

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <u>mrs.</u> FIRST: <u>Janis</u> MI: <u>L.</u> NICKNAME: <u>Jan</u> LAST: <u>Scott</u> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received: <u>1/8/2021</u> RECEIVED <u>1/8/2021</u> City Secretary <u>Jeff</u> 8:00 AM	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #: <u>109 Newport Drive</u> CITY: <u>Victoria</u> STATE: <u>TX</u> ZIP CODE: <u>77904</u>	Date Hand-delivered or Date Postmarked: <u>1/8/21 8:00 AM</u>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>935-6393</u> EXTENSION:	Receipt #	Amount \$
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Bryce</u> MI: <u>M.</u> NICKNAME:      LAST: <u>Scott</u> SUFFIX:	Date Processed	Date Imposed
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>109 Newport Drive</u> CITY: <u>Victoria</u> STATE: <u>TX</u> ZIP CODE: <u>77904</u>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>(361)</u> PHONE NUMBER: <u>578-6393</u> EXTENSION:		
<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year <u>7 / 16 / 2020</u> THROUGH <u>1 / 15 / 2021</u>		
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year <u>5 / 5 / 18</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	
<b>12 OFFICE</b>	OFFICE HELD (if any): <u>City Council District 4</u>	<b>13 OFFICE SOUGHT (if known)</b>	

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FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Jan Scott 15 Filer ID (Ethics Commission Filers)

16 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	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	\$ 0.00

18 AFFIDAVIT

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.

Janis P. Scott  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jan Scott, this the 8th day of January 2021, to certify which, witness my hand and seal of office.

April Hilbrich  
Signature of officer administering oath

April Hilbrich  
Printed name of officer administering oath

Notary  
Title of officer administering oath