

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<p>The JC/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>		
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI  <i>SCOTT M</i>  <hr/> <p>NICKNAME LAST SUFFIX  <i>FELTON</i></p> </p>		<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Filed 15 Day of JAN 20 19</p> <p>Time 4:10 AM</p> <p>KATHY E. VAN WOLFE Elections Administrator McLennan County, Texas</p> <p>By <i>JS</i> Deputy</p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>	Receipt #	Amount \$
Receipt #	Amount \$				
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>PO Box 118 WACO TX 76703</i></p>				
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(254) 757-5049</i></p>				
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI  <i>RICK</i>  <hr/> <p>NICKNAME LAST SUFFIX  <i>BLOPHY</i></p> </p>				
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>220 SOUTH FOURTH STREET WACO TX 76701</i></p>				
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(254) 776-5500</i></p>				
<p>9 REPORT TYPE</p>	<p> <input checked="" type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>				
<p>10 PERIOD COVERED</p>	<p>Month Day Year    THROUGH    Month Day Year</p> <p><i>10 / 28 / 18    12 / 31 / 2018</i></p>				
<p>11 ELECTION</p>	<table style="width:100%;"> <tr> <td style="width:40%;"> <p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>11 / 6 / 2018</i></p> </td> <td style="width:60%;"> <p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </p> </td> </tr> </table>			<p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>11 / 6 / 2018</i></p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </p>
<p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>11 / 6 / 2018</i></p>	<p>ELECTION TYPE</p> <p> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special                 </p>				
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)    OFFICE SOUGHT (if known)</p> <p><i>COUNTY JUDGE    McLENNAN COUNTY JUDGE</i></p>				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

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

\$ 7,100

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 12,446.68

CONTRIBUTION  
BALANCE

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

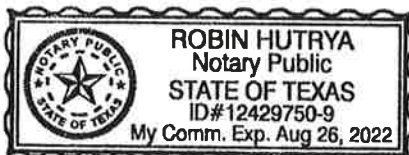
\$ 27,067.98

OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 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.

*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary Public, this the 15<sup>th</sup> day of January, 20 19, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

*[Signature]*

Printed name of officer administering oath

*[Signature]*

Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b>	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 7100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 0
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,446.68
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Scott Felton

3 Filer ID (Ethics Commission Filers)

4 Date

10/30/18

5 Full name of contributor

☐ out-of-state PAC ID#

ROBERT FELTON

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

\$1500-

8 Contributor's principal occupation

~~REAL ESTATE~~

9 Contributor's job title

FILTER MAINTENANCE  
~~REAL ESTATE INVESTOR~~

10 Contributor's employer/law firm

ENVIRO CONTRACTORS  
~~SELF-EMPLOYED~~

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/30/18

Full name of contributor

☐ out-of-state PAC ID#

DAVID WILLIE

Contributor address;

City; State; Zip Code

3730 FRANKLIN AVE, WACO, TX 76710

Amount of contribution (\$)

\$300-

Contributor's principal occupation

Contributor's job title

PRESIDENT

Contributor's employer/law firm

WILLIE PROPERTIES

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/30/18

Full name of contributor

☐ out-of-state PAC ID#

BOB DAVIS

Contributor address;

City; State; Zip Code

210 PARKWOOD PLACE WOODWAY TX 76712

Amount of contribution (\$)

\$500-

Contributor's principal occupation

REAL ESTATE

Contributor's job title

REAL ESTATE INVESTOR

Contributor's employer/law firm

SELF-EMPLOYED

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME Scott Felton		3 Filer ID (Ethics Commission Filers)
4 Date 10/30/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MURRAY WATSON, JR. 6 Contributor address; City; State; Zip Code 2600 WASHINGTON AVE WACO TX 76710	7 Amount of contribution (\$) \$250-
8 Contributor's principal occupation		9 Contributor's job title BOARD CHAIR
10 Contributor's employer/law firm BRAZOS HIGHER ED FOUNDATION		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: APAC, INC / OLDCASTLE MATERIALS, INC. Contributor address; City; State; Zip Code 101 CONSTITUTION AVE, NW WASHINGTON D.C. 20001	Amount of contribution (\$) \$1000-
Contributor's principal occupation CONSTRUCTION SUITE 600 WEST		Contributor's job title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 10/30/18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DAVID HORNER Contributor address; City; State; Zip Code 2525 AUSTIN AVE WACO TX 76710	Amount of contribution (\$) \$100-
Contributor's principal occupation		Contributor's job title EXEC DIRECTOR
Contributor's employer/law firm BRAZOS HIGHER ED FOUNDATION		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)**

## **SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Scott Felton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/30/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>LOUIS ENGLANDER</b>	7 Amount of contribution (\$) <b>\$100-</b>
6 Contributor address; City; State; Zip Code <b>2200 RIDGEWOOD DR. WACO TX 76710</b>		
8 Contributor's principal occupation		9 Contributor's job title <b>BOARD CHAIR</b>
10 Contributor's employer/law firm <b>ENGLANDER CONTAINER</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/31/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>AUBREY STRUNCK</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>169 LCR 334 MARI TX 76664</b>		
Contributor's principal occupation <b>RANCH</b>		Contributor's job title <b>RANCHER</b>
Contributor's employer/law firm <b>SELF EMPLOYED</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/5/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>GEORGE WALKER</b>	Amount of contribution (\$) <b>\$1000-</b>
Contributor address; City; State; Zip Code <b>5 HIDDEN CREEK MCGREGOR TX 76657</b>		
Contributor's principal occupation		Contributor's job title <b>PRESIDENT</b>
Contributor's employer/law firm <b>WALKER PARTNERS</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# **MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)**

## **SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <b>Scott Felton</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/5/18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Tom I. STANTON</b>	7 Amount of contribution (\$) <b>\$ 250 -</b>
6 Contributor address; City; State; Zip Code <b>5400 BOSQUE BLVD #245 WACO TX 76710</b>		
8 Contributor's principal occupation		9 Contributor's job title <b>EX. DIRECTOR</b>
10 Contributor's employer/law firm <b>RABORT FOUNDATION</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/29/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>HAL WHITAKER</b>	Amount of contribution (\$) <b>\$ 500 -</b>
Contributor address; City; State; Zip Code <b>701 TEXAS CENTRAL PARKWAY WACO TX 76712</b>		
Contributor's principal occupation		Contributor's job title <b>PRESIDENT</b>
Contributor's employer/law firm <b>ENGLANDER CONTAINER</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>10/30/18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Linberger &amp; Grogan Blair Sampson, LLP</b>	Amount of contribution (\$) <b>\$ 1,500.00</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Partners</b>
Contributor's employer/law firm <b>SELF</b>		Law firm of contributor's spouse (if any) <b>N/A</b>
If contributor is a child, law firm of parent(s) (if any) <b>N/A</b>		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE 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:		2 FILER NAME Scott Felton		3 Filer ID (Ethics Commission Filers)	
4 Date 10/29/18		5 Payee name FACEBOOK			
6 Amount (\$) \$20-		7 Payee address; City; State; Zip Code ONLINE			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <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	
Date 10/30/18		Payee name MICROSOFT			
Amount (\$) \$108.24		Payee address; City; State; Zip Code ONLINE			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description <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	
Date 11/2/18		Payee name MM BROADCASTERS			
Amount (\$) \$1,196-		Payee address; City; State; Zip Code PO Box 23939 Waco TX 76702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE 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:		2 FILER NAME <b>Scott Felton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/6/18</b>		5 Payee name <b>WELLS FARGO</b>			
6 Amount (\$) <b>\$17.50</b>		7 Payee address; City; State; Zip Code			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/8/18</b>		Payee name <b>WACO HIPPODROME</b>			
Amount (\$) <b>\$535.47</b>		Payee address; City; State; Zip Code <b>724 AUSTIN AVE WACO TX 76701</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Food/Beverage</b>		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	
Date <b>11/19/18</b>		Payee name <b>INTEG</b>			
Amount (\$) <b>\$7557.69</b>		Payee address; City; State; Zip Code <b>PO Box 23007 WACO TX 76702</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Printing</b>		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE 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:		2 FILER NAME <b>Scott Felton</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/20/18</b>		5 Payee name <b>SHAWN GROESSEMER</b>			
6 Amount (\$) <b>\$2500-</b>		7 Payee address; City; State; Zip Code <b>15020 BADGER RANCH BLVD WOODWAY TX 76712</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>SALARIES/WAGES/CONTRACT LABOR</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/30/18</b>		Payee name <b>HEMINGWAY'S WATERBURY HOLE</b>			
Amount (\$) <b>\$64.14</b>		Payee address; City; State; Zip Code <b>4700 BOSQUE BLVD, WACO TX 76710</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>FOOD / BEVERAGE</b>		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	
Date <b>12/3/18</b>		Payee name <b>FACEBOOK</b>			
Amount (\$) <b>\$407.91</b>		Payee address; City; State; Zip Code <b>ONLINE</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		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	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE 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.

<b>1</b> Total pages Schedule F1;	<b>2</b> FILER NAME <b>Scott Felton</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/11/18</b>	<b>5</b> Payee name <b>CVS Pharmacy</b>	
<b>6</b> Amount (\$) <b>\$ 17.17</b>	<b>7</b> Payee address; City; State; Zip Code <b>Waco, TX</b>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>OFFICE OVERHEAD bottled water</b>	<b>(b)</b> Description  <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date <b>12/12/18</b>	Payee name <b>VITEKS BBQ</b>	
Amount (\$) <b>\$ 22.56</b>	Payee address; City; State; Zip Code <b>1600 SPRIGHT AVE, WACO, TX 76706</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FOOD/BEVERAGE</b>	Description  <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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
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
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**