CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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	_		w to complete this form.	1 Filer ID (Ethics Commission F	Filers)	2 Total pages file	ed: Z	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/M		FIRST Scott	MI		OFFICE USE ONLY		
	NICKNAME		LAST	SUFFIX		Date Received	-mor thole	
4 CANDIDATE/	ADDRESS /	TO BO	7 0 7 2 0 1 2 0 1			KE	CEIVED	
OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS ,	PU BU	DX; APT / SUITE #; C	CITY: STATE; ZIP CODE	ÞΕ	NOV 2.0 2023 9:19.64. A.C. City Secretary's Office		
						City Seci	etary's Office	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER	EXTENSION		Date Hand-delivered		
6 CAMPAIGN TREASURER NAME	MS/MRS/M	ЛR	FIRST Scott	МІ		Receipt #	Amount \$	
IVAIVIE	NICKNAME		LAST			Date Processed		
			Johnson	SUFFIX		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADD	RESS	(NO PO BOX PLEASE); APT / SU	JITE #: CITY;		STATE;	ZIP CODE	
(Residence or Business)								
8 CAMPAIGN	AREA CODE		PHONE NUMBER	EXTENSION				
TREASURER PHONE				ENLENGEN				
9 REPORT TYPE	January	treasurer appointment (Officeholder Only)						
10 PERIOD	July 15		8th day before elect	etion Exceeded Modifie Reporting Limit	ed	Final Report ((Attach C/OH - FR)	
COVERED		Month 7			onth	Day Year 31/20	20	
11 ELECTION	ELECT	TION DA	ATE	ELECTION T	TYPE			
	Month	Day	Year Primary	Runoff Other				
	/	/	General	Descripti Special	tion			
12 OFFICE	OFFICE HELD	(if any)		13 OFFICE SOUGHT (if k	known)			
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'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S RE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
,	COMMITTEE T	TYPE	COMMITTEE NAME				OUT EAT ENGINEERS	
Additional Pages	GENERA	COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
			COMMITTEE CAMPAIGN TREA	ASURER ADDRESS				
			GO TO P	PAGE 2				
		_					1	

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)	\$ Ø						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$						
	4. TOTAL POLITICAL EXPENDITURES	\$ 10						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$50,092,73						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$						
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information						
	uired to be reported by me under Title 15, Election Code.	and correct and includes an information						
	Signature of Ca	ndidate or Officeholder						
	Please complete either ention below	74						
Please complete either option below:								
(1) Affidavit								
NOTARY STAMP/SEAL								
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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath						
	OR							
(2) Unsworn Declaration								
My name is Scatt Tologon, and my date of birth is								
My address is _								
(street) (city) (state) (zip code) (country)								
Executed in Collin County, State of Texas, on the ZI day of November, 20 Z 3.								
(month) (year)								
	y. Sulli	MAN KAN KAN KAN KAN KAN KAN KAN KAN KAN K						
	Signature of Candid	ate/Officeholder (Declarant)						