<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 CANDIDATE / OFFICEHOLDER NAME</td>
<td>JANIS SCOTT</td>
</tr>
<tr>
<td>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</td>
<td>109 NEWPORT DRIVE, VICTORIA, TX 77904</td>
</tr>
<tr>
<td>5 AREA CODE</td>
<td>(361)</td>
</tr>
<tr>
<td>6 CAMPAIGN TREASURER NAME</td>
<td>SCOTT</td>
</tr>
<tr>
<td>7 CAMPAIGN TREASURER ADDRESS</td>
<td>109 NEWPORT DRIVE, VICTORIA, TX 77904</td>
</tr>
<tr>
<td>8 CAMPAIGN TREASURER PHONE</td>
<td>(361) 578-6393</td>
</tr>
<tr>
<td>9 REPORT TYPE</td>
<td>January 15</td>
</tr>
<tr>
<td>10 PERIOD COVERED</td>
<td>7/16/21 THROUGH 1/15/22</td>
</tr>
<tr>
<td>11 ELECTION DATE</td>
<td>5/1/21</td>
</tr>
<tr>
<td>12 OFFICE HELD (if any)</td>
<td>CITY COUNCIL, DISTRICT 4</td>
</tr>
<tr>
<td>14 NOTICE FROM POLITICAL COMMITTEE(S)</td>
<td></td>
</tr>
</tbody>
</table>
### Contribution Totals

1. **Total Unitemized Political Contributions (Other Than Pledges, Loans, or Guarantees of Loans, or Contributions Made Electronically)**
   - $-

### Expenditure Totals

2. **Total Political Contributions**
   - $-

3. **Total Unitemized Political Expenditure**
   - $-

### Contribution Balance

4. **Total Political Expenditures**
   - $-

5. **Total Political Contributions Maintained As of the Last Day of Reporting Period**
   - $329,00

### Outstanding Loan Totals

6. **Total Principal Amount of All Outstanding Loans As of the Last Day of the Reporting Period**
   - $-

### 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/Officeholder](Signature.jpg)

Please complete either option below:

1. **Affidavit**

   **DESTINY GARZA**
   
   Notary Public, State of Texas
   
   Comm. Expires 03-28-2023
   
   Notary ID 129936024

   Sworn to and subscribed before me by **Janis Scott** this the 12th day of January 2023.

   **Signature of officer administering oath**

2. **Unsworn Declaration**

   My name is ___________________________ and my date of birth is ___________________________.

   My address is ___________________________ ___________________________ ___________________________ ___________________________.

   Executed in ___________________________ County, State of ___________________________ on the ___ day of ___________________________ 20__.

   **Signature of Candidate/Officeholder (Declarant)**