSON</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date  12/16/2025	<b>5</b> Full name of contributor  Devpoint, LLC	<b>6</b> Contributor address;  13225 FM 149      City: Montgomery      State: Texas      Zip Code 77316	<b>7</b> Amount of contribution (\$)  2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>Date</b>  12/22/2025	<b>Full name of contributor</b>  Robin Lane	<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>  2,000.00
<b>Contributor address;</b>  9379 Deer Haven Circle		<b>City;</b> Willis, <b>State;</b> Texas <b>Zip Code</b> 77378	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	<b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	<b>City;</b> <b>State;</b> <b>Zip Code</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

## **LOANS**

**SCHEDULE E**

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 E: 1
2 FILER NAME  SCOTT CARSON			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan  12/08/2025	7 Name of lender  SCOTT CARSON	8 Lender address;  17507 CARROL LANE WILLIS, TEXAS 77378	9 Loan Amount (\$)  24,000.00
6 Is lender a financial institution?  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10 Interest rate  N/A	11 Maturity date  N/A	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral  <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor  .....	18 Guarantor address;  .....	19 Amount Guaranteed (\$)  .....
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender  .....	<input type="checkbox"/> out-of-state PAC (ID#:  .....)	Loan Amount (\$)  .....
Is lender a financial institution?  <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Lender address;  .....	City;  .....	State; Zip Code  .....
Description of Collateral  <input type="checkbox"/> none		Interest rate  .....	
.....		Maturity date  .....	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral  <input type="checkbox"/> none		Employer (See Instructions)	
.....		.....	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  .....	Amount Guaranteed (\$)  .....	
.....		.....	
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Pizza Shack	
6 Amount (\$) 104.36	7 Payee address; 19132 Stewart Creek Road	City; Montgomery State; Texas Zip Code 77356
<input type="checkbox"/> Check if individual's residence address.		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description  Campaign Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	, Candidate / Officeholder name	Office sought
Date 11/25/2025	Payee name Rancho Grande	
Amount (\$) 39.14	Payee address; 2207 North Frazier Street	City; Conroe State; Texas Zip Code 77303
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Political Lunch Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 11/27/2025	Payee name Burger Fresh	
Amount (\$) 37.58	Payee address; 804 Gladstell Street Suite 110	City; Conroe State; Texas Zip Code 77304
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Campaign Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>SCOTT CARSON</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/06/2025</b>	5 Payee name <b>Gringos</b>		
6 Amount (\$) <b>88.63</b>	7 Payee address: <b>2250 I-45 North</b>	City: <b>Conroe</b> State: <b>Texas</b> Zip Code <b>77303</b>	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Food/Beverage Expense</b>	(b) Description  <b>Campaign Meeting</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>12/11/2025</b>	Payee name <b>First Watch</b>		
Amount (\$) <b>45.40</b>	Payee address; <b>449 South Loop 336 West Unit 1,000</b>	City: <b>Conroe</b> State: <b>Texas</b> Zip Code <b>77304</b>	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Food/Beverage Expense</b>	Description  <b>Campaign Meeting</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/29/2025</b>	Payee name <b>Texas Roadhouse</b>		
Amount (\$) <b>178.78</b>	Payee address; <b>14365 FM 1488</b>	City: <b>Magnolia</b> State: <b>Texas</b> Zip Code <b>77354</b>	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>Food/Beverage Expense</b>	Description  <b>Campaign Meeting</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/2025	5 Payee name Magnolia Diner		
6 Amount (\$) 66.00	7 Payee address; 19784 Hwy 105 West	City; State; Zip Code Montgomery Texas 77356	
	<input type="checkbox"/> Check if individual's residence address.		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description  Campaign Meeting	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/30/2025	Payee name Montgomery FFA Booster Club		
Amount (\$) 200.00	Payee address; 1520 Lonestar Parkway	City; State; Zip Code Montgomery Texas 77356	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By Candidate	Description  FFA Donation	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 11/24/2025	Payee name Liberty Bells		
Amount (\$) 40.00	Payee address; P.O. 1081	City; State; Zip Code Conroe Texas 77305	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Political Luncheon	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
12/04/2025	5 Payee name NSRW- Bentwater Yacht Club		
6 Amount (\$) 60.00	7 Payee address; 49 Fairfield Drive	City; State; Zip Code Montgomery Texas 77356	
<input type="checkbox"/> Check if individual's residence address.			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(b) Description  Political Luncheon	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/04/2025	Payee name Montgomery County Republican Party		
Amount (\$) 1,000.00	Payee address; 18001 Hwy 105 West Suite 101	City; State; Zip Code Montgomery Texas 77356	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Filing Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 10/29/2025	Payee name Woodforest National Bank		
Amount (\$) 15.00	Payee address; 550 West Montgomery Street	City; State; Zip Code Willis Texas 77378	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Debit Card Fee	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
12/16/2025	Conroe Chamber of Commerce			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
320.00	505 West Davis Street	Conroe	Texas	77301
<input type="checkbox"/> Check if individual's residence address.				
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Contributions/Donations Made By Candidate	Chairman Tickets		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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			
12/12/2025	Sam's Club			
Amount (\$)	Payee address;	City:	State:	Zip Code
118.11	2000 Westview Blvd.	Conroe	Texas	77304
<input type="checkbox"/> Check if individual's residence address.				
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description		
	Food/Beverage Expense	Parade Drinks & Food/Candy		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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			
12/27/2025	Sam's Club			
Amount (\$)	Payee address;	City:	State:	Zip Code
145.94	2000 Westview Blvd.	Conroe	Texas	77304
<input type="checkbox"/> Check if individual's residence address.				
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description		
	Gifts, Awards, & Memorials Expense	Gifts for Local Businesses		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

# 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  
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 F1:	2 FILER NAME <b>SCOTT CARSON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/21/2025</b>	5 Payee name <b>UPS Store</b>		
6 Amount (\$) <b>319.34</b>	7 Payee address; <b>502 FM 1097</b>	City; <b>Willis</b>	State; <b>Texas</b> Zip Code <b>77378</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Business Cards</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>12/12/2025</b>	Payee name <b>Lowe's</b>		
Amount (\$) <b>48.69</b>	Payee address; <b>1920 Westview Blvd.</b>	City; <b>Conroe</b>	State; <b>Texas</b> Zip Code <b>77304</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Supplies for Advertising Signs</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <b>12/12/2025</b>	Payee name <b>Arrazate Media Productions</b>		
Amount (\$) <b>2,000.00</b>	Payee address; <b>7 Highland Hollow Drive</b>	City; <b>Conroe</b>	State; <b>Texas</b> Zip Code <b>77304</b>
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Political Marketing</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 12/12/2025	5 Payee name Nathan Arrazate		
6 Amount (\$) 1,500.00	7 Payee address; 7 Highland Hollow Drive <input type="checkbox"/> Check if individual's residence address.	City; Conroe State; Texas Zip Code 77304	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Political Marketing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/12/2025	Payee name Arrazate Media Productions		
Amount (\$) 1,000.00	Payee address; 7 Highland Hollow Drive <input type="checkbox"/> Check if individual's residence address.	City; Conroe State; Texas Zip Code 77304	
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising	Description  Political Marketing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/17/2025	Payee name GOP Store		
Amount (\$) 4,064.79	Payee address; 404 I-45 North <input type="checkbox"/> Check if individual's residence address.	City; Huntsville State; Texas Zip Code 77340	
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Advertising Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fliers)	
4 Date 12/13/2025	5 Payee name UPS Store		
6 Amount (\$) 197.14	7 Payee address; 502 FM 1097 <input type="checkbox"/> Check if individual's residence address.	City; Willis State; Texas Zip Code 77378	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Advertising Business Cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/13/2025	Payee name Flip Flop Bling		
Amount (\$) 266.30	Payee address; 10598 FM 1097 <input type="checkbox"/> Check if individual's residence address.	City; Willis	State; Texas Zip Code 77318
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Political Shirts for Advertisement	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/18/2025	Payee name Big Texas Promo		
Amount (\$) 1,524.40	Payee address; 1215-5 West Main Street <input type="checkbox"/> Check if individual's residence address.	City; Tomball	State; Texas Zip Code 77375
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Advertisement/Marketing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	SCOTT CARSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Neumann Limited Partnership		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
5,000.00	15990 North Barker's Landing Road #115	Houston	Texas 77079
<input type="checkbox"/> Check if individual's residence address.			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising Expense	Campaign Mailers	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/24/2025	Kourtney Kachur		
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	22602 Acacia Drive	Magnolia	Texas 77355
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Marketing- Santa Pics	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/24/2025	Kourtney Kachur		
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	22602 Acacia Drive	Magnolia	Texas 77355
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising Expense	Marketing- Santa Pics	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	SCOTT CARSON	3 Filer ID (Ethics Commission Filers)
4 Date 12/24/2025	5 Payee name Trophy House		
6 Amount (\$) 151.55	7 Payee address; 804 West Davis Street <input type="checkbox"/> Check if individual's residence address.	City; Conroe	State; Texas Zip Code 77301
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Name Tags for Advertising	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/28/2025	Payee name Sticky Bran		
Amount (\$) 25.91	Payee address; 66 Bowdoin Street <input type="checkbox"/> Check if individual's residence address.	City; South Burlington	State; Vermont Zip Code 05403
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Political Stickers	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 12/31/2025	Payee name Arrazate Marketing		
Amount (\$) 1,000.00	Payee address; 7 Highland Hollow Drive <input type="checkbox"/> Check if individual's residence address.	City; Conroe	State; Texas Zip Code 77304
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Campaign Marketing	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/2025	5 Payee name Nathan Arrazate		
6 Amount (\$) 1,000.00	7 Payee address; 7 Highland Hollow Drive	City; Conroe	State; Texas Zip Code 77304
<input type="checkbox"/> Check if individual's residence address.			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description  Advertisement/Marketing	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/22/2025	Payee name Flip Flop Bling		
Amount (\$) 74.69	Payee address; 10598 FM 1097	City; Willis	State; Texas Zip Code 77318
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising	Description  Political Marketing/Advertisement	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

• Complete only if "Report Type" on page 1 is marked "Final Report" •

1 C/OH NAME Scott Carson Campaign	2 Filer ID (Ethics Commission Filers)
--------------------------------------	---------------------------------------

## 3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

## 4 FILER WHO IS NOT AN OFFICEHOLDER

• Complete A & B below only if you are not an officeholder. •

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

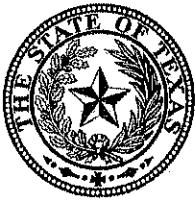
Signature of Candidate

## 5 OFFICEHOLDER

• Complete this section only if you are an officeholder •

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

Filler name	Filer ID #
-------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**