

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mr Scott E.  
NICKNAME LAST SUFFIX

Redfearn

OFFICE USE ONLY

Date Received

RECEIVED  
FEB 23 2026

BY: .....

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

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

P.O. Box 84  
Mt. Pleasant Tx 75455

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(903) 563-1098

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mr Scott E.  
NICKNAME LAST SUFFIX

Redfearn

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

1010 N. Jefferson Ave. Mt. Pleasant Tx 75455

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(903) 563 - 1098

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
2 / 2 / 2026 THROUGH 2 / 23 / 2026

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 2026

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

NA

13 OFFICE SOUGHT (if known)

Titus County Judge

14 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

Additional Pages

SPECIFIC

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. Redhearn*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

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

\$ 6,500.<sup>00</sup>

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 7,120.<sup>29</sup>

CONTRIBUTION  
BALANCE

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

\$ 2,090.<sup>51</sup>

OUTSTANDING  
LOAN TOTALS

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

\$ 0

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.

*Scott E. Redhearn*  
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. Redhearn, and my date of birth is 2/16/1963.

My address is 1001 CR 4220 (street), Mt. Pleasant (city), Tx (state), 75455 (zip code), US (country).

Executed in T. Jus County, State of Texas, on the 23 day of February, 2026.  
(month) (year)

*Scott E. Redhearn*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Scott E. Redfearn*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6500. <sup>00</sup>
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	\$ 7,20. <sup>00</sup>
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ NA
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Scott F Redburn</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/13/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Doug Baker</u>	7 Amount of contribution (\$) <u>1,000.00</u>
6 Contributor address; City; State; Zip Code <u>3014 Masters Dr. Mt. Pleasant TX 75455</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>NA</u>
Date <u>2/13/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill Anderson</u>	Amount of contribution (\$) <u>400.00</u>
Contributor address; City; State; Zip Code <u>235 Kathryn Ct. Mt Pleasant TX 75455</u>		
Principal occupation / Job title (See Instructions) <u>IT OFFICER</u>		Employer (See Instructions) <u>Coventry Bank</u>
Date <u>2/10/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Frank Dunnum</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>342 CR 4210 Mt. Pleasant TX 75455</u>		
Principal occupation / Job title (See Instructions) <u>Stock Broker</u>		Employer (See Instructions) <u>Retired</u>
Date <u>2/3/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Art Schuchack</u>	Amount of contribution (\$) <u>5,000.00</u>
Contributor address; City; State; Zip Code <u>80 PR 57364 Pittsburg TX 75686</u>		
Principal occupation / Job title (See Instructions) <u>Banker</u>		Employer (See Instructions) <u>Retired</u>

**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: <b>2</b>	2 FILER NAME <b>Scott E Redfern</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/4/26</b>	5 Payee name <b>East Texas Broadcasting, Inc</b>
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6 Amount (\$) <b>4,620.<sup>00</sup></b>	7 Payee address; <b>P.O. Box 990 Mt. Pleasant TX 75488</b>
---------------------------------------------	---------------------------------------------------------------

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/10/26</b>	Payee name <b>Pay Pal</b>
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Amount (\$) <b>3.38</b>	Payee address; <b>2211 N. 1st St. San Jose CA 95131</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting Banking</b>	Description <b>Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2/6/26</b>	Payee name <b>Herschels Restaurant</b>
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Amount (\$) <b>53.91</b>	Payee address; <b>1662 So. Jefferson Mt. Pleasant TX 75488</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Exp.</b>	Description <b>meat &amp; beer</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>2</u>	<b>2</b> FILER NAME <u>Scott E Redfern</u>	<b>3</b> Filer ID (Ethics Commission Filers) _____
<b>4</b> Date <u>2/17/26</u>	<b>5</b> Payee name <u>SEA Heat Veel + Partners</u>	
<b>6</b> Amount (\$) <u>1,093.<sup>00</sup></u>	<b>7</b> Payee address; City; State; Zip Code <u>8601 Ice House Dr. N. Richland Hills TX 76180</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising</u>	<b>(b)</b> Description <u>Text Service</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought _____ Office held _____

Date <u>2/20/26</u>	Payee name <u>Tri County Press</u>		
Amount (\$) <u>1,350.<sup>00</sup></u>	Payee address; City; State; Zip Code <u>P.O. Box 68 Near Pleasant Dr 75455</u>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Social Media</u>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought _____	Office held _____

Date _____	Payee name _____		
Amount (\$) _____	Payee address; City; State; Zip Code _____		
<b>PURPOSE OF EXPENDITURE</b>	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name _____	Office sought _____	Office held _____

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