

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

\$

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

\$

18,400

EXPENDITURE
TOTALS

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

\$

93,960

4. TOTAL POLITICAL EXPENDITURES

\$

10988.16

CONTRIBUTION
BALANCE

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

\$

16,451.00

OUTSTANDING
LOAN TOTALS

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

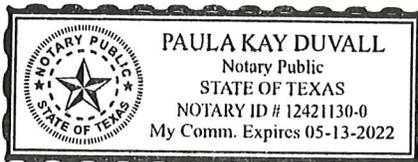
\$

5,000

Posted 12/31/19

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Wm Scott Ramsey
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Wm Scott Ramsey, this the 27th day of January, 20 20, to certify which, witness my hand and seal of office.

Paula Kay Duvall
Signature of officer administering oath

Paula Kay Duvall
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>W. SCOTT RAMSEY</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>18,400</i>
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	\$ <i>10,988.16</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>93.96</i>
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:

1/5

2 FILER NAME

W. SCOTT KANKEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

BENNETT ZOBLO

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1/14/20

4807 Island DR, 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#: _____)

TYLER & CHRISTEN TIMMONS

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/14/20

5901 DUNBAR OAKS, Midland, TX 79705

\$100.00

Principal occupation / Job title (See Instructions)

Oil & Gas

Employer (See Instructions)

Date

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

DON & BETTYE JONES

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/14/20

7000 GULF AVE, Midland, TX 79705

\$250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

HELEN SHELTON

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/14/20

2200 NORTH L STREET, Midland, TX 79705

\$50.00

Principal occupation / Job title (See Instructions)

Homemaker

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:

25

2 FILER NAME

W. SCOTT RAMSEY

3 Filer ID (Ethics Commission Filers)

4 Date

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

Rebecca L. YARBOROUGH
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1/14/20 P.O. Box 3305 Midland, TX 79705 \$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#: _____)

Amount of contribution (\$)

Stonnie & Frankie Tollock
Contributor address; City; State; Zip Code

1/14/20 2116 Ironwood Dr., Midland, TX 79707 \$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Steve & Jan Gorer
Contributor address; City; State; Zip Code

1/14/20 #1 Dettfield, Midland, TX 79705 \$750.00

Principal occupation / Job title (See Instructions)

Drilling Mud Mfg

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Kels Clark
Contributor address; City; State; Zip Code

1/14/20 P.O. Box 1441, Midland, TX 79702 \$250.00

Principal occupation / Job title (See Instructions)

Geologist

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:

35

2 FILER NAME

W. SCOTT KAUSCH

3 Filer ID (Ethics Commission Filers)

4 Date

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

DANIEL C. SCHNEIDER

6 Contributor address; City; State; Zip Code

1/23/20 2203 STANLIND AVE., MIDLAND, TX 79705 \$15,000.00

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

OIL & GAS EXPLORATION

9 Employer (See Instructions)

Date

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

HAL & TAM KASMUSSEN

Contributor address; City; State; Zip Code

1/23/20 2000 TANGEREN AVE., MIDLAND, TX 79701 \$500.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

OIL & GAS INVESTMENTS

Employer (See Instructions)

Date

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

BRUCE & TERRY GILMORE

Contributor address; City; State; Zip Code

1/23/20 2505 SINKLER, MIDLAND, TX 79705 \$100.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

OIL & GAS

Employer (See Instructions)

Date

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

DOUG & BERRY FERGUSON

Contributor address; City; State; Zip Code

1/23/20 1704 STONEY, MIDLAND, TX 79701 \$100.00

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

PETROLEUM LANDMAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/5

2 FILER NAME

W. SCOTT ZANBY

3 Filer ID (Ethics Commission Filers)

4 Date

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

SCOTT JONES

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

1/23/20 4524 BART TREE TRAIL, MIDLAND, TX 79707

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

RICHARD & TAM MONTGOMERY

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/23/20 P.O. BOX 50468, MIDLAND, TX 79710

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

OIL & GAS ATTORNEY

Date

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

TIM & CYNTHIA HUGHES

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/23/20 4005 FOX HOLLOW, MIDLAND, TX 79705

\$750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PHYSICIAN

Date

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

RON KING

Amount of contribution (\$)

Contributor address; City; State; Zip Code

1/23/20 100 CLUB DR., MIDLAND, TX 79701

\$100.00

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:

5/5

2 FILER NAME

W. SLOTT TANKS

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

JANE WOLF

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

1/23/20

179 BRIDGEMAN CIRCLE, MIDLAND, TX 79707

\$50.00

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Date

Full name of contributor

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

KENNETH FEED

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1/23/20

5007 92nd CT., Midland, TX 79707

\$500.00

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)

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 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: 1/2	2 FILER NAME W. SCOTT RAMSEY	3 Filer ID (Ethics Commission Filers)
4 Date 1/03/20	5 Payee name NOZFLAET 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT RAMSEY	Office sought / Office held MIDLAND CO. COMA PCT 1
Date 1/3/20	Payee name NOZFLAET STRATEGIES, LLC	
Amount (\$) \$302.98	Payee address; City; State; Zip Code 504 W. 12TH STREET AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE (SPHS)	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 RAMSEY	Office sought / Office held MIDLAND CO. COMA PCT 1
Date 1/6/20	Payee name Z4 HE HAND/MAN	
Amount (\$) \$960.00	Payee address; City; State; Zip Code 405 S. MADISON MIDLAND, TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	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 RAMSEY	Office sought / Office held MIDLAND CO. COMA PCT 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 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: 2/2	2 FILER NAME W. SCOTT LARKIN	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/20	5 Payee name MARKET STRATEGIES, LLC	
6 Amount (\$) \$4425.18	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) TRAINING 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 LARKIN Office sought: HILLCO. COUNTY REP 1 Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
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
	9 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: 1/3	2 FILER NAME W. SLOTT RAMSEY	3 Filer ID (Ethics Commission Filers)
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4 Date 1/1/20	5 Payee name LOWE'S HOME CENTERS, LLC
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6 Amount (\$) 12.94 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3315 N. Loop 250 W Midland, TX 79707
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - STORAGE SUPPLIES	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SLOTT RAMSEY	Office sought MIDLAND CO COMM PT 1	Office held
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Date 1/4/20	Payee name TRAGER SUPPLY CO.
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Amount (\$) 2.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2110 ZIMKIN HWY MIDLAND, TX 79701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - T POSTS FOR SIGNS	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SLOTT RAMSEY	Office sought MIDLAND CO. COMM PT 1	Office held
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Date 1/4/20	Payee name LOWE'S HOME CENTERS, LLC
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Amount (\$) 19.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3315 N. Loop 250 W Midland, TX 79707
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - STORAGE SUPPLIES	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SLOTT RAMSEY	Office sought MIDLAND CO. COMM PT 1	Office held
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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
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 G: 2/3	2 FILER NAME W. SCOTT RAMSEY	3 Filer ID (Ethics Commission Filers)
4 Date 1/10/20	5 Payee name LOWES HOME CENTERS, LLC	
6 Amount (\$) 20.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3315 N. Loop 250W Midland, TX 79707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - SIGNAGE SUPPLIES	(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 RAMSEY	Office sought / Office held Midland Co. COMH PCT 1
Date 1/12/20	Payee name TRATOR SUPPLY CO.	
Amount (\$) 8.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2110 RAUKIN HWY Midland, TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - T POSTS FOR SIGNAGE	(b) 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 RAMSEY	Office sought / Office held Midland Co. COMH PCT 1
Date 1/21/20	Payee name TRATOR SUPPLY CO.	
Amount (\$) 8.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2110 RAUKIN HWY Midland, TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - T POSTS FOR SIGNAGE	(b) 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 RAMSEY	Office sought / Office held Midland Co. COMH PCT. 1

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: 3	2 FILER NAME W. SCOTT RAUSEY	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name LOWES HOME CENTERS, LLC
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6 Amount (\$) 15.60	7 Payee address; City; State; Zip Code 3315 N. Loop 250W Midland, TX 79707
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - STORAGE SUPPLIES	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name W. SCOTT RAUSEY	Office sought MIDLAND CO. COM. PT 1	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED