

Subject: RE: Public Information Request (TX-TEC-21-1781)
Date: Monday, December 13, 2021 at 11:46:57 AM Eastern Standard Time
From: openrecords
To: AO Records
Attachments: Amended 2021 PFS_Redacted.pdf, 2021 PFS_Redacted.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 November 10, 2021, through the date the search is conducted.

Attached are the responsive documents to your request.

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.

PIR 21088

PERSONAL FINANCIAL STATEMENT

**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2021, covering calendar year ending December 31, 2020.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
34

ACCOUNT #
00080639

1 NAME

TITLE; FIRST; MI

The Honorable John B.

NICKNAME; LAST; SUFFIX

Scott

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED
12/06/2021

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

2 ADDRESS

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

[REDACTED]

[REDACTED]

(CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[REDACTED]

4 REASON FOR FILING STATEMENT

CANDIDATE _____ (INDICATE OFFICE)

ELECTED OFFICER _____ (INDICATE OFFICE)

APPOINTED OFFICER SOS _____ (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. _____

2. _____

3. _____

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).

TX-TEC-21-1781-A-000001

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 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 Franklin Scott Conway ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1629 K St NW Suite 300 Washington, DC 20006 POSITION HELD Partner NATURE OF OCCUPATION
<input type="checkbox"/> SELF-EMPLOYED	

TX-TEC-21-1781-A-000002

RETAINERS

PART 1B

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.

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS NextEra ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 700 Universe Blvd Juno Beach, FL 33408
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS <u>Scott PLLC</u> <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000003

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Superior ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5900 E. Ben White Blvd Austin, TX 78741
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000004

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS HCSC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Lookout Dr Richardson, TX 75082
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000005

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS AECOM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 K St, NW Washington, DC 20006
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000006

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Kofile Technologies ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6300 Cedar Springs RD. Dallas, TX 75235
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000007

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS HIPAA Solutions ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 19307 Sugar Land, TX 77496
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	Less than \$8,930

TX-TEC-21-1781-A-000008

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Behavioral Innovations ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14131 Midway 800 Addison, TX 75001
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000009

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Adelento Healthcare Ventures ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th St 840 Austin, TX 78701
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000010

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Nexus Cognitive Government Solutions ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15455 Dallas Parkway 600 Addison, TX 75001
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000011

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS ESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11208 John Galt Blvd Omaha, NE 68137
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000012

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Embold ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1801 West End Ave 800 Nashville, TN 37203
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$8,930 but less than \$17,860

TX-TEC-21-1781-A-000013

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Human Coalition ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7800 Plano Parkway 550 Plano, TX 75024
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000014

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Harris County ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Preston Street Houston, TX 77002
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000015

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Deloitte ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 W 2nd St 1600 Austin, TX 78701
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000016

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Hausman, Harry ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Radium St San Antonio, TX 78216
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000017

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS E Mex Financial ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 502 Houston Laredo, TX 78040
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000018

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Rippling ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 55 Second St San Francisco, CA 94105
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$8,930 but less than \$17,860

TX-TEC-21-1781-A-000019

RETAINERS

PART 1B

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1 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Bavishi, Niles ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10500 Richmond 250 Houston, TX 77042
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000020

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 BUSINESS ENTITY	NAME Pfizer	
3 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000021

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 \$900 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS XTO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 AMOUNT	Less than \$8,930

TX-TEC-21-1781-A-000022

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4001 Hildring Dr East Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Scott, Talley	
6 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$44,630 or more	

TX-TEC-21-1781-A-000023

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 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]
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000024

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 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 Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

TX-TEC-21-1781-A-000025

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5448 Night Sage Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

TX-TEC-21-1781-A-000026

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Franklin Scott Conway 1629 K St NW Suite 300 Washington, DC 20006	
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Scott PLLC ██████████ ████████████████████	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Texas Global ██████████ ████████████████████	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000027

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Scott Clay LLP ██████████ ████████████████████
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000028

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 \$900 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 SOURCE	NAME OF TRUST Talley Scott Living Trust	
3 BENEFICIARY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 INCOME	At least \$44,630 or more	
5 ASSETS FROM WHICH OVER \$500 WAS RECEIVED	<input checked="" type="checkbox"/> UNKNOWN	

TX-TEC-21-1781-A-000029

OWNERSHIP 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 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 5 percent or more of the outstanding ownership. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott Clay LLP [REDACTED] [REDACTED]
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott PLLC [REDACTED] [REDACTED]
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Texas Global [REDACTED] [REDACTED]
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

TX-TEC-21-1781-A-000030

ASSETS 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 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639												
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott PLLC [REDACTED] [REDACTED]												
3 BUSINESS TYPE	Limited Liability Partnership												
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____												
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 984 882">DESCRIPTION</th> <th data-bbox="984 852 1533 882">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 882 984 1008">Recievables</td> <td data-bbox="984 882 1533 1008">At least \$44,630 or more</td> </tr> <tr> <td data-bbox="435 1008 984 1134"> </td> <td data-bbox="984 1008 1533 1134"> </td> </tr> <tr> <td data-bbox="435 1134 984 1260"> </td> <td data-bbox="984 1134 1533 1260"> </td> </tr> <tr> <td data-bbox="435 1260 984 1386"> </td> <td data-bbox="984 1260 1533 1386"> </td> </tr> <tr> <td data-bbox="435 1386 984 1491"> </td> <td data-bbox="984 1386 1533 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Recievables	At least \$44,630 or more								
DESCRIPTION	CATEGORY												
Recievables	At least \$44,630 or more												

ASSETS 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 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639														
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Texas Global [REDACTED] [REDACTED]														
3 BUSINESS TYPE	Limited Liability Partnership														
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____														
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 984 890">DESCRIPTION</th> <th data-bbox="984 852 1531 890">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 890 984 1008">Funds</td> <td data-bbox="984 890 1531 1008">Less than \$8,930</td> </tr> <tr> <td data-bbox="435 1008 984 1125"> </td> <td data-bbox="984 1008 1531 1125"> </td> </tr> <tr> <td data-bbox="435 1125 984 1243"> </td> <td data-bbox="984 1125 1531 1243"> </td> </tr> <tr> <td data-bbox="435 1243 984 1360"> </td> <td data-bbox="984 1243 1531 1360"> </td> </tr> <tr> <td data-bbox="435 1360 984 1478"> </td> <td data-bbox="984 1360 1531 1478"> </td> </tr> <tr> <td data-bbox="435 1478 984 1491"> </td> <td data-bbox="984 1478 1531 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Funds	Less than \$8,930										
DESCRIPTION	CATEGORY														
Funds	Less than \$8,930														

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 - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - 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
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

TX-TEC-21-1781-A-000033

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, 2020 , 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

TX-TEC-21-1781-A-000034

CORRECTED FINANCIAL STATEMENT AND GOOD-FAITH AFFIDAVIT

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
12/06/2021

Receipt #

HD / PM	Amount
---------	--------

Date Processed

Date Imaged

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

Filer Name (First, MI, Last) The Honorable John B. Scott	Account # 00080639
---	-----------------------

Address (P.O. Box or Street Address, Apt. or Suite #)
[REDACTED]

(CHECK IF FILER'S HOME ADDRESS)

(City, State, Zip Code)
[REDACTED]

The correction(s) filed with this affidavit apply to my financial statement due in 2021.

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 2015 covers information for calendar year 2014.)

Explanation of Correction
I did not realize I needed to add the mortgage, car lease and rentals.
The other inputs for dollar range of the contracts must have auto deleted because they were on the earlier submitted PFS.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the reports originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

The Honorable John B. Scott

Signature of Filer

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

PERSONAL FINANCIAL STATEMENT

**FORM PFS
COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2021, covering calendar year ending December 31, 2020.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
39

ACCOUNT #
00080639

1 NAME

TITLE; FIRST; MI

The Honorable John B.

NICKNAME; LAST; SUFFIX

Scott

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED
12/06/2021

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

2 ADDRESS

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

[REDACTED]

[REDACTED]

(CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[REDACTED]

4 REASON FOR FILING STATEMENT

CANDIDATE _____ (INDICATE OFFICE)

ELECTED OFFICER _____ (INDICATE OFFICE)

APPOINTED OFFICER SOS _____ (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. _____

2. _____

3. _____

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).

TX-TEC-21-1781-A-000036

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 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 Franklin Scott Conway ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1629 K St NW Suite 300 Washington, DC 20006 POSITION HELD Partner <input type="checkbox"/> SELF-EMPLOYED NATURE OF OCCUPATION

TX-TEC-21-1781-A-000037

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS NextEra ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 700 Universe Blvd Juno Beach, FL 33408
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS <u>Scott PLLC</u> <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000038

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Superior ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5900 E. Ben White Blvd Austin, TX 78741
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000039

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS HCSC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Lookout Dr Richardson, TX 75082
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000040

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS AECOM ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2000 K St, NW Washington, DC 20006
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000041

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Kofile Technologies ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6300 Cedar Springs RD. Dallas, TX 75235
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000042

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS HIPAA Solutions ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 19307 Sugar Land, TX 77496
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	Less than \$8,930

TX-TEC-21-1781-A-000043

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Behavioral Innovations ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14131 Midway 800 Addison, TX 75001
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000044

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Adelento Healthcare Ventures ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 401 West 15th St 840 Austin, TX 78701
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000045

RETAINERS

PART 1B

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.

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Nexus Cognitive Government Solutions ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15455 Dallas Parkway 600 Addison, TX 75001
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000046

RETAINERS

PART 1B

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.

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS ESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11208 John Galt Blvd Omaha, NE 68137
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000047

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Embold ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1801 West End Ave 800 Nashville, TN 37203
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000048

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Human Coalition ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7800 Plano Parkway 550 Plano, TX 75024
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000049

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Harris County ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1001 Preston Street Houston, TX 77002
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000050

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Deloitte ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 500 W 2nd St 1600 Austin, TX 78701
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000051

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Hausman, Harry ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Radium St San Antonio, TX 78216
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000052

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS E Mex Financial ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 502 Houston Laredo, TX 78040
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000053

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Rippling ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 55 Second St San Francisco, CA 94105
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000054

RETAINERS

PART 1B

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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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 FEE RECEIVED FROM	NAME AND ADDRESS Bavishi, Niles ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10500 Richmond 250 Houston, TX 77042
3 FEE RECEIVED BY	NAME OF BUSINESS <input checked="" type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
4 FEE AMOUNT	At least \$44,630 or more

TX-TEC-21-1781-A-000055

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 BUSINESS ENTITY	NAME Pfizer	
3 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 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	
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000056

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 \$900 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 SOURCE OF INCOME <input checked="" type="checkbox"/> Publicly held corporation	NAME AND ADDRESS XTO ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 AMOUNT	Less than \$8,930

TX-TEC-21-1781-A-000057

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

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 guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,790 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Bank	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$44,630 or more	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Chase Bank N.A.	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$17,860 but less than \$44,630	

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Pearson, Erin	
LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE	
AMOUNT	At least \$44,630 or more	

TX-TEC-21-1781-A-000058

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

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 guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,790 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capstar	
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 GUARANTOR	NONE	
5 AMOUNT	At least \$44,630 or more	

TX-TEC-21-1781-A-000059

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 4001 Hildring Dr East Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Scott, Talley	
6 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	At least \$44,630 or more	

TX-TEC-21-1781-A-000060

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE ██████████ ████████████████████	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

TX-TEC-21-1781-A-000061

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 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 Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

TX-TEC-21-1781-A-000062

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 5448 Night Sage Fort Worth, TX 76109	
4 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED Tarrant	
5 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)		
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS		

TX-TEC-21-1781-A-000063

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Franklin Scott Conway 1629 K St NW Suite 300 Washington, DC 20006	
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Scott PLLC ██████████ ████████████████████	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Texas Global ██████████ ████████████████████	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000064

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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check if Filer's Home Address) Scott Clay LLP ██████████ ████████████████████
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

TX-TEC-21-1781-A-000065

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 \$900 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 SOURCE	NAME OF TRUST Talley Scott Living Trust	
3 BENEFICIARY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 INCOME	At least \$44,630 or more	
5 ASSETS FROM WHICH OVER \$500 WAS RECEIVED	<input checked="" type="checkbox"/> UNKNOWN	

TX-TEC-21-1781-A-000066

OWNERSHIP 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 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 5 percent or more of the outstanding ownership. 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable)	FILER ID 00080639
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott Clay LLP [REDACTED] [REDACTED]	
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____	
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott PLLC [REDACTED] [REDACTED]	
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____	
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Texas Global [REDACTED] [REDACTED]	
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____	
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

TX-TEC-21-1781-A-000067



ASSETS 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 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639														
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Scott PLLC [REDACTED] [REDACTED]														
3 BUSINESS TYPE	Limited Liability Partnership														
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____														
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 984 890">DESCRIPTION</th> <th data-bbox="984 852 1536 890">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 890 984 1008">Recievables</td> <td data-bbox="984 890 1536 1008">At least \$44,630 or more</td> </tr> <tr> <td data-bbox="435 1008 984 1125"> </td> <td data-bbox="984 1008 1536 1125"> </td> </tr> <tr> <td data-bbox="435 1125 984 1243"> </td> <td data-bbox="984 1125 1536 1243"> </td> </tr> <tr> <td data-bbox="435 1243 984 1360"> </td> <td data-bbox="984 1243 1536 1360"> </td> </tr> <tr> <td data-bbox="435 1360 984 1478"> </td> <td data-bbox="984 1360 1536 1478"> </td> </tr> <tr> <td data-bbox="435 1478 984 1491"> </td> <td data-bbox="984 1478 1536 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Recievables	At least \$44,630 or more										
DESCRIPTION	CATEGORY														
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ASSETS 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 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 FILER INFORMATION	FILER NAME Scott, John B. (The Honorable) FILER ID 00080639														
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input checked="" type="checkbox"/> (Check If Filer's Home Address) Texas Global [REDACTED] [REDACTED]														
3 BUSINESS TYPE	Limited Liability Partnership														
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____														
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 984 890">DESCRIPTION</th> <th data-bbox="984 852 1531 890">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 890 984 1008">Funds</td> <td data-bbox="984 890 1531 1008">Less than \$8,930</td> </tr> <tr> <td data-bbox="435 1008 984 1125"> </td> <td data-bbox="984 1008 1531 1125"> </td> </tr> <tr> <td data-bbox="435 1125 984 1243"> </td> <td data-bbox="984 1125 1531 1243"> </td> </tr> <tr> <td data-bbox="435 1243 984 1360"> </td> <td data-bbox="984 1243 1531 1360"> </td> </tr> <tr> <td data-bbox="435 1360 984 1478"> </td> <td data-bbox="984 1360 1531 1478"> </td> </tr> <tr> <td data-bbox="435 1478 984 1491"> </td> <td data-bbox="984 1478 1531 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Funds	Less than \$8,930										
DESCRIPTION	CATEGORY														
Funds	Less than \$8,930														

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 - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - 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
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

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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, 2020 , 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

TX-TEC-21-1781-A-000071

TEXT ANNOTATION

Sch: 2/2 Rpt: 39/39

FILER NAME

Scott, John B. (The Honorable)

Filer ID (Ethics Commission Filers)

00080639

Schedule

Corrected Items

Record Type	Tracking Info	Record Detail
Retainer Info Info	Report	
Trust Income Info	Report	Talley Scott Living Trust

TX-TEC-21-1781-A-000073