

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	C
NICKNAME		LAST	SUFFIX
Feules			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	3203 Forrester Dr., Pearland, TX 77584		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	804-0034	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Fatayauh	J
NICKNAME		LAST	SUFFIX
FJ		Jones	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	5519 Autumn Ash Ln., Rosharon, TX 77583		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(832)	848-0815	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	7	1	23
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 8 / 22		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	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 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	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

FILED 1-10-2024
JOYCE HUDMAN,
COUNTY CLERK, BRAZORIA CO., TEXAS
BY [Signature] DEPUTY

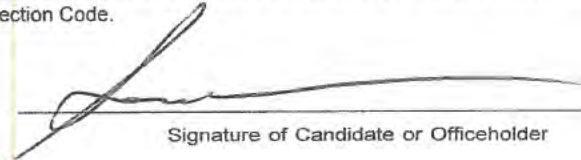
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Scott C. Feules		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 768.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 91.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 541.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,980.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

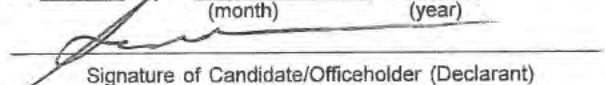
OR

(2) Unsworn Declaration

My name is Scott Feules, and my date of birth is 2/18/1960

My address is 3203 Forrester Dr., Pearland, TX, 77584, USA
(street) (city) (state) (zip code) (country)

Executed in Brazoria County, State of Texas, on the 8th day of January, 2023
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Scott C. Feules		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 768
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 450
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM 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		\$

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: 2
2 FILER NAME SCOTT C. FEULESS		3 Filer ID (Ethics Commission Filers)
4 Date 7/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUTH MILBURN	7 Amount of contribution (\$) 25
6 Contributor address; City; State; Zip Code HOUSTON, TX 77043		
8 Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST		9 Employer (See Instructions) BAKER RIPLEY
Date 8/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUTH MILBURN	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code HOUSTON, TX 77043		
Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST		Employer (See Instructions) BAKER RIPLEY
Date 9/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUTH MILBURN	Amount of contribution (\$) 25
Contributor address; City; State; Zip Code HOUSTON, TX 77043		
Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST		Employer (See Instructions) BAKER RIPLEY
Date 10/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OUR REVOLUTION BEAUREGARD COUNTY	Amount of contribution (\$) 643
Contributor address; City; State; Zip Code PEARLAND, TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 2
2 FILER NAME SCOTT C. FEULESS		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/23	5 Full name of contributor out-of-state PAC (ID#: _____) RUTH MILBURN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77043	7 Amount of contribution (\$) 25
8 Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST		9 Employer (See Instructions) BAKER RIPLEY
Date 11/16/23	Full name of contributor out-of-state PAC (ID#: _____) RUTH MILBURN Contributor address; City; State; Zip Code HOUSTON, TX 77043	Amount of contribution (\$) 25
Principal occupation / Job title (See Instructions) COMPLIANCE ANALYST		Employer (See Instructions) BAKER RIPLEY
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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	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.

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; City; State; Zip Code PO Box 2622, Pearland, TX 77588	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions made by candidate	(b) Description Pearland HS Cheerleaders Golf Tournament Hole Sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 08/20/2023	Payee name Women's Golf Association at Pearland Golf Club	
Amount (\$) 300.00	Payee address; City; State; Zip Code 3123 Flower Field Ln, Pearland, Texas 77584	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions made by candidate	Description Women's Center of Brazoria County Benefit Hole Sponsorship
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 12/29/23	Payee name BRAZORIA COUNTY DEMOCRATIC PARTY	
Amount (\$)	Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED