

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)	\$ 1800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 11,380.01
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,380.01
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 419.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

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.



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 Scott Henry, and my date of birth is 05/04/69.

My address is 16010 Mustang Glen Lane, 16010 Mustang Glen Ln Cypress TX, 77429, Harris.
(street) (city) (state) (zip code) (country)

Executed in Harris County, State of Texas, on the 6 day of October, 2025.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Scott Henry		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1800.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 10,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 11,380.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 3
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 9/9/25	5 Full name of contributor out-of-state PAC (ID#: _____) TODD LECOMPTE	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 19218 Water Bridge Dr. Cypress TX. 77433		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self Employed
Date 9/25/25	Full name of contributor out-of-state PAC (ID#: _____) Mary Ann Jackson	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 11611 Breckan Ct, Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/30/25	Full name of contributor out-of-state PAC (ID#: _____) Lisa Foley	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 14102 Sherburn Manor Dr, Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self Employed
Date 9/23/25	Full name of contributor out-of-state PAC (ID#: _____) Clyde Echols	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 16310 Haden Crest Ct, Cypress, Texas 77429		
Principal occupation / Job title (See Instructions) Retired		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

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME
Scott Henry

3 Filer ID (Ethics Commission Filers)

4 Date
9/11/25

5 Full name of contributor out-of-state PAC (ID#: _____)
Susan Norris

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
13507 Mount Airy Dr, Cypress, TX 77429

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
9/5/25

Full name of contributor out-of-state PAC (ID#: _____)
Ann Bronikowski

Amount of contribution (\$)
25.00

Contributor address; City; State; Zip Code
16202 Bradford Shores Dr, Cypress, TX 77433

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

Date
8/28/25

Full name of contributor out-of-state PAC (ID#: _____)
Clyde Echols

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
16310 Haden Crest Ct, Cypress, Texas 77429

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
8/27/25

Full name of contributor out-of-state PAC (ID#: _____)
Bill Bracken

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
16006 Mustang Glen Ln, Cypress, TX 77429

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

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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: 3
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Bethany Scanlon 6 Contributor address; City; State; Zip Code 11611 Magnolia Crest Cove Ct, Cypress, TX 77433-8147	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 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)
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)

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Reset Form

Reset Page

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Scott Henry		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 10,000
5 Date of loan 7/23/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Henry	9 Loan Amount (\$) 10,000
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 16010 Mustang Glen Lane Cypress Tx 77429	10 Interest rate 0
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Sales		13 Employer (See Instructions) Self Employed
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 3	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9/25/25	5 Payee name Anedot	
6 Amount (\$) 54.10	7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002. Dallas TX 75206	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Fees for donations online
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/24/25	Payee name Campaign Verify	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1215 31st Street NW Washington, DC 20007	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees to verify campaign
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> <input type="checkbox"/> 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 9/22/25	Payee name Impact Logo Products	
Amount (\$) 1821.81	Payee address; City; State; Zip Code 9211 West Rd, Suite 143 Houston, TX 77064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> <input type="checkbox"/> 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

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: 3	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9/23/25	5 Payee name Impact Logo Products	
6 Amount (\$) 418.12	7 Payee address; City; State; Zip Code 9211 West Rd, Suite 143 Houston, TX 77064	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
	Fox Bryant LLC	
Amount (\$)	Payee address; City; State; Zip Code	
	855 W St, Lincoln, NE, 68508-1190	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvassing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9/8/25	Impact Logo Products	
Amount (\$)	Payee address; City; State; Zip Code	
558.50	9211 West Rd, Suite 143 Houston, TX 77064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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: 3	2 FILER NAME Scott Henry	3 Filer ID (Ethics Commission Filers)
4 Date 9/5/25	5 Payee name Advantage	
6 Amount (\$) 300.00	7 Payee address; City; State; Zip Code 9420 Bonita Beach Rd SE Ste 200, Bonita Springs, FL, 34135	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Software
	(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 9/5/25	Payee name Impact Logo Products	
Amount (\$) 633.50	Payee address; City; State; Zip Code 9211 West Rd, Suite 143 Houston, TX 77064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	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 8/27/25	Payee name CAZ Consulting	
Amount (\$) 2471.88	Payee address; City; State; Zip Code 5049 Edwards Ranch Rd Ft. Worth, TX 76109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Palm Cards
	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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