

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:

16

OFFICE USE ONLY

Date Received

FEB 24 2020

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. W. SCOTT
KAMSEY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2113 IRONWOOD DRIVE
Midland, TX 79707

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(432) 661-6481

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR. CHRISTOPHER T.
RENAUD

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1705 LAWSON AVE.
Midland, TX 79701

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(432) 553-0175

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 24 / 20

THROUGH

2 / 22 / 20

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 20

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Midland Co. Commissioner
Pct 1

13 OFFICE SOUGHT (if known)

Midland Co. Commissioner
Pct 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

W. Scott Ramsey

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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

NA

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

\$

7,658.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

16,481.11

CONTRIBUTION
BALANCE

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

\$

7,972.68

OUTSTANDING
LOAN TOTALS

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

\$

Posted 12/31/19

5,000

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.

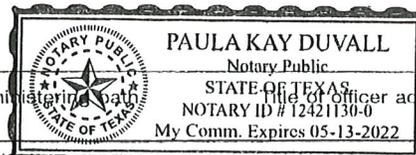
Wm Scott Ramsey
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Wm Scott Ramsey*, this the *24th* day of *February*, 20 *20*, to certify which, witness my hand and seal of office.

Paula Kay Duvall
Signature of officer administering oath

Printed name of officer administering oath



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME W. SCOTT RAMSEY		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7058.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 10,307.72
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 134.01
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 44.38
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/3

2 FILER NAME

W. SLOTT KANSEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

CHRISTINE FREEMAN

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1/24/20

1702 W. CUTHBERT AVE, MIDLAND, TX 79701

100.00

8 Principal occupation / Job title (See Instructions)

VOLUNTEER

9 Employer (See Instructions)

Date

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

LARRY MURPHY

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/24/20

P.O. Box 1003, Midland, TX 79702

250.00

Principal occupation / Job title (See Instructions)

PETROLEUM LANDMAN

Employer (See Instructions)

Date

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

John C. Dean, M.D.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/24/20

4805 Island Dr., Midland, TX 79707

250.00

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

Date

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

JAMES B. WELSH, M.D.

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/24/20

3200 Polo Club Rd., Midland, TX 79705

100.00

Principal occupation / Job title (See Instructions)

PHYSICIAN

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/3

2 FILER NAME

W. SCOTT KANISEY

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

D. LINK GRIMES

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

1/21/20 1610 HARVARD AVE., MIDLAND, TX 79701

250.00

8 Principal occupation / Job title (See Instructions)

ATTORNEY

9 Employer (See Instructions)

Date

Full name of contributor

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

GREG & ANGELA SPANER

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1/29/20 8 HANOVER DR., MIDLAND, TX 79705

100.00

Principal occupation / Job title (See Instructions)

OIL & GAS OPERATOR

Employer (See Instructions)

Date

Full name of contributor

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

M. McDONNOLD, JR.

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1/29/20 1609 STANLIND, MIDLAND, TX 79705

100.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

Full name of contributor

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

G. HOLMAN & JARR EVANS KING

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1/29/20 2820 LA ROSSE DR., DALLAS, TX 75231

500.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/8

2 FILER NAME

W. SCOTT RAMSEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

LARRY & JULIE EDGERTON

6 Contributor address; City; State; Zip Code

1/29/20 5613 Camden, Midland, TX 79707

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

oil & gas

9 Employer (See Instructions)

Date

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

Ryce & Allison Boudreau

Contributor address; City; State; Zip Code

1/29/20 1701 Douglas Ave

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

oil & gas services

Employer (See Instructions)

Date

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

DEVIN THIFFER

Contributor address; City; State; Zip Code

1/29/20 900 Harvard, Midland, TX 79701

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

FINANCIAL ADVISOR

Employer (See Instructions)

Date

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

TROY McDONALD

Contributor address; City; State; Zip Code

1/29/20 P.O. Box 7452, Midland, TX 79702

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Petroleum Landman

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/8
2 FILER NAME W. SWOTT KATSEY		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN A. BRADFORD	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 17500 DARTMOUTH, MIDLAND, TX 79705		
8 Principal occupation / Job title (See Instructions) COMMUNITY VOLUNTEER		9 Employer (See Instructions)
Date 1/31/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN & JENI WOOD	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1703 DOUGLAS AVE., MIDLAND, TX 79701		
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions)
Date 1/31/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHASE GAEDAPHE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1 KINSEY WAY, MIDLAND, TX 79705		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions)
Date 1/31/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS W. OETLOFF	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 733 KINHEAST DR., MIDLAND, TX 79705		
Principal occupation / Job title (See Instructions) ATTORNEY		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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5/8

2 FILER NAME

W. SCOTT ZANKER

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

ROBERT N. HUNSON

6 Contributor address; City; State; Zip Code

1/31/20

1409 COMMUNITY LN, MIDLAND, TX 79701

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Petroleum Landman

Date

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

Amount of contribution (\$)

TOM BRAHNER

Contributor address; City; State; Zip Code

1/31/20

1602 W. CUTHBERT AVE., MIDLAND, TX 79701

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

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

Amount of contribution (\$)

BOB & TERRY COWAN

Contributor address; City; State; Zip Code

7/64/20

P.O. BOX 3573, MIDLAND, TX 79702

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

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

Amount of contribution (\$)

JOHN D. POOL

Contributor address; City; State; Zip Code

7/64/20

P.O. BOX 5441, MIDLAND, TX 79704

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas / real estate

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/3

2 FILER NAME

W. SCOTT KANSEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

KAREN J. SCHARBAUER

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

2/10/20 5610 CANNON, MIDLAND, TX 79707

500.00

8 Principal occupation / Job title (See Instructions)

oil & gas

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

GENTREY FOREMAN

Contributor address; City; State; Zip Code

2/10/20 1702 W. CUTHBERT AVE., MIDLAND, TX 79701

100.00

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

Date

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

Amount of contribution (\$)

MARY ANN OARLEY

Contributor address; City; State; Zip Code

2/10/20 7305 W. LOUISIANA AVE., MIDLAND, TX 79701

500.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

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

Amount of contribution (\$)

FRAN. BILLINGSLEY

Contributor address; City; State; Zip Code

2/10/20 901 FINE COURT, MIDLAND, TX 79705

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7/8

2 FILER NAME

W. SCOTT KANEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

DON STOUT

6 Contributor address; City; State; Zip Code

2/2/20

P.O. Box 7434, Midland, TX 79708

1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

oil & gas

Date

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

Amount of contribution (\$)

Melinda Williamson

Contributor address; City; State; Zip Code

2/2/20

1600 Stanlind Ave., Midland, TX 79705

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

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

Amount of contribution (\$)

Terry Wilkinson

Contributor address; City; State; Zip Code

2/2/20

P.O. Box 305, Midland, TX 79702

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil gas / teaching

Date

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

Amount of contribution (\$)

M. McDonald, Jr.

Contributor address; City; State; Zip Code

2/2/20

1609 Stanlind Ave., Midland, TX 79705

133.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/0

2 FILER NAME

W. SCOTT KAUFMAN

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

ROBERT EUBANKS

6 Contributor address; City; State; Zip Code

2/8/20

WASHINGTON, MIDLAND, TX 79705

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

PETROLEUM LANDMAN

Date

Full name of contributor

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

Amount of contribution (\$)

KEN & JAVIS DICKSON

Contributor address; City; State; Zip Code

2/20/20

5704 CAMDEN, MIDLAND, TX 79707

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PETROLEUM LANDMAN

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1/3	2 FILER NAME W. SCOTT RAMSEY	3 Filer ID (Ethics Commission Filers)
4 Date 1/26/20	5 Payee name NORFLEET STRATEGIES, LLC	
6 Amount (\$) 2,000.00	7 Payee address; City; State; Zip Code 504 W. 12TH STREET AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input 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 W. SCOTT RAMSEY	Office sought MIDLAND CO. COMM PET 1
Date 2/16/20	Payee name NORFLEET STRATEGIES, LLC	
Amount (\$) 2,000.00	Payee address; City; State; Zip Code 504 W. 12TH ST. AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT RAMSEY	Office sought MIDLAND CO. COMM PET 1
Date 2/16/20	Payee name CAMPAIGN ENGINEERING STRATEGIES	
Amount (\$) 150.00	Payee address; City; State; Zip Code 2819 ATWATER CREEK SAN ANTONIO, TX 78245	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT RAMSEY	Office sought MIDLAND CO. COMM PET 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 2/3	2 FILER NAME W. SCOTT KANSEY	3 Filer ID (Ethics Commission Filers)
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4 Date 2/6/20	5 Payee name TERMINAL BASIN OFFICE PRODUCTS
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6 Amount (\$) 54.00	7 Payee address; City; State; Zip Code 208 SOUTH "A" MIDLAND, TX 79701
-------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TENTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COMM PET 1	Office held
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Date 2/10/20	Payee name NOREFLECT STRATEGIES, LLC
------------------------	--

Amount (\$) 7,107.74	Payee address; City; State; Zip Code 504 W. 12TH STREET AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - DIRECT MAIL (PRINT, DESIGN, POSTAGE, HANDLING)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COMM PET 1	Office held
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Date 2/10/20	Payee name NOREFLECT STRATEGIES, LLC
------------------------	--

Amount (\$) 540.98	Payee address; City; State; Zip Code 504 W. 12TH ST. AUSTIN, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TENTING EXPENSE (CAMPAIGN SIGNS)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COMM PET 1	Office held
---	---	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 3/3	2 FILER NAME W. SCOTT KANSEY	3 Filer ID (Ethics Commission Filers)
---	--	---------------------------------------

4 Date 2/10/20	5 Payee name N6BOX CREATIVE
--------------------------	---------------------------------------

6 Amount (\$) 1,000	7 Payee address; City; State; Zip Code 1001 SE 3RD AVE., STE B AMARILLO, TX 79102
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COM. POS 1	Office held
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Date 2/14/20	Payee name MIDLAND TELETYPE TELEGRAPH
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Amount (\$) 1,950.00	Payee address; City; State; Zip Code 201 E. ILLINOIS AVE. MIDLAND, TX 79701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COM. POS 1	Office held
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Date 2/14/20	Payee name MIDLAND TELETYPE TELEGRAPH
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Amount (\$) 1,500.00	Payee address; City; State; Zip Code 201 E. ILLINOIS AVE. MIDLAND, TX 79701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT KANSEY	Office sought MIDLAND CO. COM. POS 1	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: <u>1</u>	2 FILER NAME <u>W. SCOTT KANSEY</u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <u>134.01</u>
5 Date <u>1/31/20</u>	6 Payee name <u>LOWE'S HOME CENTERS, LLC</u>	
7 Amount (\$) <u>134.01</u>	8 Payee address; City; State; Zip Code <u>3315 NORTH LOOP 250 W MIDLAND, TX 79707</u>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>OTHER - Hardware supplies</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>W. SCOTT KANSEY</u>	Office sought <u>MIDLAND CO. COMPTROLLER</u>

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	W. SCOTT KANNEY	
4 Date	5 Payee name	
1/29/20	TRACTOR SUPPLY CO.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8.40	2110 KANKIN HWY Midland, TX 79701	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OTHER - SIGN SUPPLIES	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	W. SCOTT KANNEY	Midland Co. COM. PT 1
Date	Payee name	
1/29/20	LOWE'S HOME CENTERS, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
30.84	3315 N. LOOP 250 W Midland, TX 79707	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	OTHER - SIGN SUPPLIES	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	W. SCOTT KANNEY	Midland Co. COM. PT 1
Date	Payee name	
2/6/20	LOWE'S HOME CENTERS, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
5.14	3315 NORTH LOOP 250 W Midland, TX 79707	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description
	OTHER - SIGN SUPPLIES	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	W. SCOTT KANNEY	Midland Co COM. PT 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED