

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filter ID (Ethics Commission Filers)	2 Total pages filed: <u>7</u>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr. Scott</u> NICKNAME <u>Redfearn</u>		FIRST <u>E</u> MI SUFFIX				
	OFFICE USE ONLY						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>P.O. Box 84</u>		APT / SUITE #: CITY: STATE: ZIP CODE <u>Mt. Pleasant Tx 75455</u>				
	Date Received <u>FILED</u> JAN 15 2026 TITUS COUNTY ELECTIONS ADMINISTRATOR						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(903)	<u>563</u>	<u>- 1098</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr. Scott</u> NICKNAME <u>Redfearn</u>	FIRST <u>E</u> MI SUFFIX	Date Hand-delivered or Date Postmarked				
	Receipt # _____ Amount \$ _____						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY: STATE: ZIP CODE				
	<u>1010 N. Jefferson Mt. Pleasant Tx 75455</u>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(903)	<u>563</u>	<u>- 1098</u>				
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<u>11/12/25</u>	THROUGH		<u>1/15/26</u>			
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<u> </u>
12 OFFICE	OFFICE HELD (if any) <u>NA</u>			13 OFFICE SOUGHT (if known) <u>Titus County Judge</u>			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

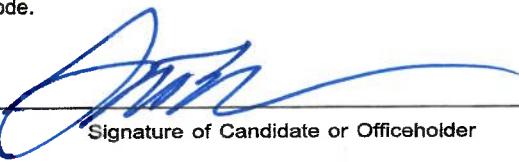
15 C/OH NAME

*Scott E. Redkearn*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1850.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,939.88</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>660.13</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

(2) Unsworn Declaration

My name is Scott E. Redkearn, and my date of birth is 2/16/1963.  
 My address is 1001 CR 4550 (street) Mt. Pleasant (city) TX (state) 75455 (zip code) \_\_\_\_\_ (country) \_\_\_\_\_.

Executed in TX County, State of TX, on the 15 day of January, 20 26. (month) (year)

*Signature of Candidate/Officeholder (Declarant)*

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Scott E Redfern	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1850.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ NA
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ NA
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ NA
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1189.88
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ NA
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ NA
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ NA
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ NA
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ NA

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: <i>2</i>
<p><b>2 FILER NAME</b> <i>Scott E Redfern</i></p>				<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <i>12/20/25</i>	<b>5 Full name of contributor</b> <i>Linda + Tony Barbieri</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)			<b>7 Amount of contribution (\$)</b> <i>500.00</i>
<b>6 Contributor address;</b> <i>[REDACTED]</i>		City: <i>Omaha</i>	State: <i>NE</i>	Zip Code: <i>75571</i>
<b>8 Principal occupation / Job title (See Instructions)</b> <i>Retired</i>		<b>9 Employer (See Instructions)</b>		
Date <i>12/20/25</i>	Full name of contributor <i>S Group 1961 LLC</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>500.00</i>
Contributor address; <i>[REDACTED]</i>		City; <i>WA Pleasant</i>	State; <i>TX</i>	Zip Code: <i>75456</i>
<b>Principal occupation / Job title (See Instructions)</b> <i>President</i>		<b>Employer (See Instructions)</b> <i>KRB</i>		
Date <i>1/13/26</i>	Full name of contributor <i>Stan + Susan Garret</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>500.00</i>
Contributor address; <i>[REDACTED]</i>		City; <i>WA Pleasant</i>	State; <i>TX</i>	Zip Code: <i>75455</i>
<b>Principal occupation / Job title (See Instructions)</b> <i>CFO</i>		<b>Employer (See Instructions)</b> <i>KRB</i>		
Date <i>1/13/26</i>	Full name of contributor <i>Tammy Foster</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$) <i>100.00</i>
Contributor address; <i>[REDACTED]</i>		City; <i>WA Pleasant</i>	State; <i>TX</i>	Zip Code: <i>75455</i>
<b>Principal occupation / Job title (See Instructions)</b> <i>Adm. Asst.</i>		<b>Employer (See Instructions)</b> <i>KRB</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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: <i>2</i>
2 FILER NAME <i>Scott E Redfearn</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/5/06</i>	5 Full name of contributor <i>Scott &amp; Laurie Redfearn</i>	6 Contributor address; City; State; Zip Code <i>[REDACTED] Mt Pleasant, TX 75455</i>
7 Amount of contribution (\$) <i>250.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Full name of contributor Contributor address; City; State; Zip Code		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Full name of contributor Contributor address; City; State; Zip Code		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date Full name of contributor Contributor address; City; State; Zip Code		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1** 2 FILER NAME: **Scott E Redfern** 3 Filer ID (Ethics Commission Filers)

4 Date: **12/31/25** 5 Payee name: **Grasenack Graphics**

6 Amount (\$): **1189.88** 7 Payee address: **1021 N. Jefferson Ave Mt Pleasant TX 75455** City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b>  <b>Printing Expense</b>	<b>(b) Description</b>  <b>Banner Signs</b>
	<b>(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</b>	

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: \_\_\_\_\_ Office sought: \_\_\_\_\_ Office held: \_\_\_\_\_

Date	Payee name		
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Amount (\$)	Payee address:	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b>	<b>Description</b>
	<b><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</b>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name		
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Amount (\$)	Payee address:	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See Categories listed at the top of this schedule)</b>	<b>Description</b>
	<b><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense</b>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Scottie Radkean T			
4 Date	5 Payee name			
11/22/25	Titus County Republican Party			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	106 PR 1311 Mt. Pleasant	TX 75455		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Fees	Filing Fee		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name			Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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