

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

2020 CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Scott <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Haag	OFFICE USE ONLY							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1107 Madeline New Braunfels, Tx 78132	Date Received							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 221-1102	Date Hand-delivered or Date Postmarked							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Sandra <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Haag	Receipt #	Amount \$						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1107 Madeline New Braunfels, Tx 78132								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 625-3663								
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; font-size: small;">Month Day Year</td> <td style="text-align: center; font-size: small;">THROUGH</td> <td style="text-align: center; font-size: small;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: x-large;">1 / 1 / 24</td> <td></td> <td style="text-align: center; font-size: x-large;">6 / 30 / 24</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 1 / 24		6 / 30 / 24
Month Day Year	THROUGH	Month Day Year							
1 / 1 / 24		6 / 30 / 24							
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE Primary Runoff Other Description General Special							
12 OFFICE	OFFICE HELD (if any) County Commissioner Pct #2	13 OFFICE SOUGHT (if known)							
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>								
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>							

GO TO PAGE 2

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FORM C/OH
COVER SHEET PG 2

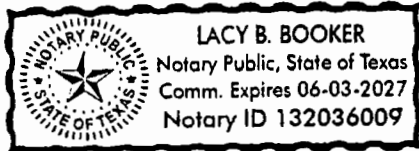
15 C/OH NAME Scott Haag		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,393.29

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

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Scott Haag this the 1st day of July, 2024, to certify which, witness my hand and seal of office.
[Signature] Lacy Booker Lacy Booker Cart coordinator
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____
 _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 _____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)