# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

ADDRESS   Bit Afficiency     Change of Address   AREA CODE   PHONE NUMBER   EXTENSION   Date Hand-delivered or Date Postmarked     6 CANDIDATE/ OFFICEHOLDER PHONE   (281 )   804-0034   Date Hand-delivered or Date Postmarked     6 CAMPAIGN TREASURER NAME   MS / MRS / MR FRIST   MI   Receipt #   Anount 3     7 CAMPAIGN TREASURER ADDRESS   STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #; CITY:   CITY:   STATE;   ZIP CODE     7 CAMPAIGN TREASURER ADDRESS   STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #; CITY:   CITY:   STATE;   ZIP CODE     8 CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION   STATE;   ZIP CODE     9 REPORT TYPE   January 16   30th day before election   Runoff   Usered add Modified   Final Report (Attach COH+FR)     10 PERIOD   Month   Day   Year   Month   Day   Year     11 / 2 3   THROUGH   12 / 31 / 23   Iteration only * Year   Date Proceeding District 4, Place 3   Brazoria Drainage District 4, Place 3 </th <th>The C/OH Instruction G</th> <th>uide explains how t</th> <th>to complete this form.</th> <th>1 Filer ID (Ethics Commission Filers)</th> <th>2 Total pages filed:</th>	The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
4 CANDIDATE / OFFICEHOLDER MALING ADDRESS   ADDRESS /PO BOX   APT / SUITE #, 2303 Forrester Dr., Pearland, TX 77584   STATE;   2P CODE   FL D   TO CB CB CH     3203 Forrester Dr., Pearland, TX 77584   State;   2P CODE   FL D   TO CB CB CH   State;   Date Mand.co. T     5 CANDIDATE/ OFFICEHOLDER   AREA CODE   PHONE NUMBER   ExtENSION   Date Mand.co. T   Date Mand.co. T     6 CAMPAIGN TREASURER NAME   AREA CODE   PHONE NUMBER   ExtENSION   Date Mand.co. T   Date Mand.co. T     7 CAMPAIGN TREASURER PHONE   Ms / Ms / MR   FRIST   Mi   Ms   Date Processed     8 CAMPAIGN TREASURER PHONE   Ms / Ms / MR   FRIST   Mi   Date Processed   Date Processed     9 REPORT TYPE   STREET ADDRESS (NO PO BOX PLEASE; APT / SUITE #, TREASURER PHONE   STATE;   ZIP CODE   STATE;   ZIP CODE     9 REPORT TYPE   January 15   StB day before election   Funoff   Istin day after company treasurer appointment (CRIMITEL LOCIDI ATE     10 PERIOD COVERED   Month   Day   Year   Month   Day   Year     10 PERIOD COVERED   Month   Day   Year   Month   Day   Year   Dat	OFFICEHOLDER	Mr.	Scott	с	
4 CANDIDATE/ OFFICEHOLDER Malling ADDRESS Change of Address   ADDRESS PO BOX 2003 Forrester Dr., Pearland, TX 77584   Drever STATE;   200 COL EVENTS Drever Prove Prover P			Feuless		- 1.10-2024
5   CANDIDATE/ OFFICEHOLDER PHONE   AREA CODE   PHONE NUMBER   EXTENSION     6   CAMPAIGN TREASURER NAME   MS / MRS / MR   FIRST   MI     7   CAMPAIGN TREASURER ADDRESS   MS / MRS / MR   FIRST   MI     80   CAMPAIGN TREASURER ADDRESS   GENERAL   CAST   Date Processed     7   CAMPAIGN TREASURER ADDRESS   GENERAL   CITY   STATE;   ZIP CODE     80   AMEA CODE   PHONE NUMBER   EXTENSION   STATE;   ZIP CODE     8   CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION   STATE;   ZIP CODE     9   REPORT TYPE   January 16   Stath day before election   Exceeded Modified Reporting Limit   Final Report Attach COH - FR) Final Report Attach COH - FR)     10   PERIOD   Month   Day   Year   Month   Day   Year     11   23   THROUCH   12   31   23     12   OFFICE NUMER   Primary   Runoff   Date Protoco   Date Protoco     12   7   1   23   THROUCH   12   31   23	OFFICEHOLDER MAILING ADDRESS			TX 77584 CC	
OFFICE/FOLDER   (281)   804-0034   Recipt # Amount to dimension of outside outside of outside outside of outside of outside outside of outs				EXTENSION	D
6 CAMPAIGN TREASURER NAME   MS: / MRS / MR   First   MI     MS:   MS: / MRS / MR   Fatayauh   J     MS:   LAST   SUFFIX   Date Processed     PJ   Jones   STREET ADDRESS   SUFFIX   Date Imaged     7   CAMPAIGN TREASURER ADDRESS   STREET ADDRESS (NO PO BOX PLEASE): APT / SUTE #;   CITY;   STATE;   ZP CODE     7   CAMPAIGN TREASURER PHONE   STREET ADDRESS (NO PO BOX PLEASE): APT / SUTE #;   CITY;   STATE;   ZP CODE     8   CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION   STATE;   ZP CODE     9   REPORT TYPE   Image: appointment (Component and the processed)   Runoff   Ifsh day after campaign treasurer appointment (Component and the processed)   Final Report (Auch COH - FR)     9   REPORT TYPE   Image: appointment (Component and the processed)   Processed   Final Report (Auch COH - FR)     10   PERIOD   Month   Day   Year   Month   Day   Year     11   23   THROUGH   12   31   23     11   ELECTION DATE   ELECTION TYPE   Month   Day   Year	OFFICEHOLDER	a final a distance.		EXTENSION	
NICKNAME   LAST   SUFFIX   Date Imaged     FJ   Jones   STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY:   STATE; ZIP CODE     7 CAMPAIGN TREASURER ADDRESS   STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY:   STATE; ZIP CODE     5519 Autumn Ash Ln., Rosharon, TX 77583   State: ZIP CODE     8 CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION     9 REPORT TYPE   January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (Grideobder Only)     10 PERIOD COVERED   Month   Day   Year   Month   Day   Year     10 PERIOD COVERED   ELECTION DATE   ELECTION DATE   ELECTION TYPE   Month   Day   Year     11 L   8   22   General   Special   Description   Description     12 OFFICE   OFFICE HELD (# any)   Brazoria Drainage District 4, Place 3   Brazoria Drainage District 4, Place 3   Brazoria Drainage District 4, Place 3     14 NOTICE FROM POLITICAL   These of POLITICAL COMMITTEE ADD OFFICEHOLDERS MARE REARE READ ADD OFFICEHOLDERS MARE READ EXAMPTER SUPPORT THES INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES   COMMITTEE ADD OFFICEHOLDERS MARE READ READ READ READ RECEIVER NOTICE OF SUCH EXPENDITURES MONONE OF CONTRES	TREASURER				
Y CAMPAIGN TREASURER ADDRESS   Solid Auburn Ash Ln., Rosharon, TX 77583     Stappacess   5519 Autumn Ash Ln., Rosharon, TX 77583     (Residence or Business)   AREA CODE     PHONE   (832)     8 CAMPAIGN TREASURER PHONE   AREA CODE     9 REPORT TYPE   January 15     9 January 15   30th day before election     9 January 15   Bth day before election     9 July 15   Bth day before election     9 DERIOD COVERED   Month     7   1     7   1     7   1     7   1     7   1     7   1     7   1     7   1     7   1     8 Centrol Date   ELECTION DATE     9 REPORT TYPE   ELECTION DATE     9 REPORT TYPE   Month     10 PERIOD COVERED   OFFICE HELD (if any)     11   7     8   22     9 General   Special     12   0FFICE HELD (if any)     13 OFFICE SOLGHT (if known)   Brazoria Drainage District 4, Place 3     13 OFFICE FR	NAME		and a second second	SUFFIX	Date Imaged
8   CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION     9   REPORT TYPE   January 15   30th day before election   Runoff   15th day after campaign treasure appointment (clickholder Only)     9   REPORT TYPE   January 15   30th day before election   Runoff   15th day after campaign treasure appointment (clickholder Only)     10   PERIOD COVERED   Month   Day   Year   Month   Day   Year     7   /   /   /   /   /   /   /   /     10   PERIOD COVERED   Month   Day   Year   Month   Day   Year     7   /   1   /   23   THROUGH   12   31   /   23     11   ELECTION   ELECTION DATE   ELECTION TYPE   ELECTION TYPE   ELECTION TYPE     12   OFFICE   OFFICE HELD (if any)   Brazoria Drainage District 4, Place 3   Brazoria Drainage District 4, Place 3   Brazoria Drainage District 4, Place 3     14   NOTICE FROM POLITICAL COMMITTEE (CAMOLTE / OFFICEHOLDER, THEE EXPENDITURES MAY HAVE BEDMINGE MARE WITHOUT THE CAMOLTER OF POLITICAL COMMITTEE ADDRESS   COMMITTEE TYPE   COMMITTEE AD	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			STATE; ZIP CODE
Jahulary is   Join day before election   Instant	8 CAMPAIGN TREASURER	1		EXTENSION	
INDICATION   Total	9 REPORT TYPE			election Exceeded Modified	(Officeholder Only)
Month   Day   Year   Primary   Runoff   Other   Description     11   11   12   12   Image: Special   I				12	
In 2 OFFICE   Brazoria Drainage District 4, Place 3   Brazoria Drainage District 4, Place 3     14 NOTICE FROM POLITICAL COMMITTEE (S)   THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BEY MADE	11 ELECTION	Month Day	Year Prima	y Runoff Other Description	1
POLITICAL COMMITTEE(S) Additional Pages Additional Pages THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S RAWWEDGE OF COMMITTEE (S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S RAWWEDGE OF COMMITTEE (S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S RAWWEDGE OF COMMITTEE (S) COMMITTEE TYPE GENERAL COMMITTEE ADDRESS COMMITTEE CANDALON TREASURER NAME	12 OFFICE	The second se			
Additional Pages	POLITICAL	THE CANDIDATE / DECK	SEUGI DED THESE EVDENDITI	DES MAY HAVE REEN MADE WITHOUT THE CAN	VDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages		COMMITTEE TYPE	COMMITTEE NAME		
COMMITTEE CANDAION TREASURED NAME		GENERAL	COMMITTEE ADDRESS		
SPECIFIC		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS			COMMITTEE CAMPAIGN	TREASURER ADDRESS	

www.ethics.state.tx.us

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Scott C. Feuless		16 Fi	ler ID (Ethics (	Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT		\$	0.00
	2, TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$	768.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	91.33
	4. TOTAL POLITICAL EXPENDIT	URES	\$	541.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST DAY	\$	1,980.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF THE PERIOD	\$	0.00
	Please compl	Signature of Candidat	e or Officeho	lder
(1) Affidavit	Please compl		e or Officeho	lder
(1) Affidavit NOTARY STAMP/SEA			e or Officeho	lder
NOTARY STAMP/SEA				lder
NOTARY STAMP/SEA	AL. I before me by y which, witness my hand and seal of office.	ete either option below:	day of _	lder cer administering oat
NOTARY STAMP/SEA Swom to and subscribed 20, to certify	AL. I before me by y which, witness my hand and seal of office. ering oath Printed name of office	ete either option below: 	day of _	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	AL. I before me by y which, witness my hand and seal of office. ering oath Printed name of offic	ete either option below: this the eer administering oath	day of Title of offic	
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarat My name is Scott Feul	AL. I before me by y which, witness my hand and seal of office. ering oath Printed name of offic ion ess	ete either option below: this the er administering oath OR , and my date of birth is 2/18	day of Title of offic 3/1960	cer administering oat
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarat	AL. I before me by y which, witness my hand and seal of office. ering oath Printed name of offic ion ess	ete either option below: this the eer administering oath	day of Title of offic	

Revised 8/17/2020

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Composition of the second sec			nmission Filers)	
	HEDULE SUBTOTALS			SUBTOTAL AMOUNT
1.	SCHEDULEA1:	MONETARY POLITICAL CONTRIBUTIONS		\$ 768
2.	SCHEDULE A2:	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: I	PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E:	LOANS		\$
5.	SCHEDULE F1:	POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS	\$ 450
6.	SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE F	ROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$

The	Instruction Guide explains how to complete this form	1 Total pages Schedule A1:
	OTT-C. FEULERS	3 Filer ID (Ethics Commission File
Date		) 7 Amount of contribution (\$)
2/16/23	6 Contributor address; City; Sta HeresTen, T	te; Zip Code 25 27 25
Principal occu	pation / Job title (See Instructions) 9 1	Raker Rigger
Date /16/23	Full name of contributor [] out-of-state PAC (ID#:_ <i>Roith Mic Bind</i> Contributor address; City; Sta <i>Housing</i> IT	ate; Zip Code 25
-	ation / Job title (See Instructions)	BAKEL RIPLE
Date	Full name of contributor i out-of-state PAC (ID#	Amount of contribution (\$)
16/23		te; Zip Code 25
		Employer (See Instructions)
Date 10   4   23	Full name of contributor Dout- of state FAC (10#: Dur Revol 17700 Begrenzia Co Contributor address: City: St PEALURD	Amount of contribution (\$) scortf ate; Zip Code C 43
Principał occur		Employer (See Instructions)

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
	SCOTT C. FEULESS		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor   out-of-state PA     Roth Mil.B.2.1     6 Contrib r address;   City;	C (104:) State; Zip Code ひん つてゅり3	7 Amount of contribution (\$)
	RELATION / Job title (See Instructions)	9 Employer (See Instruct FARER R.P	
Date	Full name of contributor out-of-state PA Roth MacBurn Contributor address; City: ModSTBM		Amount of contribution (\$)
	Pation / Job title (See Instructions)	Employer (See Instruct BAKER R	
Date		c (ID# <u>)</u> State; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	Lupation / Job title (See Instructions)	Employer (See Instruct	tions)

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATE	ORIES FOR BOX 8(a)	19	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 1	2 FILER NAME Scott C. Feuless		3 Filer ID (Ethics Commission Filers)	
4 Date 07/10/2023	5 Payee name Oiler Spirit Booster Club			
6 Amount (\$) 150.00	7 Payee address; PO Box 2622, Pearland, TX 77	City; 7588	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se Contributions made by candid			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living e		stin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 08/20/2023	Payee name Women's Golf Association at P	earland Golf Club		
Amount (\$) 300.00	Payee address; 3123 Flower Field Ln, Pearland	<sub>City;</sub> d, Texas 77584	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci Contributions made by candid		of Brazoria County Benefit Hole	
	Check if travel outside of Texas. Complete Sch	dule T. 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 12/29/23	Payee name BEAZONA CONTY De	MOCRATIC PAR	ĘŹ	
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule) Description		
	Check if travel outside of Texas. Complete Sch	iedule T. Check if Aus	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED	
orms provided by Texas Eth	ics Commission www.ethics.	state.tx.us	Revised 8/17/2020	