FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083909 3 COMMITTEE NAME **OFFICE USE ONLY** Our Revolution - Brazoria County Date Received **ELECTRONICALLY FILED** 01/09/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3203 Forrester Dr. Date Hand-delivered or Date Postmarked Change of Address Pearland, TX 77584 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Scott C. NAME NICKNAME LAST **SUFFIX Feuless** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3203 Forrester Dr. STREET **ADDRESS** (Residence or Business) Pearland, TX 77584 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3203 Forrester Dr. MAILING **ADDRESS** Pearland, TX 77584 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 804-0034 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 05/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Our Revolution - Bra	azoria County		00083909	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Commissioner Scott Feuless B	Brazoria Drain	age District 4, Place 3
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	178.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,929.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	1,293.21
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Mr. Scott 0	C. Feuless	
		Signature of Can	npaign Treasur	er
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
		, th	is the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of office	r administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Rilers)						Page 3 of 8
1. Candidates (dentify by name or, if applicable. classify by party.) 2. Measures (Describe by date and location of election and nature of fisue.) 3. Officeholders Assisted (Referry by name or, if applicable. classify by party.) COMMITTEE ACTIVITY COMMITTEE ACTIVITY A. Supported B. Opposed Rep. Ron Reynolds State Representative Rep. Ron Reynolds State Representative A. Supported B. Opposed Rep. Ron Reynolds State Representative State Representative A. Supported B. Opposed B. Opposed Committee Representative Committee Representative A. Supported B. Opposed Committee Representative A. Supported B. Opposed A. Supported Committee Representative A. Supported B. Opposed B. Opposed B. Opposed Commissioner Dexter McCoy County Commissioner Assisted Commissioner Dexter McCoy County Commissioner	12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders ACTIVITY COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) E. Opposed A. Supported B. Opposed Rep. Ron Reynolds State Representative Committee ACTIVITY (Identify by name or, if applicable, classify by pany.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed Commissioner Dexter McCoy County Commissioner Assisted (Identify by name or, if applicable, page of the pa	Our Revolution - Brazo	ria County			00083909	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders (Referred to the paper of the paper of the paper of the paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Commissioner Dexter McCoy County Commissioner Assisted Commissioner Dexter McCoy County Commissioner Assisted County Commissioner Assisted County County Commissioner Assisted County County Commissioner Assisted County Coun		(Identify by name or, if				
Commissioner Dexter McCoy County Commissioner Assisted (Jentify by pare or, if application and nature of issue.)	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Commissioner Dexter McCoy County Commissioner Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed B. Opposed Commissioner Dexter McCoy County Commissioner Assisted (Identify by name or, if applicable, classify by party.) B. Opposed Commissioner Dexter McCoy County Commissioner Assisted (Identify by name or, if applicable, classify by party.) B. Opposed			B. Opposed			
(Attach lists on plain paper to complete this report if necessary.) A. Supported B. Opposed		Assisted (Identify by name or, if		Rep. Ron Reynolds State Repre	esentative	
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if		(Identify by name or, if				
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	paper to complete this		B. Opposed			
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported			
Assisted (Identify by name or, if			B. Opposed			
applicable, classify by party.)		Assisted (Identify by name or, if		Commissioner Dexter McCoy C	county Commis	ssioner

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			•	4	of 8
17 COI	MMITTE Revol	(Ethics Commission File	rs)		
19 SCH NAM	HEDULE ME OF S	SUBTOTAL AMOU	NT		
1.	Х	\$ 1	178.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,9	929.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (CONTRIBUTION)NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 5/8	
2	FILER NAME	- Burnaia Causti			3	Filer ID (Ethics Commission	Filers)
_		on - Brazoria County			L	00083909	
4	Date 07/13/2023	5 Full name of contributor Aijaz, Mohammad6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$27.00
8	Principal occu	Sugar Land, TX 77478 pation / Job title (See Instructions	s)	9 Employer (See Instructions	 		
	Managing Pa		,	, ,,, (,		
	Date 08/13/2023	Full name of contributor Aijaz, Mohammad Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$27.00
	Dringing con	Sugar Land, TX 77478	N	Employer (Coo Instructions	<u>'</u>		
	Managing Pa	pation / Job title (See Instructions artner	o)	Employer (See Instructions	o)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/29/2023 Beaton, Doug			Amount of Contribution (\$)	\$27.00		
		Contributor address; City; S Sugar Land, TX 77479	tate; zip Code				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Director of O	perations		ACA			
	Date 08/29/2023	Full name of contributor Beaton, Doug Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$27.00
	Delicate at a second	Sugar Land, TX 77479		Frankrije (O. a. kratinastia ra	<u></u>		
	Director of O	pation / Job title (See Instructions perations	5)	Employer (See Instructions ACA	5)		
	Date 07/13/2023	Full name of contributor Clayton, David Contributor address; City; S Pearland, TX 77584	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

2 FILER NA Our Rev 4 Date	ruction Guide explains how to complete this form.	1	T. 1	
Our Rev			Total pages Schedule A1: Sch: 2/3 Rpt: 6/8	
4 Date	ИЕ lution - Brazoria County	3	Filer ID (Ethics Commission 00083909	า Filers)
08/13/20	5 Full name of contributor out-of-state PAC (ID#:	7		\$10.00
	Pearland, TX 77584			
8 Principal Teacher	ccupation / Job title (See Instructions) 9 Employer (See Inst	tructions)		
Date 07/02/20	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Pearland, TX 77584			
Principal Retired	ccupation / Job title (See Instructions) Employer (See Ins	tructions)		
Date 08/02/20	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Pearland, TX 77584			
Principal Retired	ccupation / Job title (See Instructions) Employer (See Ins	tructions)		
Date 09/02/20	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
Principal Retired	ccupation / Job title (See Instructions) Employer (See Ins	tructions)		
Date 07/14/20	Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Principal	Manvel, TX 77578 ccupation / Job title (See Instructions) Employer (See Instructions)	tructions)		
Enginee	Microsoft	,		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	fori	m.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 7/8
2	FILER NAME Our Revolution	on - Brazoria County			3	Filer ID (Ethics Commission Filers) 00083909
4	Date 08/14/2023	 5 Full name of contributor out-of-state PAC (ID#: Say, Joseph 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$) \$10.00
8		Manvel, TX 77578 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)	
	Engineer			Microsoft		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politic	at Committee Legal Services Salanes/Wages The Instruction Guide explains how to complete	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 8/8	Our Revolution - Brazoria County	00083909
4 Date	5 Payee name	•
10/04/2023	Feuless, Scott (Commissioner)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$643.00	3203 Forrester Drive	
- "		
Expenditure from corporate funds	Pearland, TX 77584	
8 PURPOSE OF	(Contraction and the contraction)	Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Onicenoide//Political Committee	Donation in preparation for closing PAC
		, , , , , , , , , , , , , , , ,
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H Feuless, Scott (Commissioner)	Brazoria Drainage District Place
Date	Payee name	
10/04/2023	McCoy, Dexter (Commissioner)	
Amount (\$)	Payee address; City; State; Zip Code	
\$643.00	23534 McNabb Spur Ln	
Ψ0+3.00	20004 Welvass Opul Ell	
Expenditure from corporate funds	Richmond, TX 77469	
PURPOSE	(Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Donation in preparation for closing PAC
		2 on the control of t
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		County Commissioner District 4
Date	Payee name	
10/04/2023	Reynolds, Ron (Rep.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$643.00	6140 Highway 6 South, #233	
Ψ0+3.00	orac riigiiway o soutii, #255	
Expenditure from corporate funds	Missouri City, TX 77549	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Donation in preparation for closing PAC
		2011ation in proparation for closing 1710
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		State Representative District 27
		, 33 33 3 33 3