CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 3

OFFICE USE ONLY

Date Received: AUG 15 2023

RECEIVED
City Secretary

Date Hand-delivered or Date Postmarked:
AUG 15 2023 4:35 PM

Receipt #:   Amount $   

Date Processed:   

Date Imaged:   

3 CANDIDATE / OFFICEHOLDER NAME
   MS / MRS / MR   FIRST   MI   LAST   SUFFIX
   Janis   L   Jan   Scott

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
   AREA CODE   PHONE NUMBER   EXTENSION
   (361)   935-6393

   ADDRESS / PO BOX / APT / SUITE #:   CITY, STATE, ZIP CODE
   Change of Address
   109 Newport Drive, Victoria, TX 77904

5 CANDIDATE / OFFICEHOLDER PHONE

6 CAMPAIGN TREASURER NAME
   MS / MRS / MR   FIRST   MI   LAST   SUFFIX
   Bryce   Scott

7 CAMPAIGN TREASURER ADDRESS
   (Residence or Business)
   STREET ADDRESS (NO PO BOX PLEASE) / APT / SUITE #:   CITY, STATE, ZIP CODE
   109 Newport Drive, Victoria, TX 77904

8 CAMPAIGN TREASURER PHONE
   AREA CODE   PHONE NUMBER   EXTENSION
   (361)   578-6393

9 REPORT TYPE

   ☐ January 15   ☐ 30th day before election   ☐ Runoff   ☐ 15th day after campaign treasurer appointment
   (Officerholder Only)
   ☐ July 15   ☐ 8th day before election   ☐ Exceeded Modified Reporting Limit
   ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
   Month   Day   Year
   1   16   22

   THROUGH

   Month   Day   Year
   7   15   22

11 ELECTION
   ELECTION DATE
   Month   Day   Year
   5   1   21

   ELECTION TYPE
   Primary   Runoff   Other Description
   General   Special

12 OFFICE
   OFFICE HELD (if any)
   District 4, City Council

13 OFFICE SOUGHT (if 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 / 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.

Committed Type   Committee Name

General   Committee Address

Specific   Committee Campaign Treasurer Name

GO TO PAGE 2
<table>
<thead>
<tr>
<th>C/OH NAME</th>
<th>Janis L. Scott</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>17 CONTRIBUTION TOTALS</strong></td>
<td></td>
</tr>
<tr>
<td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td>
<td>$</td>
</tr>
<tr>
<td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td>
<td>$</td>
</tr>
<tr>
<td><strong>EXPENDITURE TOTALS</strong></td>
<td></td>
</tr>
<tr>
<td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td>
<td>$</td>
</tr>
<tr>
<td>4. TOTAL POLITICAL EXPENDITURES</td>
<td>$ 54.13</td>
</tr>
<tr>
<td><strong>CONTRIBUTION BALANCE</strong></td>
<td></td>
</tr>
<tr>
<td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td>
<td>$ 275.47</td>
</tr>
<tr>
<td><strong>OUTSTANDING LOAN TOTALS</strong></td>
<td></td>
</tr>
<tr>
<td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
<td>Signature of Candidate or Officeholder</td>
<td>Janis L. Scott</td>
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Please complete either option below:

(1) **Affidavit**

KATHLEEN ALCASABAS  
My Notary ID # 125427625  
Expires September 9, 2025

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Janis L. Scott this the 15th day of August, 2023, to certify which, witness my hand and seal of office.

Kathleen Alosca  
Signature of officer administering oath  
Printed name of officer administering oath  
Notary  
Title of officer administering oath

(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)

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Forms provided by Texas Ethics Commission  
www.ethics.state.tx.us  
Revised 8/17/2020
### Filer Name

**Janis L. Scott**

### Date

3/10/22

### Payee Name

OUTBURST ADVERTISING, LLC

### Amount ($)

541.3

### Purpose of Expenditure

- **(a)** Category: Advertising
- **(b)** Description: Maintain Jan Scott for Victoria Facebook Page, jan.scott@victoria.com
- **(c)** Check if travel outside of Texas: Complete Schedule T.

### Additional Expenditures

<table>
<thead>
<tr>
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<th>State;</th>
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