

Subject: RE: Public Information Request (TX-TEC-21-1780)
Date: Monday, December 13, 2021 at 11:45:42 AM Eastern Standard Time
From: openrecords
To: AO Records
Attachments: 2016 lobby registration report.pdf, 2016 PFS_Redacted.pdf, resignation letter and confirmation.pdf, 2016 amended lobby registration report.pdf

EXTERNAL SENDER

Ms. Wishingrad,

On December 9, 2021, you submitted a public information request seeking:

1. Any personal financial statement, report, or disclosure completed by Secretary of State John Scott; and
2. Any conflicts or ethics statement, report, or disclosure completed by Secretary of State John Scott.

For both parts of this request, please provide all responsive records from January 1, 2016, through December 31, 2016.

Included with this response are some of the responsive documents to your request. As for the remaining responsive documents, the Commission maintains, and makes available, a lobby activities report search engine on its website at <https://www.ethics.state.tx.us/search/lobby/> for the public to use free of charge. The searchable database contains data from lobby activity reports that are filed electronically with the Commission since 2000.

To view campaign finance reports filed by John Scott, please use the following steps:

1. From the "Custom Search of Lobby Database" select "Activities Reports."
2. Once "Simple Search Selection" populates, select "By Lobby Name."
3. Once selected, in the "Last Name" box input "Scott." For "Lobbyist First Name" input John. For year, select "2016." Once completed select "Search" at the bottom and a new screen will appear that will show the 2016 lobby activity reports filed by John Scott.
4. To view the reports select the report number link on the left and the report will populate in .pdf format.

If you have any questions about using the search functions on our website, please feel free to contact our technical support staff at 512-463-5800.

PIR 21087

Sincerely,

Preston Tom
Assistant General Counsel
TEXAS ETHICS COMMISSION

Disclaimer: The information provided by the Texas Ethics Commission legal staff is for educational purposes only and is not confidential, is not binding on the Commission, and does not constitute an official legal opinion of the Commission, its commissioners, or its staff. Any material, conversations, or statements provided by Commission legal staff does not, and is not intended to, constitute legal advice, and receipt of this email does not create an attorney-client relationship between the reader and its author.

From: AO Records <records@americanoversight.org>
Sent: Thursday, December 09, 2021 10:49 AM
To: openrecords <openrecords@ethics.state.tx.us>
Subject: Public Information Request (TX-TEC-21-1780)

Dear Public Information Officer:

Please find attached a request for records under the Texas Public Information Act.

Sincerely,

--

Sarah Wishingrad
Pronouns: she/her
Paralegal
American Oversight
records@americanoversight.org
www.americanoversight.org | @weareoversight

PIR: TX-TEC-21-1780

LOBBY REGISTRATION AMENDMENT

FORM AREG
COVER SHEET PG 1

<p>The FORM AREG INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 NUMBER OF SCHEDULES filed: A <u>7</u> B <u>0</u></p>	<p>Filer ID: 00080639</p> <p>Page #: 1 of 17</p>
<p>2 REGISTRATION FEE ENCLOSED</p>	<p>(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE)</p> <p><input checked="" type="checkbox"/> \$750 REGULAR <input type="checkbox"/> \$150 Non-Profit (Proof Required)</p>		<p>OFFICE USE ONLY</p> <p>Date Received ELECTRONICALLY FILED 12/12/2016</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p>
<p>3 REPORT SCHEDULE</p>	<p><input type="checkbox"/> MODIFIED (ANNUAL) <input checked="" type="checkbox"/> REGULAR (MONTHLY)</p>		
<p>4 REGISTRANT NAME</p>	<p>Mr. John Barret Scott</p>		
<p>5 IS THE REGISTRANT AN ENTITY?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>6 REGISTRANT'S NORMAL BUSINESS</p>	<p>508 West 14th Street Austin, TX 78701</p>		
<p>7 REGISTRANT'S BUSINESS ADDRESS</p>	<p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>508 W. 14th St. Austin, TX 78701</p>		
<p>8 REGISTRANT'S MAILING ADDRESS</p> <p><input type="checkbox"/> same as business address listed above</p>	<p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>508 W. 14th St. Austin, TX 78701</p>		
<p>9 BUSINESS PHONE</p>	<p>(AREA CODE) NUMBER: EXTENSION)</p> <p>(512) 358-6705</p>		
<p>10 IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?</p>	<p><input type="checkbox"/> YES NAME OF FIRM _____</p> <p><input checked="" type="checkbox"/> NO ADDRESS OF FIRM _____</p> <p>PHONE NO. OF FIRM _____</p>		
<p>11 PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS</p> <p>(list name and address of each person)</p> <p><input type="checkbox"/> additional pages</p>	<p>(NAME OF INDIVIDUAL OR ENTITY)</p> <p>_____</p> <p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>_____</p>		

CHANGES IN INFORMATION. If any of the information provided in this registration changes (other than information requested on PART 3(a) or 3(b) of SCHEDULE A), you must file a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed information by the 10th day of the month following the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).

REGISTRANT NAME: Scott, John Barret (Mr.)

Filer ID

00080639

Page # 2 of 17

12 SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input checked="" type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input checked="" type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input checked="" type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input checked="" type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

14 SIGNATURE

To the best of my knowledge the accompanying document is true and correct and includes all information to be report by me under chapter 305, GovernmentCode.

I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest). (See instructions for the text of Section 305.028.)

I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.

AFFIX NOTARY STAMP / SEAL ABOVE

Mr. John Barret Scott

Signature of Registrant

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____ to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 3/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Deloitte Consulting				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	400 West 15th Street Suite 1700 Austin, TX 78701				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 4/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Deloitte Consulting

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input checked="" type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 5/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Eastland Memorial Hospital				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	304 South Dauherty St				
	Eastland , TX 76448				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 6/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Eastland Memorial Hospital

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input checked="" type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input checked="" type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 7/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Faith Community Hospital				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	215 Chisholm Trail				
	Jacksboro, TX 76458				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 8/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Faith Community Hospital

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input checked="" type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 9/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Health Care Service Corp				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1001 E. Lookout Dr				
	Richardson, TX 75082				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input checked="" type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 10/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Health Care Service Corp

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input checked="" type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION

AGENCY

DESIGNATION

AGENCY

DESIGNATION

AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 11/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Humana, Inc.				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	215 South Monroe St. Suite 510 Tallahassee, FL 32301				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input checked="" type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 12/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Humana, Inc.

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input checked="" type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 13/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	NextEra Energy, Inc.				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	700 Universe Blvd				
	Juno Beach, FL 33408				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input checked="" type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 14/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 NextEra Energy, Inc.

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input checked="" type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

46238	Public Utility Commission of Texas
DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

**AMENDMENT: EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM AREG
SCHEDULE A PG 1**

Use the Form AREG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 15/17

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	Palo Pinto General Hospital				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	400 SW 25th St				
	Mineral Wells, TX 76067				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input checked="" type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

AMENDMENT: EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM AREG
SCHEDULE A PG 4

Use the FORM AREG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 16/17

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 Palo Pinto General Hospital

1 SUBJECT MATTER

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input checked="" type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input checked="" type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input checked="" type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

TEXT ANNOTATION

Sch: 1/1 Rpt: 17/17

FILER NAME
Scott, John Barret (Mr.)

Filer ID (Ethics Commission Filers)
00080639

Schedule

Record Type	Tracking Info	Record Detail
SubjectMatter Info	Report	Health And Health Care
SubjectMatter Info	Report	Hospitals
SubjectMatter Info	Report	Human Services
SubjectMatter Info	Report	Insurance
Lobby Client Info	Report	Humana, Inc.
Lobby Client Info	Report	Palo Pinto General Hospital
Lobby Client Info	Report	Health Care Service Corp
Lobby Client Info	Report	Deloitte Consulting
Lobby Client Info	Report	Eastland Memorial Hospital
Lobby Client Info	Report	Faith Community Hospital
Report Info	Report	100652429

LOBBY REGISTRATION FOR 2016

**FORM REG
COVER SHEET PG 1**

<p>The FORM REG INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 NUMBER OF SCHEDULES filed: A <u>1</u> B <u>0</u></p>	<p>Filer ID <u>00080639</u></p> <p>Page # <u>1 of 4</u></p>
<p>2 REGISTRATION FEE ENCLOSED</p>	<p>(SEE INSTRUCTION GUIDE TO DETERMINE YOUR FEE)</p> <p><input checked="" type="checkbox"/> \$750 REGULAR <input type="checkbox"/> \$150 Non-Profit (Proof Required)</p>		<p>OFFICE USE ONLY</p> <p>Date Received ELECTRONICALLY FILED 11/14/2016</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p>
<p>3 REPORT SCHEDULE</p>	<p><input type="checkbox"/> MODIFIED (ANNUAL) <input checked="" type="checkbox"/> REGULAR (MONTHLY)</p>		
<p>4 REGISTRANT NAME</p>	<p>Mr. John Barret Scott</p>		
<p>5 IS THE REGISTRANT AN ENTITY?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>6 REGISTRANT'S NORMAL BUSINESS</p>	<p>508 West 14th Street Austin, TX 78701</p>		
<p>7 REGISTRANT'S BUSINESS ADDRESS</p>	<p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>508 W. 14th St. Austin, TX 78701</p>		
<p>8 REGISTRANT'S MAILING ADDRESS</p> <p><input type="checkbox"/> same as business address listed above</p>	<p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>508 W. 14th St. Austin, TX 78701</p>		
<p>9 BUSINESS PHONE</p>	<p>(AREA CODE) NUMBER: EXTENSION)</p> <p>(512) 358-6705</p>		
<p>10 IS THE REGISTRANT A LOBBY FIRM EMPLOYEE?</p>	<p><input type="checkbox"/> YES NAME OF FIRM _____</p> <p><input checked="" type="checkbox"/> NO ADDRESS OF FIRM _____</p> <p>PHONE NO. OF FIRM _____</p>		
<p>11 PERSON(S) PROVIDING COMPENSATION AND/OR REIMBURSEMENT FROM POLITICAL FUNDS</p> <p>(list name and address of each person)</p> <p><input type="checkbox"/> additional pages</p>	<p>(NAME OF INDIVIDUAL OR ENTITY)</p> <p>_____</p> <p>(ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE)</p> <p>_____</p>		

CHANGES IN INFORMATION. If any of the information provided in this registration changes (other than information requested on PART 3(a) or 3(b) of SCHEDULE A), you must file a LOBBY REGISTRATION AMENDMENT (FORM AREG) showing the changed information by the 10th day of the month following the month the information changed (unless you report the changed information on a timely filed monthly activities report (FORM LA)).



REGISTRANT NAME: Scott, John Barret (Mr.)

Filer ID

00080639

Page # 2 of 4

12 SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input checked="" type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
- additional pages

DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

14 SIGNATURE

To the best of my knowledge the accompanying document is true and correct and includes all information to be report by me under chapter 305, GovernmentCode.

I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest). (See instructions for the text of Section 305.028.)

I further affirm that, if I selected the Non-Profit registration level, to the best of my knowledge, I have listed only Employers/Clients that qualify as exempt from federal income tax under Section 501(c)(3), 501(c)(4), or 501(c)(6), Internal Revenue Code of 1986.

AFFIX NOTARY STAMP / SEAL ABOVE

Mr. John Barret Scott

Signature of Registrant

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____ to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**EMPLOYER / CLIENT
PART 1 - GENERAL INFORMATION**

**FORM REG
SCHEDULE A PG 1**

Use the Form REG Instruction Guide for assistance in filling out Schedule A Part 1.

1 PAGE #
Sch: 1/1 Rpt: 3/4

2 REGISTRANT NAME	Scott, John Barret (Mr.)				
3 EMPLOYER / CLIENT NAME	NextEra Energy, Inc.				
4 EMPLOYER / CLIENT MAILING ADDRESS	ADDRESS / P.O. BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	700 Universe Blvd				
	Juno Beach, FL 33408				

PART 2 - COMPENSATION

1 LEVEL OF COMPENSATION FOR LOBBYING	<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 100,000 - \$ 149,999.99	<input type="checkbox"/> \$ 350,000 - \$ 399,999.99
	<input type="checkbox"/> LESS THAN \$10,000	<input checked="" type="checkbox"/> \$ 150,000 - \$ 199,999.99	<input type="checkbox"/> \$ 400,000 - \$ 449,999.99
	<input type="checkbox"/> \$ 10,000 - \$ 24,999.99	<input type="checkbox"/> \$ 200,000 - \$ 249,999.99	<input type="checkbox"/> \$ 450,000 - \$ 500,000.00
	<input type="checkbox"/> \$ 25,000 - \$ 49,999.99	<input type="checkbox"/> \$ 250,000 - \$ 299,999.99	<input type="checkbox"/> OVER \$ 500,000 (Exact Amount \$ _____)
	<input type="checkbox"/> \$ 50,000 - \$ 99,999.99	<input type="checkbox"/> \$ 300,000 - \$ 349,999.99	OR (Exact Amount \$ _____)
2 TYPE OF COMPENSATION BEING REPORTED	<input type="checkbox"/> PAID	<input type="checkbox"/> EARNED (but not received)	<input checked="" type="checkbox"/> PROSPECTIVE
3 INDIVIDUAL REPORTING COMPENSATION AND/OR REIMBURSEMENT FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ <input checked="" type="checkbox"/> NO PHONE NO. OF ENTITY _____		

PART 3 - ORGANIZATIONAL INFORMATION

1 IS THE EMPLOYER/CLIENT AN ENTITY OR AN INDIVIDUAL?	<input checked="" type="checkbox"/> ENTITY	<input type="checkbox"/> INDIVIDUAL (Complete PART 4 of SCHEDULE A)
2 IS THE EMPLOYER/CLIENT A CORPORATION?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Complete PART 3(a) of SCHEDULE A)
3 ARE THE SHARES OF THE CORPORATION PUBLICLY TRADED?	<input checked="" type="checkbox"/> YES (Complete PART 4 of SCHEDULE A)	<input type="checkbox"/> NO (Complete PART 3(b) of SCHEDULE A)
4 IS THE CLIENT A STATE AGENCY THAT PAYS YOU A SALES COMMISSION OR SUCH FEE?	<input type="checkbox"/> YES (Complete PART 5 of SCHEDULE A)	<input checked="" type="checkbox"/> NO

EMPLOYER / CLIENT
Part 4 - LOBBYING SUBJECT MATTER

FORM REG
SCHEDULE A PG 4

Use the FORM REG INSTRUCTION GUIDE for assistance in filling out this form

Page #
 Sch: 1/1 Rpt: 4/4

REGISTRANT NAME
 Scott, John Barret (Mr.)

EMPLOYER/CLIENT NAME
 NextEra Energy, Inc.

1 SUBJECT MATTER

ALL MATTERS MARKED ON COVER SHEET

SUBJECT MATTER CATEGORIES

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 abortion | <input type="checkbox"/> 29 education | <input type="checkbox"/> 57 occupational regulation |
| <input type="checkbox"/> 2 aeronautics | <input type="checkbox"/> 30 elections | <input type="checkbox"/> 58 oil & gas |
| <input type="checkbox"/> 3 aging | <input type="checkbox"/> 31 energy | <input type="checkbox"/> 59 open records & open meetings |
| <input type="checkbox"/> 4 agriculture | <input type="checkbox"/> 32 environment | <input type="checkbox"/> 60 parks & wildlife |
| <input type="checkbox"/> 5 alcoholic beverage regulation | <input type="checkbox"/> 33 ethics | <input type="checkbox"/> 61 political subdivisions |
| <input type="checkbox"/> 6 alcoholism & drug abuse | <input type="checkbox"/> 34 family issues | <input type="checkbox"/> 62 probate |
| <input type="checkbox"/> 7 aliens | <input type="checkbox"/> 35 fees & other non-tax revenue | <input type="checkbox"/> 63 product liability |
| <input type="checkbox"/> 8 amusements, games, sports | <input type="checkbox"/> 36 financial institutions | <input type="checkbox"/> 64 property interests |
| <input type="checkbox"/> 9 animals | <input type="checkbox"/> 37 fire fighters & police | <input type="checkbox"/> 65 public lands |
| <input type="checkbox"/> 10 arts & humanities | <input type="checkbox"/> 38 gambling | <input type="checkbox"/> 66 purchasing |
| <input type="checkbox"/> 11 business & commerce | <input type="checkbox"/> 39 handicapped persons | <input type="checkbox"/> 67 redistricting |
| <input type="checkbox"/> 12 cemeteries | <input type="checkbox"/> 40 health & health care | <input type="checkbox"/> 68 religion |
| <input type="checkbox"/> 13 charitable & nonprofit organizations | <input type="checkbox"/> 41 highways & roads | <input type="checkbox"/> 69 retirement systems |
| <input type="checkbox"/> 14 city government | <input type="checkbox"/> 42 historic preservation & museums | <input type="checkbox"/> 70 safety |
| <input type="checkbox"/> 15 civil remedies & liabilities | <input type="checkbox"/> 43 hospitals | <input type="checkbox"/> 71 special districts & authorities |
| <input type="checkbox"/> 16 coastal affairs & beaches | <input type="checkbox"/> 44 housing | <input type="checkbox"/> 72 state agencies, boards & commissions |
| <input type="checkbox"/> 17 common carriers | <input type="checkbox"/> 45 human services | <input type="checkbox"/> 73 state employees, officers & symbols |
| <input type="checkbox"/> 18 communication & press | <input type="checkbox"/> 46 insurance | <input type="checkbox"/> 74 state finances |
| <input type="checkbox"/> 19 consumer protection | <input type="checkbox"/> 47 labor | <input type="checkbox"/> 75 taxation |
| <input type="checkbox"/> 20 corporations & associations | <input type="checkbox"/> 48 law enforcement | <input type="checkbox"/> 76 tort reform |
| <input type="checkbox"/> 21 corrections | <input type="checkbox"/> 49 lawyers | <input type="checkbox"/> 77 tourism |
| <input type="checkbox"/> 22 county government | <input type="checkbox"/> 50 libraries | <input type="checkbox"/> 78 transportation |
| <input type="checkbox"/> 23 courts | <input type="checkbox"/> 51 malpractice-health care providers | <input checked="" type="checkbox"/> 79 utilities |
| <input type="checkbox"/> 24 crime | <input type="checkbox"/> 52 mental health & cognition | <input type="checkbox"/> 80 vehicles & traffic |
| <input type="checkbox"/> 25 criminal procedures | <input type="checkbox"/> 53 military & veterans | <input type="checkbox"/> 81 water |
| <input type="checkbox"/> 26 day care | <input type="checkbox"/> 54 mines & mineral resources | <input type="checkbox"/> 82 weapons |
| <input type="checkbox"/> 27 disaster preparedness & relief | <input type="checkbox"/> 55 minors | <input type="checkbox"/> 83 women's issues |
| <input type="checkbox"/> 28 economic & industrial development | <input type="checkbox"/> 56 nursing homes | |
| <input type="checkbox"/> 84 OTHER | | |

13 DOCKET NOS. OR OTHER DESIGNATION

- not applicable
 additional pages

46238	Public Utility Commission of Texas
DESIGNATION	AGENCY
DESIGNATION	AGENCY
DESIGNATION	AGENCY

GO TO SCHEDULE B

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2016, covering calendar year ending December 31, 2015.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
15

ACCOUNT #
00080639

1 NAME

TITLE; FIRST; MI

The Honorable John B.

NICKNAME; LAST; SUFFIX

Scott

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED

02/18/2016

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

[Redacted address information]

[X] (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[Redacted phone number]

4 REASON FOR FILING STATEMENT

- CANDIDATE (INDICATE OFFICE)
ELECTED OFFICER (INDICATE OFFICE)
[X] APPOINTED OFFICER DIR (INDICATE AGENCY)
EXECUTIVE HEAD (INDICATE AGENCY)
FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
STATE PARTY CHAIR (INDICATE PARTY)
OTHER (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Talley Scott

- DEPENDENT CHILD 1. [Redacted]
2. [Redacted]
3. [Redacted]

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).



SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Health Human Services Commission ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4900 N. Lamar Blvd. Austin, TX 78751 POSITION HELD COO		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 823 Congress Ave 900 Austin, TX 78701 POSITION HELD		
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Attorney		

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Jones Scott LLP ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 823 Congress Ave 900 Austin, TX 78701 POSITION HELD Partner		
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION		

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME Highlander, Inc.			
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input checked="" type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

BUSINESS ENTITY	NAME Amen, Inc			
STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> LESS THAN 10K	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME TD Ameritrade			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE	<input type="checkbox"/> 500 TO 999	<input checked="" type="checkbox"/> 1,000 TO 4,999
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME	NAME AND ADDRESS Rental Property ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3837 Hilltop Fort Worth, TX 76109
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Rental Income ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2528 Rogers Fort Worth, TX 76109
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS ExxonMobil Corporation ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED]
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500 - \$4,999 <input checked="" type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED]
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 3837 Hilltop Fort Worth, TX 76109
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant
NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2528 Rogers Austin, TX 76109
3 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
2 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) HIGHLANDER INC 2800 Sayles Blvd Abilene, TX 79605				
3 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) May Day 208 N. Market St Dallas, TX 75202				
IF SOLD	<input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____		
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Carter Control Systems 7118 Geoffrey Way Fredrick, MD 21704				
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

TRUST INCOME

PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE	NAME OF TRUST Talley Scott Exempt Trust
2 BENEFICIARY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE
4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	Various producing mineral interests and various stocks, and financial interests. All separate property.

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Highlander Inc 2800 Sayles Blvd Abilen, TX 79605	
2 BUSINESS TYPE	Apartments	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 ASSETS	DESCRIPTION Apartment	CATEGORY <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	<p style="text-align: center;">NAME AND ADDRESS</p> <p style="text-align: center;"><input type="checkbox"/> (Check If Filer's Home Address)</p> <p>Highlander Inc 2800 Sayles Blvd Abilene, TX 79605</p>	
2 BUSINESS TYPE	Apartment Complex	
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 LIABILITIES	<p style="text-align: center;">DESCRIPTION</p> Mortgage	<p style="text-align: center;">CATEGORY</p> <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE

INTEREST IN BUSINESS IN COMMON WITH LOBBYIST

PART 14

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS--INSTRUCTION GUIDE.

1 BUSINESS ENTITY	NAME AND ADDRESS Jones Scott LLP 823 Congress Ave 900 Austin, TX 78701
2 INTEREST HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2015, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable John B. Scott

Signature of Filer

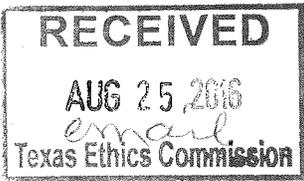
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



FUC 200
80639



GOVERNOR GREG ABBOTT

August 25, 2016

PROCESSED AUG 25 2016

Mr. John B. Scott
4001 Hildring Drive East
Fort Worth, TX 76109

Dear Mr. Scott:

I hereby accept your letter of resignation from the Department of Information Resources.

On behalf of the citizens of Texas, thank you for your service to the State of Texas. I wish you all the best in your future endeavors.

Sincerely,

Greg Abbott
Governor

GA:dw

2100912579

POST OFFICE BOX 12428 AUSTIN, TEXAS 78711 512-463-2000 (VOICE) DIAL 7-1-1 FOR RELAY SERVICES

Katelyn Deibert

From: Scott, John <john.scott@dir.texas.gov>
Sent: Thursday, August 18, 2016 9:19 AM
To: Email (ServingTexas)
Cc: David Whitley; Napier, Stacey
Subject: Resignation from DIR Board

RECEIVED
AUG 18 2016
Appointments

Governor Abbott-

Thank you for giving me the opportunity to serve on the DIR Board. I foresee needing to conduct activities in the near future that will be considered lobbying. To avoid any actual or perceived conflict with the purity of serving as a public servant, I must submit my resignation to be effective immediately following the DIR Board meeting today, August 18, 2016.

I want you to know that DIR and its employees are in a process of constant innovation to find more efficient and cost effective ways to meet the IT needs of our great state. Stacey Napier and her team are poised, with your support, to evolve DIR into the greatest IT agency in the country.

It has been an honor and a privilege to serve you and the great state of Texas. With great respect, I remain

Your obedient servant,

John Scott
Presiding Officer, Department of Information Resources