JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI M	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	FELTON		15 Day of 3A 20 19	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; PO BOX 118 WACO TX 7676	CITY: STATE: ZIP COD	Time #:20 AM KATHY E. VAN WOLFE Elections Administrator McLennan County, Texas By	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (254) 757-504	extension C	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS/MRS/MB FIRST	МІ	Receipt # Amount \$	
TREASURER NAME	NICKNAME LAST	at at at at a security to the first to the first to the SUFFIX	Date Processed	
	BROPHY		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 22 0 South Four	SUITE #; CITY; STATE:	76701	
8 CAMPAIGN TREASURER PHONE	AREA CODE 776 S S S S S S S S S S S S S S S S S S	EXTENSION		
9 REPORT TYPE	January 15 30th day before	e election Runoff	15th day after campalgn treasurer appointment	
	July 15 Sth day before	election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 10 /28 / 18 THR	BOUGH 12 / 31 /	Year / 2018	
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2018 General	Description	v.	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	County JUDGE	McLENNAN C	COUNTY JUDGE	
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			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAT S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,100	
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ Ø		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 12,446.68 DAY \$ 27,067.98	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$ 27,067.98	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
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.				
STATE OF TEXAS ID#12429750-9 My Comm. Exp. Aug 26, 2022 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMI		0		
Sworn to and subscribed before me, by the said Notacy Public , this the 15th day of January, 20 19, to certify which, witness my hand and seal of office.				
3 No	Hyra	Robin Hutyra 1	lotary Public	
Signature of officer a	dministering oath	Printed name of officer administering oath	The of officer administering oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2 FILER NAME Scott Fel	ton		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC II)#)	7 Amount of contribution (\$)	
10/30/18	6 Contributor address; City; State;	Zlp Code	\$ 1500	
8 Contributor's p	orincipal occupation	9 Contributor's job title	FICTER MAINTENANCE	
40.00		OUTE DO		
TO Contributors e	employer/law firm ENVIRD CONTRACTORS	11 Law firm of contributor's	s spouse (it any)	
12 If contributor is	a child, law firm of parent(s) (if any)			
Date			Amount of contribution (\$)	
	Full name of contributor Out-of-state PAC II	D#:	Amount of continoution (\$)	
, ,	DAVED LILLIE		# == =	
10/30/10	DAVID WILLIE Contributor address; City; State; Zip Code 3730 FRANKLIN AVE., WACO, TX 767/0			
/ - / / 6	Contributor address; City; State;	Zip Code		
	3100 MANKLIN AVE., WAL	O,TX 16/10		
Contributor's p	principal occupation	Contributor's job title		
Dassi		PRESIDENT	•	
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
/	0	Edw IIIII of Contributor	o opodoo (ii diliy)	
WILLE PROPERTIES				
If contributor is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
,	R. a Parise			
10/2-10/1000 2000				
10/30/8 Bob DAVIS Contributor address; City; State: Zip Code #500 —				
210 PARKWOOD PLACE WOODWAYTX 76712				
Contributor's principal occupation Contributor's job title				
REAL ESTATE KEAL RESTAY		R INVESTOR		
Contributor's employer/law firm Law firm of contributo				
SELF-EMPLOYED			1	
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.

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 5 Full name of contributor out-of-state PAC ID# 10/30/18 6 Contributor address; City; State; Zip Code 2600 WASHENKTON AVE WACO TX 76710	7 Amount of contribution (\$) £250			
8 Contributor's principal occupation 9 Contributor's job title	CHAJR			
10 Contributor's employer/law firm Blazes HIGHEL ED FoundATION 12 If contributor is a child, law firm of parent(s) (if any)	ors spouse (ii any)			
Date Full name of contributor out-of-state PAC ID#: 10/30/18 APAC, INC / DEDCASTLE MATRICALS, INC. Contributor address; City; State; Zip Code 101 CONSTITUTION AVE., NW WASHAWGTON D.C. 20001	Amount of contribution (\$)			
Contributor's principal occupation SUITE 600 WEST Contributor's job title				
Contributor's employer/law firm Law firm of contributor NA NA	or's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor	Amount of contribution (\$)			
Contributor's principal occupation Contributor's job title	RECTOR			
Contributor's employer/law firm BLAZOS HIGHER ED FOUNDATION If contributor is a child, law firm of parent(s) (if any)	or's spouse (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.

SCHEDULE A(J)1

Т	he Instruction Guide explains how to complete this fo	1 Total pages Schedule A(J)1:		
2 FILER NAME			3 Filer ID (Ethlcs Commission Filers)	
Scott Fe	lton	-		
4 Date	5 Full name of contributor out-of-state PAC II	D#:)	7 Amount of contribution (\$)	
	LOUTS ENGLANDER		<i>t</i> .	
10/30/10	6		#/00-	
1013018	Contributor address; City; State;	Zip Code	700	
	LOUIS ENGLANDIER 6 Contributor address; City; State; 2200 REDGEWOOD DR. WAGE	1× 16/10		
	principal occupation	9 Contributor's job title		
		BOARD C	HIR	
10 Contributor's e		11 Law firm of contributor's	s spouse (if any)	
	ANDER CONTAINER			
12 If contributor is	a child, law firm of parent(s) (if any)			
Date			Amount of anatiques (A)	
	Full name of contributor	D#:)	Amount of contribution (\$)	
10/2/10	HUBREY STRUNCK		# 1	
10/31/18	AUBREY STRUNCK Contributor address; City; State; Zip Code 169 LCR 334 MART TX 76664		\$100-	
	169 LCR 334 MAG T)	76664		
Contributor's p	principal occupation	Contributor's job title		
	RANCH	KA	NCHER	
Contributor's e	mployer/law firm	Law firm of contributor's		
Sti	F-EMPLOYED			
	a child, law firm of parent(s) (if any)			
Date	Full name of contributor		Amount of contribution (\$)	
4./ 1	GEORGE WALKER		4.	
11/5/18	Contributor address; City; State:	Zin Code	\$ 1000 -	
, ,			, 0	
		Tx 76657		
Contributor's p	rincipal occupation	Contributor's job title	_	
Contributor's employer/law firm Law firm of contributor's spouse (if any)			s snouse (if any)	
WALKER PARTIES			o opodoo (ii ariy)	
If contributor is a child, law firm of parent(s) (if any)				
11 CONTRIBUTOR IS	, a sing, far min or pareints) (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.

SCHEDULE A(J)1

The Instruction Guide explains how to c	omplete this form. 1 Total pages Schedule A(J)1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Scott Felton				
4 Date 5 Full name of contributor	out-of-state PAC ID#:			
11/5/18 TomI. STANTON 6 Contributor address; 5400 BOSQUEBLUO I	City: State; Zlp Code			
5400 BOSQUEBLUO I	45 WAGTX 76710			
8 Contributor's principal occupation	9 Contributor's job title Ex. DIRECTOR			
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)			
RAPPORT FOUNDATION	II Law IIIII of contributors species (ii any)			
12 If contributor is a child, law firm of parent(s) (if any)				
, , , , , , , , , , , , , , , , , , , ,				
	out-of-state PAC ID#: Amount of contribution (\$)			
11/29/18 HAC WHITAKER Contributor address;	2 4			
11/29/18	500 — \$500 —			
Contributor address;	City; State; Zip Code			
	ARKWAY WACO TX 76712			
Contributor's principal occupation	Contributor's job title			
Contributor's employer/law firm	Law firm of contributor's spouse (if any)			
ENGLANDER CONTAINER				
If contributor is a child, law firm of parent(s) (if any)	- 19			
Date Fyli name of contributor	out-of-state PAC ID#:			
12/21/18 Thebarger 61059	an BLAIT SAMPSON, LLP \$ 1500 00			
10/20/10				
Contributor address;	City; State: Zip Code			
Contributor's principal occupation	Contributor's job title			
(thorng.				
Contributor's employer/law firm Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)				
N/A				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense 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

1 Total pages Schedule Ft; 2 FILER NAME Scott Felton 4 Date / 10 / 29 / 1/8 FraceSook 5 Amount (8) Payse address; City: State; Zip Code ### ACCESOOK 6 Amount (8) They are address; City: State; Zip Code ### ACCESOOK 8 Amount (8) They are address; City: State; Zip Code ### ACCESOOK 9 Conglete QNLY if direct expenditure to benefit CiOH ### Accesook 9 Complete QNLY if direct expenditure to benefit CiOH ### Accesook 9 Complete QNLY if direct expenditure to benefit CiOH ### Accesook #### Accesook ###################################	Candidate/Officeholder/Politica Credil Card Payment	The Instruction Guide explains how to c	omplete this form.
10 / 29 / 18	1 Total pages Schedule F1;		3 Filer ID (Ethics Commission Filers)
B PURPOSE Complete ONLY If direct OFFICE OFF	4 Date 10/29/18		
Purpose Category See Categories listed at the top of this schedule Check if Austin, TX, officeholder fiving expense	6 Amount (\$)	7 Payee address; City; State; Zip Code	
PURPOSE EXPENDITURE ACCURATION Greek if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date I O/30/18 Amount (\$) Payee address; City; State; Zip Code Office sought Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Description Check if Austin, TX, officeholder living expense Check if austin, TX, officeholder living expense Check if austin, TX, officeholder living expense Office sought Office held Office held Date Payee name Office sought Office held Office held Payee name Office sought Office held Date Office sought Office held Date Office held Date Office held Date Office held Office held Date Office held Office held Date Office held Offic	\$ 20-	ONCINE	
Check if Austin, TX, officeholder flying expense	8	(a) Category (See Categories listed at the top of this schedule)	[· · ·
PURPOSE EXPENDITURE ## Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Officeholder name Office sought Office held Oscription Category (See Categories listed at the top of this schedule) OFFICE OWNEROD Complete ONLY if direct expenditure to benefit C/OH Date Office held Offic		4	
Expenditure to benefit C/OH Date		AOVERTSING	L Check if Austin, TX, officeholder living expense
Amount (\$) Payee address; City; State; Zip Code # 108.24 ONLTINE Category (See Categories listed at the top of this schedule) PURPOSE OFFICE OVERHEAD Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/2/18 MM BROWASTERS Amount (\$) Payee address; City; State; Zip Code PO BOX 23939 WAG TX 76702 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Description Description Check if Austin, TX, officeholder living expense Office sought Office held Office held Date Payee address; City; State; Zip Code O BOX 23939 WAG TX 76702 Category (See Categories listed at the top of this schedule) Description Check if travel cuiside of Texas, Complete Schedule T.			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule)	Date	Payee name	
# 1/08.24 DICTIVE	10/30/18	MICROSOFT	
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD Candidate / Office holder name Candidate / Office holder name Office sought Office hold Date Payee name 11/2/18 Payee address; City; State; Zip Code OBOX 23939 Category (See Categories listed at the top of this schedule) PURPOSE Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder Tiving expense Office sought Office hold Office hold Office hold Office sought Office hold	Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE OFFICE OVERMEND Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/2/18 Amount (\$) Payee address; City; State; Zip Code Office Schedule T. Office sought Office held Office held Office sought Office held Office held Office sought Office held Offi	\$108.24	ONLINE	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Date Payee name MM Bloncastels Amount (\$) Payee address; City; State; Zip Code OBOX 23939 WAG TX 76702 Category (See Categories listed at the top of this schedule) PURPOSE Check if Austin, TX, officeholder living expense Office sought Office held Office		Category (See Categories listed at the top of this schedule)	
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/2/18 MM BRONCASTERS Amount (\$) Payee address; City; State; Zip Code PO Box 23939 WAG TX 76702 Category (See Categories listed at the top of this schedule) PURPOSE Complete ONLY if direct Candidate / Office holder name Office sought Office held Office held Office held Description Description Check if travel outside of Texas, Complete Schedule T.			
Date Payee name 11/2/18 MM Bloncastels Amount (\$) Payee address; City; State; Zip Code Po Box 23939 Waco TX 76702 Category (See Categories listed at the top of this schedule) PURPOSE Date Payee name MM Bloncastels City; State; Zip Code Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T.		OFFICE OVERHEAD	Collect if Adstiri, 17, officeriolder living expense
11/2/18 MM Blomanstels Amount (\$) Payee address; City; State; Zip Code PO Box 23939 Waco TX 76702 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas, Complete Schedule T.			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code Po Box 23939 WAC TX 76702 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T.	Date	Payee name	
PURPOSE PO Box 23939 WAC TX 76702 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T.	11/2/18	MM BROMOCASTICIES	
Category (See Categories listed at the top of this schedule) PURPOSE Description Check if travel outside of Texas, Complete Schedule T.	Amount (\$)	Payee address; City; State; Zip Code	
Category (See Categories listed at the top of this schedule) PURPOSE Description Check if travel outside of Texas, Complete Schedule T.	1,196	PO BOX 23939 WAGO T)	× 76702
FOILEGE			
EXPENDITURE Aprexistance Check If Austin, TX, officeholder living expense		4	
i I		Agrektising	Check If Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			Office sought Office held

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

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)

Credit Card Payment 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 11/6/18	5 Payee name KANGO			
6 Amount (\$) \$17.50	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Account and BANKING		utside of Texas, Complete Schedule T. n. TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	- 11 - 12 - 12 - 13 - 13		
11/8/18	WACO HIPPODEOME			
Amount (\$)	Payee address; City; State; Zlp Code			
\$535.47	724 AUSTIN AVE WACD	TX 7676	0]	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food BEVERAGE	l (****)	uside of Texas. Complete Schedule T. , TX, officeholder Ilving expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/19/18	INTEG			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 7557.69	PO Box 23007 WAGO TS	4 7670:	2.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	<u> </u>	ulside of Texas. Complete Schedule T. 1, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office-holder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense PrInting Expense Salaries/Wages/Contract Labor

Travel In District

Travel Out Of District

Contract Labor

Travel Out of District

Other (enter a category not listed above)

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	5.1.1. (-11.1.)
1 Total pages Schedule F1:	2 FILER NAME Scott Felton		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/18	5 Payee name SHAWN GRIESEMER		
6 Amount (\$) \$\mathcal{H}\$ 2500 -	7 Payee address; City; State; Zip Code 15020 BADGEL RANCH BLUD [Jooanny Tx	(76712
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALARIES/WAGES/Contreact LABOR		utside of Texas. Complete Schedule T. n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 11/30/18	Payee name HEMINGWAY'S WATERENG A	OLE	
Amount (\$) \$ 64.14	Payee address; City; State; Zip Code 4700 BOSQUE BLVD, WACO	, Tx 767n	9
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BENERALE		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12/3/18	Payee name FACE BOOK		
\$407.91	Payee address; Clty; State; Zip Code OULTIVE		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Awards Library		utside of Texas. Complete Schedule T. n. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1;	2 FILER NAME Scott Felton		3 Filer ID (Ethlcs Commission Filers)		
4 Date 12/11/18	5 Payee name CVS PHARMACY				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$ 17.17		WACO, T)	<		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas, Complete Schedule T,		
PURPOSE OF			n. TX, officeholder living expense		
EXPENDITURE	DIFFICE DIERHEAD		•		
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
12/12/18 Amount (\$)	VITEKS BBQ				
Amount (\$)	Payee address; City; State; Zip Code				
#22.56	1600 SPRIGHT AVE, W	ACO, TX 7	76706		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	- /-	I 🖳	utside of Texas. Complete Schedule T. 1. TX, officeholder Ilving expense		
EXPENDITURE	FOOD BEVERAGE	Check if Austir	i, IX, Officerfolder living expense		
Complete ONLY if direct expenditure to benefit C/Oi	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name				
Amount (\$)	Payee address; Clty; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			utside of Texas, Complete Schedule T.		
EXPENDITURE		Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					