

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Our Revolution - Brazoria County	13 Filer ID (Ethics Commission Filers) 00083909
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. 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 Feules Brazoria Drainage District 4, Place 3	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	178.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,929.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,293.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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.

Mr. Scott C. Feules

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME Our Revolution - Brazoria County	13 Filer ID (Ethics Commission Filers) 00083909
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. 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.)	Rep. Ron Reynolds State Representative	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	2. 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 Dexter McCoy County Commissioner	

SUBTOTALS - GPAC

17 COMMITTEE NAME Our Revolution - Brazoria County	18 Filer ID (Ethics Commission Filers) 00083909
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 178.00
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/>	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/>	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/>	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/>	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,929.00
11. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/8
2 FILER NAME Our Revolution - Brazoria County		3 Filer ID (Ethics Commission Filers) 00083909
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aijaz, Mohammad 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Managing Partner		9 Employer (See Instructions)
Date 08/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aijaz, Mohammad Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions)
Date 07/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, David Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/8
2 FILER NAME Our Revolution - Brazoria County		3 Filer ID (Ethics Commission Filers) 00083909
4 Date 08/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, David <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 07/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feules, Scott <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feules, Scott <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feules, Scott <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Microsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/8
2 FILER NAME Our Revolution - Brazoria County		3 Filer ID (Ethics Commission Filers) 00083909
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Say, Joseph <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Microsoft

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 8/8	2 FILER NAME Our Revolution - Brazoria County	3 Filer ID (Ethics Commission Filers) 00083909
4 Date 10/04/2023	5 Payee name Feuleless, Scott (Commissioner)	
6 Amount (\$) \$643.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3203 Forrester Drive Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation in preparation for closing PAC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Feuleless, Scott (Commissioner)	Office sought Office held Brazoria Drainage District Place
Date 10/04/2023	Payee name McCoy, Dexter (Commissioner)	
Amount (\$) \$643.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 23534 McNabb Spur Ln Richmond, TX 77469	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation in preparation for closing PAC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McCoy, Dexter (Commissioner)	Office sought Office held County Commissioner District 4
Date 10/04/2023	Payee name Reynolds, Ron (Rep.)	
Amount (\$) \$643.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6140 Highway 6 South, #233 Missouri City, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation in preparation for closing PAC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reynolds, Ron (Rep.)	Office sought Office held State Representative District 27