

# 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	MS / MRS / <u>MR</u> FIRST MI <u>Martia</u> <u>L</u>	<b>OFFICE USE ONLY</b> Date Received <b>Date Filed</b> <u>10/31/22</u>  <b>Rebecca Huerta</b> City Secretary <u>ISSD Team</u> Date Hand-delivered or Date Postmarked Receipt #      Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <u>Mork</u> <u>Scott</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>338 Bermuda Pl</u> <u>CC TX 78911</u>		
<input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <u>(361) 814-9220</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / <u>MRS</u> / MR FIRST MI <u>Carol</u> <u>A</u>		
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX <u>Scott</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>338 Bermuda Pl</u> <u>CC TX 78911</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(361) 814-9220</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year      Month Day Year <u>9 / 30 / 22</u> THROUGH <u>10 / 31 / 22</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 8 / 22</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>City Council District 2</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	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

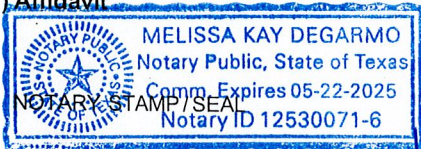
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,050</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,040,82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>41,151.40</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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.

Melissa L. DeGarmo  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Martin L. Scott this the 31 day of October, 2022, to certify which, witness my hand and seal of office.

Melissa Kay DeGarmo Signature of officer administering oath  
Melissa Kay DeGarmo Printed name of officer administering oath  
Notary Public 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\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,050
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,040.82
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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.		1 Total pages Schedule A1:
2 FILER NAME <i>Mark Scott</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Itemized</i>	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.



2022 Date of Contribution	PAC Name	First Name	Last Name	Address	City	State	Zip	2022 Contribution
2022-10-01		Cliff	Atnip	700 Everhart Ste F-11	Corpus Christi	TX	78411	\$ 500.00
2022-10-02		John	Michael	3117 Seafoam Dr	Corpus Christi	TX	78418	\$ 250.00
2022-10-02	Texas Wrecker Service			3449 Morgan Ave	Corpus Christi	TX	78405	\$ 500.00
2022-10-03		Stephen	Karp	234 Bayshore Dr.	Corpus Christi	TX	78412	\$ 300.00
2022-10-04		John	Durham	3715 Pelican Point	Port Aransas	TX	78373	\$ 1,000.00
2022-10-04		Michael	Pedrotti	615 North Upper Broadway	Corpus Christi	TX	78401	\$ 500.00
2022-10-04		Timothy	Teas	4737 Mount Vernon Blvd	Corpus Christi	TX	78411	\$ 500.00
2022-10-04	Coastal Area Builders PAC			5325 Yorktown Blvd	Corpus Christi	TX	78414	\$ 750.00
2022-10-05		Wayne	Fagan	1400 Ocean Dr. Apt 902a	Corpus Christi	TX	78404	\$ 300.00
2022-10-09		Leah	Olivarri	33 Camden Pl	Corpus Christi	TX	78412	\$ 300.00
2022-10-11		Ruben	Bonilla	PO Box 5080	Corpus Christi	TX	78465	\$ 550.00
2022-10-12		Debra	Dunham	4137 Harry St	Corpus Christi	TX	78411	\$ 50.00
2022-10-14		Ron	Kitchens	PO Box 380231	Birmingham	AL	35238	\$ 250.00
2022-10-14		Kent A.	Nielsen	4822 Wooldridge Rd	Corpus Christi	TX	78413	\$ 250.00
2022-10-14		Charles W.	Zahn, Jr.	PO Box 941	Port Aransas	TX	78373-0941	\$ 250.00
2022-10-15		Reagan	Brown	333 Cape May	Corpus Christi	TX	78412	\$ 1,000.00
2022-10-15		William H.	Holmes, Jr	14121 Jackfish Ave	Corpus Christi	TX	78418	\$ 250.00
2022-10-20	Halff Associates-State PAC			1201 N. Bowser Rd	Richardson	TX	75081	\$ 1,000.00
2022-10-22		Bradley	Lenz	4442 Ocean Dr	Corpus Christi	TX	78412	\$ 100.00
2022-10-24		Mark	Steen	4953 Cherry Hills Dr	Corpus Christi	TX	78413	\$ 150.00
2022-10-25		Alissa	Adkins	302 Santa Monica Pl	Corpus Christi	TX	78411	\$ 500.00
2022-10-25		Neal P.	Patel	1820 Regal Row	Dallas	TX	75235	\$ 250.00
2022-10-26		Joyce	Meyer	465 Miramar Place	Corpus Christi	TX	78411	\$ 200.00
2022-10-26		Steve	Woerner	10070 Willow City Loop	Willow City	TX	78675	\$ 300.00
2022-10-27		Kevin	Donahue	2202 Richland St	Corpus Christi	TX	78418	\$ 1,000.00
2022-10-27		Richard	Voss	6838 Greenwood Dr.	Corpus Christi	TX	78415	\$ 250.00
2022-10-27		Ronnie	Voss	6838 Greenwood Dr.	Corpus Christi	TX	78415	\$ 250.00
2022-10-28		Heidi	Hovda	1022 Harrison St	Corpus Christi	TX	78404	\$ 50.00
2022-10-28	TREPAC/Texas Assoc of Realtors PAC			PO Box 2246	Austin	TX	78768-2246	\$ 2,500.00

# 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>Mark Scott</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/22</b>	5 Payee name <b>Third Coast Strategies</b>	
6 Amount (\$) <b>\$6,799.22</b>	7 Payee address; City; State; Zip Code <b>2961 River Crest CC TX 78415</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>Campaign Consulting/Mgt</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>10/28</b>	Payee name <b>Anedot</b>	City; State; Zip Code
Amount (\$) <b>\$191.60</b>	Payee address; City; State; Zip Code <b>1340 Paydras New Orleans LA 70112</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Online Payment Fees</b>	Description <b>Fees</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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>10/3/22</b>	Payee name <b>Fred Braselton</b>	City; State; Zip Code
Amount (\$) <b>\$750.00</b>	Payee address; City; State; Zip Code <b>6910 Sir Palleas CC TX 78411</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Reimbursement</b>	Description <b>Campaign Contribution</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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            | 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>Mark Scott</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/1/22</b>	5 Payee name <b>Zeta Pi / Sigma Chi</b>	
6 Amount (\$) <b>\$1300.00</b>	7 Payee address; City; State; Zip Code <b>1301 E Lott Kingsville TX 78363</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Block walking</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 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 schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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