

# 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:  <div style="font-size: 2em; text-align: center;">24</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI MR. W. SCOTT NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">RAMSEY</div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; font-weight: bold;">JAN 13 2020</div> 									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em;">2113 Ironwood Dr. Midland, TX 79707</div>	Date Hand-delivered or Date Postmarked  <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 30px; margin: 0 auto;"></div>									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (432)                      661-6481	Receipt #                      Amount \$  Date Processed  Date Imaged									
6 CAMPAIGN TREASURER NAME	MS / MRS (MR)                      FIRST                      MI CHRISTOPHER T. NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-size: 1.2em;">KENARD</div>	Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <div style="text-align: center; font-size: 1.2em;">1205 LAWSON AVE. Midland, TX 79701</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (432)                      553-0175										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month    Day    Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">10 / 15 / 19</td> <td></td> <td style="text-align: center; font-size: 1.2em;">12 / 31 / 19</td> </tr> </table>			Month    Day    Year	THROUGH	Month    Day    Year	10 / 15 / 19		12 / 31 / 19		
Month    Day    Year	THROUGH	Month    Day    Year									
10 / 15 / 19		12 / 31 / 19									
11 ELECTION	ELECTION DATE Month    Day    Year <div style="font-size: 1.2em;">3 / 3 / 20</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE  OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)										
Midland Co. Commissioner DIST 1	Midland Co. Commissioner DIST 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		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)	\$ 18,150
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9110.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9039.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000

18 AFFIDAVIT

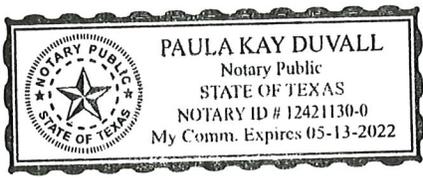
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 13<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Paula Kay Duvall      Paula Kay Duvall  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>William 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	\$ 18,150
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5000
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9110.84
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	\$ 1578.43
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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:

1/10

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

DATYL & LYNN JAMES

6 Contributor address; City; State; Zip Code

12/2/19

1706 COUNTRY CLUB DR., MIDLAND, TX 79701

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

E.J. Baldrige

Contributor address; City; State; Zip Code

12/2/19

1611 Shell Ave., Midland, TX 79701

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

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

MARY McDaniel ROBERTS

Contributor address; City; State; Zip Code

12/2/19

1701 W. OHIO AVE, MIDLAND, TX 79701

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

GABRIEL D. WILLIAMSON

Contributor address; City; State; Zip Code

12/2/19

2603 SUNBELT DR., MIDLAND, TX 79707

Amount of contribution (\$)

\$150.00

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:

2/10

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Tim & Annette Culp

6 Contributor address; City; State; Zip Code

12/2/19

2307 Texbud Circle, Midland, TX 79705

7 Amount of contribution (\$)

\$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#: \_\_\_\_\_)

Kyle & Holly McDonald

Contributor address; City; State; Zip Code

12/2/19

2401 Gulf Ave., Midland, TX 79705

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

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

Emily F. Goodfellow

Contributor address; City; State; Zip Code

12/2/19

2512 Sincere Ave, Midland, TX 79705

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Chris & Courtney Tenad

Contributor address; City; State; Zip Code

12/2/19

1705 Lawson Ave, Midland, TX 79701

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

oil & gas

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: <u>3/12</u>
2 FILER NAME <u>William Scott Ramsey</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/6/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles M. Yousef</u> 6 Contributor address; City; State; Zip Code <u>2012 W. Cotterbert Ave, Midland, TX 79701</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions) <u>Physician</u>		9 Employer (See Instructions)
Date <u>12/6/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jimmy &amp; Brenda Smith</u> Contributor address; City; State; Zip Code <u>5005 W. Wake Strip, Midland, TX 79707</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions) <u>Oil &amp; Gas</u>		Employer (See Instructions)
Date <u>12/6/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Huston &amp; Allison Scarborough</u> Contributor address; City; State; Zip Code <u>1408 W. Kansas Ave, Midland, TX 79701</u>	Amount of contribution (\$) <u>\$50.00</u>
Principal occupation / Job title (See Instructions) <u>Oil &amp; Gas</u>		Employer (See Instructions)
Date <u>12/6/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>XXXXXXXXXX</del> <u>Brenda Smart</u> Contributor address; City; State; Zip Code <u>P.O. Box 1660 Midland, TX 79702</u>	Amount of contribution (\$) <u>\$500.00</u>
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: <u>4/16</u>
2 FILER NAME <u>William Scott Ramsey</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/05/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Robin Donnelly</u> 6 Contributor address; City; State; Zip Code <u>P.O. Box 3488, Midland, TX 79702</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions) <u>oil &amp; gas</u>		9 Employer (See Instructions)
Date <u>12/05/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scot D. Northern</u> Contributor address; City; State; Zip Code <u>1419 W. Pine, Midland, TX 79705</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>oil &amp; gas</u>		Employer (See Instructions)
Date <u>12/05/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. B. Luttrell</u> Contributor address; City; State; Zip Code <u>4810 W. Cherrywood Ct., Midland, TX 79707</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/05/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick &amp; Connie Cheslock</u> Contributor address; City; State; Zip Code <u>2401 Sinclair Ave, Midland, TX 79705</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions) <u>oil &amp; gas</u>		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:

5/16

2 FILER NAME

William Scott Kausey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Rennie E. Margaret Williams

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

12/05/19 3315 Ebbots, Midland, TX 79707

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Bert & Sheila Horchak

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/06/19 1701 Community Ln, Midland, TX 79701

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Mike Harrison

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/06/19 4202 Island Dr., Midland, TX 79707

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Ranching

Date

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

Kim & Richard Hackett

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/06/19 4913 Rustic Trail, Midland, TX 79707

\$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:

6/10

2 FILER NAME

William Scott Tovey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Robert Becher

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

12/6/19

P.O. Box 2502 Midland, TX 79702

\$250.00

8 Principal occupation / Job title (See Instructions)

oil & gas

9 Employer (See Instructions)

Date

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

Debbi & Gary Vandergiff

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/6/19

1303 Lawson Ave, Midland, TX 79701

\$250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

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

Doug Christensen

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/6/19

P.O. Box 3790, Midland, TX 79702

\$250.00

Principal occupation / Job title (See Instructions)

oil & gas

Employer (See Instructions)

Date

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

Ed Toman

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/6/19

5100 Polo Club Rd., Midland, TX 79705

\$100.00

Principal occupation / Job title (See Instructions)

oil & gas

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:

Three

2 FILER NAME

William Scott Torrey

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Trey & Kathy Robbins

\$200.00

6 Contributor address; City; State; Zip Code

12/12/19 2501 Hubbs Ave., Midland, TX 79705

\$200.00

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 (\$)

Guy & Lisa Felder

Contributor address; City; State; Zip Code

12/10/19 5701 Fenway Midland, TX 79707

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Clinton Black

Contributor address; City; State; Zip Code

12/10/19 2492 FM 829, Stanton, TX 79782

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

Max T. Hardwick

Contributor address; City; State; Zip Code

12/10/19 P.O. Box 213, Midland, TX 79702

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

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: <u>8/16</u>
2 FILER NAME <u>William Scott Zinkev</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/10/19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill Ward</u> 6 Contributor address; City; State; Zip Code <u>1206 KENKERTON, Midland, TX 79701</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>		9 Employer (See Instructions)
Date <u>12/10/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jean Berkholder</u> Contributor address; City; State; Zip Code <u>P.O. Box 7140, Midland, TX 79708</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>oil &amp; gas</u>		Employer (See Instructions)
Date <u>12/10/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sandra Staley</u> Contributor address; City; State; Zip Code <u>7 HANOVER DR, Midland, TX 79705</u>	Amount of contribution (\$) <u>\$250.00</u>
Principal occupation / Job title (See Instructions) <u>oil &amp; gas</u>		Employer (See Instructions)
Date <u>12/10/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DONA M. ROBERTSON</u> Contributor address; City; State; Zip Code <u>5703 FENWAY, Midland, TX 79707</u>	Amount of contribution (\$) <u>\$100.00</u>
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: <b>9/16</b>
2 FILER NAME <b>William Scott Tarkenton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/10/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tracy K. Elms</b> 6 Contributor address; City; State; Zip Code <b>P.O. Box 2519, Midland, TX 79702</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>		9 Employer (See Instructions)
Date <b>12/12/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Miles Bobrick</b> Contributor address; City; State; Zip Code <b>55 SANTA ANITA, Midland, TX 79705</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions) <b>oil &amp; Gas</b>		Employer (See Instructions)
Date <b>12/12/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACK &amp; MELISSA VALLEE</b> Contributor address; City; State; Zip Code <b>4017 TRINITY CT., Midland, TX 79707</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/12/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK T. DEHLINGER</b> Contributor address; City; State; Zip Code <b>3100 LANTANA LN Midland, TX 79705</b>	Amount of contribution (\$) <b>\$200.00</b>
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:

10/16

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Paul L. Davis, III

6 Contributor address; City; State; Zip Code

12/12/19 20 Hialeah Dr., Midland, TX 79705

7 Amount of contribution (\$)

\$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#: \_\_\_\_\_)

HARRY BETTIS

Contributor address; City; State; Zip Code

12/13/19 710 TRINHURST, Midland, TX 79705

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Oil & Gas

Employer (See Instructions)

Date

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

JACK & TERRY WILKINSON

Contributor address; City; State; Zip Code

12/13/19 25 Saddle Club Dr., Midland, TX 79705

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Oil & Gas

Employer (See Instructions)

Date

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

BRUCE & SUSANNAH DEARBORN

Contributor address; City; State; Zip Code

12/13/19 P.O. Box 51990, Midland, TX 79710

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Oil & Gas

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:

11/12

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robert & Dianne McHouston

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

12/13/19

4506 TEANWOOD TR, Midland, TX 79707

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

John K. Newwood

Contributor address; City; State; Zip Code

12/19/19

P.O. Box 10703, Midland, TX 79702

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Randy & Julie Stevens

Contributor address; City; State; Zip Code

12/19/19

2103 Winfield Rd, Midland, TX 79705

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Duke Edwards

Contributor address; City; State; Zip Code

12/19/19

P.O. Box 51108 Midland, TX 79710

\$1500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

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:

12/16

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Kevin E. Salem Larry

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

12/19/19

5108 Alysheba Ln., Midland, TX 79705

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Glen J. Ellis, Sr.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/19/19

500 N. Big Springs, Midland, TX 79701

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Oil & Gas

Date

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

Jenna D. Smoot

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/19/19

4402 San Carlos Ct, Midland, TX 79707

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Tal E. Sean Lucas

Contributor address; City; State; Zip Code

Amount of contribution (\$)

12/19/19

3 Live Oak Dr, Midland, TX 79705

\$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:

13/16

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

DANNI & CARLA HOLEVA

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

12/19/19

4 STUTZ CT., Midland, TX 79705

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

Will CHRISTENSEN

Contributor address; City; State; Zip Code

12/19/19

33 Saddle Club Dr., Midland, TX 79705

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

Date

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

Amount of contribution (\$)

BRIAN T. McLAUGHLIN

Contributor address; City; State; Zip Code

12/20/19

P.O. Box 11241, Midland, TX 79702

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

Date

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

Amount of contribution (\$)

JACK E. & MARY T. BLAKE, JR.

Contributor address; City; State; Zip Code

12/20/19

1005 N. D ST, Midland, TX 79701

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

oil & gas

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:

14/112

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

Lou Mays

6 Contributor address; City; State; Zip Code

12/20/19 3108 TRESTON DR, MIDLAND, TX 79707

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

OFFICE MANAGER

9 Employer (See Instructions)

Date

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

Eddy Ohlenburg

Contributor address; City; State; Zip Code

12/20/19 2302 W. WADLEY, MIDLAND, TX 79705

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

Date

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

SUZANNE SMITH

Contributor address; City; State; Zip Code

12/30/19 1609 GULF AVE, MIDLAND, TX 79705

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

MORTGAGE BROKER

Employer (See Instructions)

Date

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

EMILY HOKVA

Contributor address; City; State; Zip Code

12/20/19 4 SUTZ CT, MIDLAND, TX 79705

Amount of contribution (\$)

\$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:

15/16

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

BERTANY EVERETT

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

12/30/19

1205 Douglas Ave, Midland, TX 79701

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Stephen & Leah Tebbel

Contributor address;

City; State; Zip Code

12/30/19

2607 Lockheed Dr., Midland, TX 79701

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

JEFF & MARY BETH HEWITT

Contributor address;

City; State; Zip Code

12/30/19

4003 Blummore Ct., Midland, TX 79707

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTORNEY

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

KATHERINE CHAFFALT

Contributor address;

City; State; Zip Code

12/30/19

3307 Ebbets, Midland, TX 79707

\$500.00

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:

16/16

2 FILER NAME

William Scott Ramsey

3 Filer ID (Ethics Commission Filers)

4 Date

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

JIM & KATHY HARRISON

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

12/30/19

4921 KING EDWARDS ROW, 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#: \_\_\_\_\_)

TON & JARRET SAM

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/30/19

1911 CRESCENT PL., MIDLAND, TX 79705

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Oil & Gas

Date

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

Glen J. Ellis, Jr

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/30/19

500 N. BIG SPRING, MIDLAND, TX 79701

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Oil & Gas

Date

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

Paula Cahoon

Amount of contribution (\$)

Contributor address; City; State; Zip Code

12/30/19

1406 COMMUNITY LN., MIDLAND, TX 79701

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Oil & Gas

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:  1
2 FILER NAME  William Scott Ramsey		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan  11/21/19	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )  William Scott Ramsey	9 Loan Amount (\$)  \$5,000.00
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code  2113 Ironwood Dr. Midland, TX 79707	10 Interest rate  NA
		11 Maturity date  NA
12 Principal occupation / Job title (See Instructions)  Petroleum Landman		13 Employer (See Instructions)  Ramsey Petroleum
14 Description of Collateral  <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)  <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)  <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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

### 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.

<b>1</b> Total pages Schedule F1: <u>1/3</u>	<b>2</b> FILER NAME <u>W. SCOTT TAYLOR</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>11/16/19</u>	<b>5</b> Payee name <u>CAMPAIGN ENGINEERING SERVICES</u>	
<b>6</b> Amount (\$) <u>1,575.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>8819 ATWATER CREEK SAN ANTONIO, TX 78245</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>W. SCOTT TAYLOR</u>	Office sought <u>CO. COMM PT 1</u>
Date <u>11/17/19</u>	Payee name <u>MIDLAND CO. TAPROBATION TONY</u>	
Amount (\$) <u>750.00</u>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FEES</u>	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 <u>W. SCOTT TAYLOR</u>	Office sought <u>CO. COMM PT 1</u>
Date <u>11/20/19</u>	Payee name <u>PERMIAN BASIN OFFICE PRODUCTS</u>	
Amount (\$) <u>1149.66</u>	Payee address; City; State; Zip Code <u>208 SOUTH A STREET MIDLAND, TX 79701</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>TRAINING EXPENSE / LETTERHEAD</u>	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 <u>W. SCOTT TAYLOR</u>	Office sought <u>CO. COMM PT 1</u>

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.

<b>1</b> Total pages Schedule F1: <u>2/3</u>	<b>2</b> FILER NAME <u>W. SCOTT KANNEY</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>12/04/19</u>	<b>5</b> Payee name <u>NORFLEET STRATEGIES</u>	
<b>6</b> Amount (\$) <u>\$2,000.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>504 W. 12TH STREET AUSTIN, TX 78701</u>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>W. SCOTT KANNEY</u> Office sought: <u>MIDLAND CO. COMMISSIONER PCT 1</u> Office held:	
Date <u>12/05/19</u>	Payee name <u>THE OILFIELD PHOTOGRAPHER, INC.</u>	
Amount (\$) <u>783.75</u>	Payee address; City; State; Zip Code <u>3331 W. DENVER AVE. MIDLAND, TX 79707</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>W. SCOTT KANNEY</u> Office sought: <u>CO. COM. PCT 1</u> Office held:	
Date <u>12/16/19</u>	Payee name <u>VISA</u>	
Amount (\$) <u>1577.43</u>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>CREDIT CARD PCT</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <u>W. SCOTT KANNEY</u> Office sought: <u>CO. COM. PCT 1</u> 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            | 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: <b>3/3</b>	2 FILER NAME <b>W. SCOTT KIMSEY</b>	3 Filer ID (Ethics Commission Filers)
--	--	---------------------------------------

4 Date <b>12/20/19</b>	5 Payee name <b>Nobox CREATIVE, LLC</b>
---------------------------	--

6 Amount (\$) <b>1,275.00</b>	7 Payee address; City; State; Zip Code <b>1001 SE 3rd AVE, STE B AARLLO, TX 79102</b>
----------------------------------	--

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(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 <b>W. SCOTT KIMSEY</b>	Office sought <b>CO. COMM. RT 1</b>	Office held
--	---	--	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	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
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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: <b>1</b>	2 FILER NAME <b>William Scott Ramsey</b>	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <b>1578.43</b>
---	-------------------

5 Date <b>11/3/19</b>	6 Payee name <b>Debbie Berken Promotional Products</b>
--------------------------	---

7 Amount (\$) <b>916.63</b>	8 Payee address; City; State; Zip Code <b>T.O. Box 9173 Midland, TX 79708</b>
--------------------------------	--

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) <b>Advertising Expense</b>	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>W. Scott Ramsey</b>	Office sought <b>Midland Co. Comm Trust 1</b>	Office held
--	---	--	-------------

Date <b>11/12/19</b>	Payee name <b>UNITED STATES POSTAL SERVICE</b>
-------------------------	---

Amount (\$) <b>661.80</b>	Payee address; City; State; Zip Code <b>T.O. Box 219424 Kansas City, MO 64121-7109</b>
------------------------------	---

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER - POSTAGE STAMPS</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 <b>W. Scott Ramsey</b>	Office sought <b>Midland Co. Comm Trust 1</b>	Office held
---	---	--	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED