The SPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total	al pages filed:		
	14		
3 COMMITTEE NAME	OFFICE USE ONLY		
4 COMMITTEE ADDRESS / PO BCX; APT / SUITE #; CITY; STATE; ZIP CODE			
ADDRESS	EB 2 6 2018		
Change of Address Waller TX 77484	Received nd-delivered or Date Postmarked		
NICKNAME OL LAST SUFFIX	ocessed		
STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP C	39838 Addie Gee Rd		
7 CAMPAIGN TREASURER MAILING ADDRESS STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP C Change of Address Street Address Street Address Street Address Street Address	ODE		
8 CAMPAIGN TREASURER PHONE (979) 921-9409			
July 15 X th day before election Dissolution	d \$500 limit n (Attach PAC-DR) after campaign treasurer termination		
10 PERIOD COVERED Month Day Year Month /26/18 THROUGH 2	Day Year /24/18		
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 3 6 18 General Special			
GO TO PAGE 2 For www.ethics.state.tx.us Revised 9/8/20			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Ŧ ~ í	T C T	O (Ethics Commission Filers)
upien to Elec	t Vey Dukon	Waller Co. Judge	
14 COMMITTEE PURPOSE	(-		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett "Trey" J Dul	ion III
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE		Walter County	Judge
(Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTION I	
	MEASURE	Month Day	Year
(Officeholder)		DESCRIPTION	
15 CONTRIBUTION TOTALS		AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9636.87
EXPENDITURE TOTALS	3. TOTAL POLITICA	L EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 150
	4. TOTAL POLITICAL EXPENDITURES		\$ 7054.62
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	

16 AFFIDAVIT

ANNIHILIAN PULL	CARBETT J DUHON III
	Notary Public, State of Texas
S A 9	Comm. Expires 11-12-2021
THE OF THIS	Notary ID 12542580-5

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to eported by the under Title 15, Election Code.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Matthew Menke , this the 26H Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office. 18 20 day of u Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

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Revised 9/8/2015

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

a		to Elect Trey Dukon Waller Co Judge	18 Filer ID (Ethics Con	nmission Filers)
19	SCHE	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$6,136.87
2		SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3	i.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
5	i.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP ORGANIZATION	ORATION OR LABOR	\$
6	i.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABO	RORGANIZATION	\$
7	7.	SCHEDULE E: LOANS		\$
8		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$6,606.22
9). X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 430.40
1	0.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
1	11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
1	2.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
1	3.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
1	4.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Sche lule A12
Bate 5 Full name of contributor Out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor ^O out-of-state PAC (ID#:) 1 26 18 ⁶ Contributor address; ^{City} ; State; Zip Code 9 18 ^A usfin St, Heupsfeed TX 7749	7 Amount of contribution (\$) $\underbrace{4}{2,000}$
Principal occupation / Job title (See Instructions) 9 Employer (See Inst	S [
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
1/30/18 Contributor address; City; State; Zip Code 32804 Grove Park, Waller TX 77484	\$ 200
Principal occupation / Job title (See Instructions) Employer (See Inst	
Date Full name of contributor aut-of-state PAC (ID#: 2(15/18 Citizens to Elect D whon & Maethis Contributor address; City; State; Zip Code 18069 FM 359, Hempsteed TX 77445	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Ins	
Date Fullpame of contributor out-of-state PAC (ID#: 2/20/18 Contributor address; City; State; Zip Code 210 Imperial Bend Katy TX 771493	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see instruction guide for additi	S NEEDED onal reporting requirements.
www.ethics.state.ty.us	Revised S

Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	5 Full name of contributor Out-of-state PAC	ler G. Judge	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC Kristophen + Stephonie D	(ID#:) armer	7 Amount of contribution (\$) $\# 2 \leq c c c c c$
2/22/18	5 Full name of contributor □ out-of-state PAC Kristophen + Stephanie D 6 Contributor address; City; State 30142 Southern Sky Brooks	; Zip Code hire TX 77423	\$\$2,500.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor James Heitman Contributor address; City; State	(ID#:) nn DVM	Amount of contribution (\$)
2 23 18	Contributor address; City; State 22660 Gratehouse Ln Hewps	stead TX 77445	#1,000.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor Out-of-state PAC) (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City; State	e; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		1	
		*	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins	OF THIS SCHEDULE AS N truction guide for additiona	IEEDED Il reporting requirements.
orms provided by		s.state.tx.us	Revised 9/8/2

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		
1 Total plages SchedDle F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
4 Date 176 18	Engrison to Elect Very Dukn Waller Co Judge 5 Payee marine Focusing Families	
6 Amount (\$)	7 Payee address; City State; Zip Code	
\$ 500	641 10th St Hempstead TX 77445	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Contribution Donation 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	Payee name	
1 31 18	Knights of Columbus #12672	
Amount (\$)	Pavoa address: City: State: Zip Code	
\$500	22892 Mack Washington, Hempstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Donation Description Contribution Donation Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held	
Dete	Payee name	
Date 2 1 18	Facebook	
Amount (\$)	Payee address; City; State; Zip Code	
# 50.54	1 Hacker Way, Menlo Park, CA 94025	
-	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above)	
4			
4 Date	p FILER NAME to Elect Trey D. 5 Payes name	hour Waller (5 Judy 3 Filer ID (Ethics Commission Filers)	
2218	Knights of Co	lumbus # 12672	
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
#(00	22892 Mack Washin	ston Hempstead TX 77445	
8	(a) Category (See Categories listed at the top of this		
PURPOSE OF EXPENDITURE	Contributin Done	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 2 (7/18	Payee name Classic Event	s Cufe	
2/1/10	Classic Craci	5	
Amount (\$) \$30.05	Payee address: City; State; 615 Bus. Hwy 290	DN, Hempstead TX 77445	
	0.00	,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi Food / Bevauge Ex	Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
	Payee name		
2918	Reba's Village		
Amount (\$)	Payee address; City; State;	Zip Code	
#9.20	208 E. Austin St.	, Giddings, TX 78942	
	Category (See Categories listed at the top of th	his schedule) Description	
PURPOSE OF EXPENDITURE	Food / Beverage Ex	Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	kpense Travel Out Of District Vages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule 71:	2 FILER NAME Current to Elect They Dulien Wo	3 Filer ID (Ethics Commission Filers)	
4 Date 29 18	5 Payee name Waller Times	0	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$33.00	2323 Main St. Walle	r Tx 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. 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 2/12/18	Payee name Wufoo, Com		
Amount (\$)	Payee address: City; State; Zip Code	- 33.0	
19.00	One Curiosity Way, Sa	Mateo CA 94403	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundrasing Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date 2/12/18	Payee name Hometown Hardu)ale	
Amount (\$) 29.48	Payee address; City; State; Zip Code 2906 US 290, Waller	- TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate//Officeholder/Political	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense rerhead/Rental Expense Transportation Equipment & Related Expense xpense Travel In District
Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F.	FILER NAME Elect Trey Duhon U	3 Filer ID (Ethics Commission Filers)
4 Date 2 12 18	5 Payee name Hotline Press	
6 Amounit (\$) €214.50	7 Payee address; City; State; Zip Code 1116 Austin St He	empsfeed TX 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. 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 2 12 18	Payee name Waller County New	s Citizen
Amount (\$) ∉540,00	Payee address: City; State; Zip Code 350 Awy 290 East	Hempstead TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date 2 (14 (18	Payee name Hello Hempstead	
Amount (\$) 550.00	Payee address; City; State; Zip Code 914 Wilkins St F	tempstead TX 77145
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District 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.		
50/8 (a	2 FILER NAME wpain to Elect Trey Duber Walker Co Judge 3 Filer ID (Ethics Commission Filers)		
4 Date 2 (19 18	5 Payee name Midway BBQ		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
6.50	6025 Hwy Blud Katy TX 77494		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (c) Description (b) Description (c) Check if ravel outside of Texas. Complete Schedule T. (c) 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 2/20/18	Payee name Piryx. Com		
Amount (\$) 5.75	Payee address; City; State; Zip Code 2nd Floor, 995 Market St., Sanfrancisco CA 94103		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense/Fee Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
2/21/18	NBD Graphics Inc		
Amount (\$)	Payee address; City; State; Zip Code		
319.34	917 South Mason Rd Katy TX 77450		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising typense Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	rpense Travel Out Of District /ages/Contract Labor Other (enter a category not listed above) omplete this form.	
6 of 8 (a	2 FILER NAME upays to Elect Trey Duboli	3 Filer ID (Ethics Commission Filers)	
4 Date 221 18	5 Payee name Hometown Hardwa	re	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
45.50	2906 us 290, Waller		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Advertising Expense	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	Payee name		
2/23/18	KC Strategies		
Amount (\$)	Payee address: City; State; Zip Code		
(850.00	3571 Far West Blud, Ste	e 196 Austin TX 78731	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. 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	Payee name		
2/23/18	Brookshive Times Tri	ibune	
Amount (\$)	Payee address; City; State; Zip Code		
562.26	921 Cooper St Brooks	shire TX 77423	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Check if travel outside of Texas. Complete Schedule T.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED	

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Pollir Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Solicitation/Fundraising Expense e Overhead/Rental Expense Transportation Equipment & Related Expense ng Expense Travel In District ng Expense Travel Out Of District other (enter a category not listed above) Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME to flect Tvey Duke	Wallin Co Judge 3 Filer ID (Ethics Commission Filers)
4 Date 2/23/18	5 Paybe name Laty Hard Ware	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
₹220.94	559 Pin Oak Rd 1	Laty TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	e) (b) Description Check if travel outside of Texas. Complete Schedule T. 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 2/24/18	Payee name Walter Times	
Amount (\$) #326.65	Payee address: City; State; Zip Co 2323 Main SF Wa	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date, 2/24/18	Payee name NBD Graphics	
Amount (\$)	Payee address; City; State; Zip Co	
129.90	917 So. Muson Rd	Katy TX 17450
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polining 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)
of our out of a grinteria	The Instruction Guide explain	s how to complete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2 20 18	5 Payee name Than Si	gns	
6 Amount (\$) 263.61	7 Payee address; City; State; Zi 112 Ausfin Sf f	-lempstevel T	× 77445
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expres	Check if travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2 (13 (18	Payee name West I-10 Ch	amber of Com	merce
Amount (\$) [8.00	Payee address: City; State; Z 907 Bains St	Brookshire TX	77423
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this set Food (Beverlage Ex for Luncheon	Check if travel o	utside of Texas, Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS I	NEEDED

UNPAID INCURRED OBLIGATIONS SCHEDULE F2				
EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica				
1 Total pages Schedule F2:	2 FILER NAME man to Elect Trey Duly Walley & Judge	ilers)		
4 TOTAL OF UNITEM	IZED INCURRED OBLIGATIONS \$			
5 Date 23 18	6 Payee name Ferneth Barron			
7 Amount (\$) 128.47	8 Payee address; City; State; Zip Code 28446 Filey Rd Waller TX 77484			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Reinbursement of Advertising (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held			
Date 223 18	Payee name Kenneth Barron			
Amount (\$) 301.93	Payee address; City; State; Zip Code 28446 Liley Rd Waller TX 77484			
TYPE OF EXPENDITURE	Political Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reinbursement of Mileage related to Carpaign Signs Description Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us Revised	9/8/20		