

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: 22

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Christopher

L.

NICKNAME

LAST

SUFFIX

Scotti

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3708 E 29th St Unit 411, Bryan, TX 77802

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

217-1703

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Tamara

C.

NICKNAME

LAST

SUFFIX

Garza

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

611 East 29th Street, Bryan, TX 77803

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

202-7420

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officerholder Only)

☐

July 15

☐

6th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

08

17

2026

THROUGH

Month

Day

Year

09

24

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11

03

2026

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

None

13 OFFICE SOUGHT (if known)

Bryan City Council, SMD 1

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.

COMMITTEE TYPE

COMMITTEE NAME

None

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

RECEIVED

OCT 5 2026

CITY SECRETARY'S OFFICE
CITY OF BRYAN

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Christopher L. Scotti

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)

\$ 0.00

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

\$ 15,507.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 464.59

4. TOTAL POLITICAL EXPENDITURES

\$ 6,961.45

CONTRIBUTION
BALANCE

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

\$ 8,562.07

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

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.

Chris Scotti

Signature of Candidate or Officeholder

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Christopher L. Scotti, and my date of birth is _____.

My address is 3708 E 29th St Unit 411, Bryan, TX, 77802, USA.
(street) (city) (state) (zip code) (country)

Executed in Brazos County, State of Texas, on the 5 day of October, 20 26.
(month) (year)

Chris Scotti

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Christopher L. Scotti		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,507.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,480.34
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,768.73
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 247.79
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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 this form.		1 Total pages Schedule A1: 7
2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-19	5 Full name of contributor out-of-state PAC (ID#: Arnold Castro 6 Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2026-08-19	Full name of contributor out-of-state PAC (ID#: Arnold Castro Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-21	Full name of contributor out-of-state PAC (ID#: Jim Scotti / Christline Scotti Contributor address; City; State; Zip Code 37200 N Cave Creek Rd Unit #1078, Scottsdale, AZ 85262	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-22	Full name of contributor out-of-state PAC (ID#: Arnold Castro Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christopher L. Scotti

3 Filer ID (Ethics Commission Filers)

4 Date

2026-08-24

5 Full name of contributor

John W Clanton

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

8944 Steep Hollow Rd, Bryan, TX 77808

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2026-08-25

Full name of contributor

Don Gilman

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

730 Inwood Drive, Bryan, TX 77802

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2026-08-26

Full name of contributor

Catherine Herrin

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

410 N Coulter Dr, Bryan, TX 77803

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2026-08-27

Full name of contributor

Arnold Castro

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

2210 Joe Will Drive, College Station, TX 77845

Amount of contribution (\$)

1.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-27	5 Full name of contributor out-of-state PAC (ID#: _____) Arnold Castro 6 Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	7 Amount of contribution (\$) 1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2026-08-27	Full name of contributor out-of-state PAC (ID#: _____) Arnold Castro Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-29	Full name of contributor out-of-state PAC (ID#: _____) Andrew Hillhouse Contributor address; City; State; Zip Code 3026 Kim St, Bryan, TX 77803	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-30	Full name of contributor out-of-state PAC (ID#: _____) John Crawford Contributor address; City; State; Zip Code 3237 Rose Hill Ln, Bryan, TX 77808	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-30	5 Full name of contributor out-of-state PAC (ID#: _____) Larry B Hodges 6 Contributor address; City; State; Zip Code 5301 Woodall Ct, College Station, TX 77845	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2026-08-30	Full name of contributor out-of-state PAC (ID#: _____) Arnold Castro Contributor address; City; State; Zip Code 2210 Joe Will Drive, College Station, TX 77845	Amount of contribution (\$) 1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-31	Full name of contributor out-of-state PAC (ID#: _____) Lamar Romero Contributor address; City; State; Zip Code 15700 S Delavan Cv, Austin, TX 78717	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-08-31	Full name of contributor out-of-state PAC (ID#: _____) Randy R French Contributor address; City; State; Zip Code 409 Bow Cross Pt, Austin, TX 78738	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)
4 Date 2026-09-08	5 Full name of contributor out-of-state PAC (ID#: Wallace Phillips 6 Contributor address; City; State; Zip Code 1140 Midtown Drive, College Station, TX 77845	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2026-09-08	Full name of contributor out-of-state PAC (ID#: Darwin Boedeker Contributor address; City; State; Zip Code 3835 Brazos Bend, San Antonio, TX 78245	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-09-09	Full name of contributor out-of-state PAC (ID#: David Fred Riley / Teresa Garcia Riley Contributor address; City; State; Zip Code 502 Hensel Ave, Bryan, TX 77801	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2026-09-10	Full name of contributor out-of-state PAC (ID#: Heath Phillips Contributor address; City; State; Zip Code 3625 Llano River Drive, College Station TX 77845	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

Christopher L. Scotti

3 Filer ID (Ethics Commission Filers)

4 Date

2026-09-10

5 Full name of contributor

out-of-state PAC (ID#: _____)

Wallace Phillips

7 Amount of contribution (\$)

2,000.00

6 Contributor address;

City;

State;

Zip Code

1140 Midtown Drive, College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2026-09-10

Full name of contributor

out-of-state PAC (ID#: _____)

Luke Marvel

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

2939 Boxelder Dr, Bryan, TX 77807

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2026-09-13

Full name of contributor

out-of-state PAC (ID#: _____)

Kenny Lawson

Amount of contribution (\$)

3,000.00

Contributor address;

City;

State;

Zip Code

4221 Tuscany Court, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2026-09-13

Full name of contributor

out-of-state PAC (ID#: _____)

Kean Register

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4714 Westminster Dr, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)
4 Date 2026-09-15	5 Full name of contributor out-of-state PAC (ID#: _____) William Pride / Nancy Pride 6 Contributor address; City; State; Zip Code 801 Hensel Ave, Bryan, TX 77801-3722	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2026-09-21	Full name of contributor out-of-state PAC (ID#: _____) Chad Wootton Contributor address; City; State; Zip Code 2803 Barnsley Court, Bryan, TX 77802	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3	Filer ID (Ethics Commission Filers)
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8 Amount of Contribution \$	9 In-kind contribution description
2,000.00	IT/Web expenses

Check if travel outside of Texas. Complete Schedule T.

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

Check if travel outside of Texas. Complete Schedule T.

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

Revised 1/1/2026

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: 9	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-19	5 Payee name Stripe	
6 Amount (\$) 0.33	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution processing fee; gross \$1
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-19	Payee name Stripe	
Amount (\$) 0.33	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$1
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-21	Payee name Stripe	
Amount (\$) 29.30	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$1000
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
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: 9		2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)	
4 Date 2026-08-22		5 Payee name Stripe			
6 Amount (\$) 0.33		7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Contribution processing fee; gross \$1		
	(c) Check if travel outside of Texas. Complete Schedule F. 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 2026-08-24		Payee name Stripe			
Amount (\$) 7.55		Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Contribution processing fee; gross \$250		
	Check if travel outside of Texas. Complete Schedule F. 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 2026-08-25		Payee name Stripe			
Amount (\$) 3.20		Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Contribution processing fee; gross \$100		
	Check if travel outside of Texas. Complete Schedule F. 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	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: 9	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-26	5 Payee name Stripe	
6 Amount (\$) 1.75	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution processing fee; gross \$50
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2026-08-27	Payee name Stripe	
Amount (\$) 0.33	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$1
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2026-08-27	Payee name Stripe	
Amount (\$) 0.33	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$1
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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
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: 9	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-27	5 Payee name Stripe	
6 Amount (\$) 0.33	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution processing fee; gross \$1
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-29	Payee name Stripe	
Amount (\$) 3.20	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$100
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-30	Payee name Stripe	
Amount (\$) 7.55	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$250
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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
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: 9	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-08-30	5 Payee name Stripe	
6 Amount (\$) 14.80	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution processing fee; gross \$500
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-30	Payee name Stripe	
Amount (\$) 0.33	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$1
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2026-08-31	Payee name Stripe	
Amount (\$) 3.20	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$100
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)	
4 Date 2026-08-31		5 Payee name Stripe			
6 Amount (\$) 7.55		7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Contribution processing fee; gross \$250		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 2026-09-08		Payee name Stripe			
Amount (\$) 5.00		Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Contribution processing fee; gross \$2000		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 2026-09-10		Payee name Stripe			
Amount (\$) 58.30		Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Contribution processing fee; gross \$2000		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 9	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-09-10	5 Payee name Stripe	
6 Amount (\$) 29.30	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution processing fee; gross \$1000
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2026-09-13	Payee name Stripe	
Amount (\$) 3.20	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$100
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 2026-09-13	Payee name Stripe	
Amount (\$) 87.30	Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Contribution processing fee; gross \$3000
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)	
4 Date 2026-09-15		5 Payee name Impact Group Marketing			
6 Amount (\$) 1,666.67		7 Payee address; City; State; Zip Code 3998 Harvey Rd Ste 200, College Station, TX 77845			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description September digital marketing services; invoice 14947		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 2026-09-16		Candidate / Officeholder name C.C. Creations			
Amount (\$) 1,995.86		Payee address; City; State; Zip Code 114 Holleman Drive, College Station, TX 77840			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign signs; S812583/S812581		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date 2026-09-18		Candidate / Officeholder name BCS Chamber of Commerce			
Amount (\$) 275.00		Payee address; City; State; Zip Code 1733 Briarcrest Dr Ste 200, Bryan, TX 77802			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made		Description Donation at Lobsterfest fundraiser		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9		2 FILER NAME Christopher L. Scotti		3 Filer ID (Ethics Commission Filers)	
4 Date 2026-09-21		5 Payee name Laura Juarez			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code 908 Henderson Street, Bryan, TX 77803			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Compensation for campaign work		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 2026-09-21		Payee name Stripe			
Amount (\$) 29.30		Payee address; City; State; Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Contribution processing fee; gross \$1000		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)
4 Date 2026-09-08	5 Payee name OpenAI OpCo, LLC	
6 Amount (\$) 212.80 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1455 3rd Street, San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other: Campaign software	(b) Description Campaign AI subscriptions Sept 8-Oct 8; invoice 70DE33DC-0042
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 2026-08-17	Payee name Anytime Mailbox	
Amount (\$) 34.99 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2831 St. Rose Pkwy Ste 244, Henderson, NV 89052	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Campaign mailbox setup and notarization; combined expense
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Christopher L. Scotti	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0.00			
5 Date 2026-09-23	6 Payee name Impact Group Marketing				
7 Amount (\$) 1,336.38	8 Payee address; City; State; Zip Code 3998 Harvey Rd Ste 200, College Station, TX 77845				
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Name badges, doorhangers, business cards and artwork; invoice 15019			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date 2026-09-22	Payee name C.C. Creations				
Amount (\$) 432.35	Payee address; City; State; Zip Code 114 Holleman Drive, College Station, TX 77840				
TYPE OF EXPENDITURE	☒ Political ☐ Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Two 4x8 and ten 4x4 campaign signs; S814031 / N949924			
	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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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