

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	FIRST Scott LAST Dyer	MI - SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 13850 Hwy 87 N APT / SUITE # MILAM TX CITY 75959 STATE ZIP CODE		FILED FOR RECORD JAN 14 2026 2:18 O'CLOCK M BY: [Signature] TARRANT COUNTY CLERK DATE RECEIVED DATE HANDLED / VERIFIED OR POSTMARKED RECEIPT # DATE PROCESSED DATE IMAGED	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 260 2819		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs NICKNAME	FIRST Daphane LAST Dyer		MI - SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 13850 Hwy 87 N APT / SUITE # MILAM TX CITY 75959 STATE ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 827-4267	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 09 / 16 / 2025 THROUGH 01 / 14 / 2026			
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) JP I	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Scott Dyer for JP1

COMMITTEE ADDRESS

13850 Hwy 87 N Milam TX 75959

COMMITTEE CAMPAIGN TREASURER NAME

Daphane Dyer

COMMITTEE CAMPAIGN TREASURER ADDRESS

13850 Hwy 87 N Milam TX 75959

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 2,195.00

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

\$ 2,195.00

EXPENDITURE
TOTALS

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

\$ 3,707.29

4. TOTAL POLITICAL EXPENDITURES

\$ 3,707.29

CONTRIBUTION
BALANCE

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

\$ 94.14

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Amanda Price this the 14 day of 01, 20 26, 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Scott Dyer		3 Filer ID (Ethics Commission Filers)
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gonzalez AC + Heating 6 Contributor address; City; State; Zip Code 211 Fears St PineLand TX 75968	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Gonzalez Alc		9 Employer (See Instructions) Self
Date 11/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mitchell & Kristy Hanning Contributor address; City; State; Zip Code 386 Rebel CV Milam TX 75954	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Individual Friend		Employer (See Instructions)
Date 11/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Dyer Contributor address; City; State; Zip Code PO Box Conroe TX 77305	Amount of contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 11/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & April Mills Contributor address; City; State; Zip Code PO Box 1718 Hemphill TX 76948	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions) Individual Friend		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1/4	2 FILER NAME Scott Dyer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 09-16-2025	5 Payee name Traffic Boost Marketing Agency
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6 Amount (\$) \$703.60 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code http://trafficboostmarketing.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) yard signs
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Date 10-01-2025	Payee name Sabine County Reporter Newspaper
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Amount (\$) \$200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 610 Worth St Hemphill TX 75948
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad / continued listing in paper
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Date 10-24-2025	Payee name Traffic Boost marketing Agency
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Amount (\$) \$162.34 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code https://trafficboostmarketing.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) 2500 Business Cards
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Date 10/29/25	Payee name Decals.com
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Amount (\$) \$90.03 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Decals.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) custom stickers
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2/4	2 FILER NAME Scott Dyer	3 ACCOUNT # (Ethics Commission Filers)
4 Date 11-07-25	5 Payee name Shelby Savings Bank	
6 Amount (\$) \$7.50 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Worth St. Hemphill TX 75948	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) service charge
Date 11-06-2025	Payee name Traffic Boost Marketing Agency	
Amount (\$) \$205.66 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code trafficboostmarketing.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) truck magnet signs
Date 12-01-2025	Payee name Crowell Advertising	
Amount (\$) \$900.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 1299 Hemphill TX 75948	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Fee	Description (If travel outside of Texas, complete Schedule T) Billboard Rental
Date 12-06-25	Payee name Shelby Savings Bank	
Amount (\$) \$7.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Worth St. Hemphill TX 75948	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) service charge

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3/4	2 FILER NAME Scott Dyer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-17-2025	5 Payee name Sabine County Newspaper
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6 Amount (\$) \$191.75 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 610 Worth St Hemphill TX 75948
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Display Ad 1/4 pg
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Date 01-03-2026	Payee name 2 Hour Banners
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Amount (\$) \$415.68 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11600 Cypress North Houston Rd Cypress TX 77429
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Custom Banners
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Date 01-07-26	Payee name Shelby Savings Bank
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Amount (\$) \$7.50 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Worth St Hemphill TX 75948
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Service Charge
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Date 01-11-2026	Payee name Tractor Supply
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Amount (\$) \$84.86 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Sabine St Hemphill TX 75948
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) T Posts for Banners
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
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Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 / 4	2 FILER NAME Scott Dyer	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 01-12-26	5 Payee name Traffic Boost Marketing Agency
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6 Amount (\$) \$677.83 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code traffickboostmarketing.com
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) 100 yard signs / vinyl stickers
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Date 12/06/25	Payee name Ritter Lumber
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Amount (\$) \$53.02 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Sabine St Hemphill TX 75948
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) parade equip
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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