## SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	le explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
Campaign to	West Trey Dutton Walter Co. Gudge	Date Received  Waller County Elections
4 COMMITTEE ADDRESS	ADDRESS / PO BOX APT / SUITE #: CITY: GATE; ZIP CODE	JUL <b>0 9 2018</b>
Change of Address	Walter Dre, nr484	Received  Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MR. Matthew K.	Receipt # Amount \$
	NICKNAME LAST SUFFIX	Date Processed  Date Imaged
	Menke	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE:  39838 Addie Gee Rd.  Hempstead, DY 774	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(919)$ $921-9409$	
9 REPORT TYPE	January 15 30th day before election  July 15 8th day before election  Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year $2/25/18$ THROUGH	Month Day Year Le / 30/18
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
	GO TO PAGE 2	

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)			
Campaign to clect Truy Dutton Waller Co. Judge			
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett "Trey" J Di	utton MI
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE (Candidate or Measure)		Waller Courter of	idg
ASSIST	MEANUTE.	BALLOT IDENTIFICATION / # ELECTION (Month Day	DATE Year
(Officeholder)	MEASURE	DESCRIPTION	
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 175
	4. TOTAL POLITICA	AL EXPENDITURES	\$11009,45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10349.80		
OUTSTANDING LOAN TOTALS	(and (a) )	AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$
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.  Notary Public, State of Texas Comm. Expires 02-05-2022 Notary ID 682751-6  AFFIX NOTARY STAMP/ SEALABOVE			
Sworn to and subscribed before me, by the said Matthew Monke , this the			
day of			
Signature of Officer administ	REI ering oath Printed	name of officer administering oath  Title of off	TARY ficer administering oath

### **SUBTOTALS-SPAC**

## FORM SPAC COVER SHEET PG 3

Committee NAME County Judge 18 Filer ID (Ethic	es Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	ION \$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LAB ORGANIZATION	SOR \$
6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$11,009.45
9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	он \$
13. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedyle A1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) \$1,000.00 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Consulting Expense Event Expense Office Overhead/Rental Expense Polling Expense Travel In District Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form 3 Filer ID (Ethics Commission Filers) 7 Pavee address: 6 Amount (\$ WAY, Merlo Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Advertisin Expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Advertising Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name KC Strategies Payee address; 3571 Far West Blud, Ste 196 Austin Tx 78731 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

### 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 Foot/Beverage Expense Git/Awards/Memorials Expense 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 (onler a category not listed above)

Candidate/Officeholder/Politica		Vages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME CAMPAICA to elect Iney Dichard	3 Filer ID (Ethics Commission Filers)
4 Date 3 5 (18	5 Payee name upc Tortilla	
6 Amount (\$)	7 Payee address; City; State; Zip Code	Viole TA
<b>₹97.30</b>	703 W. GKANS PKNYS	. KAty T7 77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Cal Barrens Expuses	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Ford Decempe	Check if Austin, TX, officeholder living expense
	Food Beverage Expuses Campaign Meeting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
2/26/18	Hotline Press	
Amount (\$)	Payee address; City; State; Zip Code	
<b>#</b> 244.38	1116 Austin St. Lles	mosterd, 17 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	11 11 5	Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX, officeholder living expense
EXPENDITURE	Advertising Expense	Check if Addail. 1A, billocitodel Willig Capetide
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/Ol	н	
Date	Payee name	
3/2/18	Hempstead HA	
Amount (\$)	Payee address; City; State; Zip Code	
# 500.00	801 Donoho St. +	lempstead it 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	DI	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Donation	Check it Austin, 17, unicendider living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

### 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 Gitt/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

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	0.1		District category not listed above)
1 Total pages Sphedule F1:	2/FILER NAME	3 Filer ID (	Ethics Commission Filers)
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3 8 18	5 Payee name Old Washingto	on Storage	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de ·	
#592.00	31203 WAShingto	nSt. WATER DY	(484
8	(a) Category (See Categories listed at the top of this schedul	(b) Description  Check if travel outside of Texas. Com	rolete Schedule T
PURPOSE OF	Advertising Exp.	Check if Austin, TX, officeholder	
EXPENDITURE	Sign storage		r .
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name C		
3/6/18	Las fuentos	5	
Amount (\$)	Payee address; City; State; Zip Co		
#268.80	icol 1075th fle	mpsterd TK 77	445
	Category (See Categories listed at the top of this schedu		
PURPOSE OF EXPENDITURE	Food Beverage Exp	Check if travel oulside of Texas. Comp Check if Austin, TX, officeholder	
	watel party		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		0
3(14/18	Hello Henry	estead	
Amount (\$)	Payee address; City; State; Zip Co	ode 1001 T+	3
# (00.00	Payee address; City: State: Zip Co	Hempster 11	77445
	Category (See Categories listed at the top of this schedu		
PURPOSE	D A	Check if travel outside of Texas. Com Check if Austin, TX, officeholder	
OF EXPENDITURE	Voralion	Shock is posting 174, unideficided	g experies
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDING E AS NEEDED	

#### SCHEDULE F1

# Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) CHIMPAGE to elect TREY DUTHER WHITERCOST 6 Amount (\$) Stokes Rd. WALLER TX 77484 30.36 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage Expense Check if Austin TX officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) 24437 KAty FRWY # 300 KATYTE 77494 # 179.76 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense Office overhe OF **EXPENDITURE** Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name tarbucks City; State; Zip Code Amount (\$) 851 FAKIN to MAKKET 1463 KATY TX 77494 \$ 72.30 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T **PURPOSE** Food Beverage Expusse Check if Austin, TX, officeholder living expense **EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repay Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	rment/Reimbursement head/Rental Expense iense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 4 Date 3 8 (8 6 Amount (\$) # (6.23	2 FILER NAME  CHAMPICA to Place Try Duther Walled  5 Payee name  Conctown to  7 Payee address; City; State: Zip Code  2906. US 290, W	Co.Judg vdware HILLRTR-	3 Filer ID (Ethics Commission Filers)
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expuse		utside of Texas. Complete Schedule T. n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 3 9 18	Payee name Times Tribune	News	
Amount (\$) # 446.50	Payee address; City; State; Zip Code  921 Copplest.	Rockshire	TX 77423
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ulside of Texas. Complete Schedule T.  1. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
3 /12 /18	Payee name Wufoo. Com		
Amount (\$) # (9.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Advertising Database		utside of Texas. Complete Schedule T.  1, 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 N	EEDED

	1		
	EXPENDITURE CATEGORIES F	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 Expense Gitt/Awards/Memorials Expense Printing Ex	rhead/Rental Expense pense pense travel In Distriction Travel Out Of I Other (enter a complete this form.	District category not listed above)
1 Total pages Schedule F1:	2 FLER NAME CAMPAISA to elect TREY Du	Hu WAHECO. 3 Filer ID (	Ethics Commission Filers)
4 Date 3 21 18	5 Payee name Trey Duhor	^	_ %
6 Amount (\$)	7 Payee address; City; State; Zip Code Po Box 640 Wall	ler TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Com Check if Austin, TX, officeholder	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
3 28 (18	Payee name Vavey Scott		
Amount (\$) #321.55	Payee address; City; State; Zip Code  715 US 290 Buis	iness Hempstera	d, TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reinburgement for Christmas Trees purchased for Road + Bridge Dept	Description Check if travel outside of Texas. Com Check if Austin. TX, officeholder	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3 2 18	Payee name Hempstead FF	A	
Amount (\$) # 25.00	Payee address; City; State; Zip Code  801 Wondho St. Hew		7445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Con Check if Austin, TX, officeholde	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Sphedula F1 4 Date 7 Payee address: # 100,00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date ISD Livestock Show City; State; Zip Code Hwy Blud Katy Tx 77494 Amount (\$) \$ 500.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) Pavee address: \$ 19.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertisin Database Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Amount (\$) Waller, TX \$ 50.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Payee address; Amount (\$) Alano Plaza San Artonio TX 78205 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food ( Beverage Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Printing Expense Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) Harry Rd # 5026 College Station TX 77840 9 69,89 8 Check if travel outside of Texas. Complete Schedule T. Donation tems tor PURPOSE Check if Austin, TX, officeholder living expense OF gift basker Wallen Aum Club **EXPENDITURE** Candidate / Officeholder name Office held Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$ \$ 59.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Event Expense Check if Austin. TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Southwest Airlines City; State; Zip Code Payee address; Amount (\$) Love Field Dr Dallas Tx 75235 £738.80 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** vavel out of District Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	EXPENDITURE C	ATEGORIES 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/Reimbur Office Overhead/Rental E: Polling Expense Printing Expense Salaries/Wages/Contract I	xpense Transportation Equip Travel In District Travel Out Of District Labor Other (enler a calego	ment & Related Expense
1 Total pages Schedule F1:	2 FLER NAME			Commission Filers)
l lotal pages schedule F1.	to Flect To	en Dalen Cont	- Tuda	
4 Date 4 21 18	5 Payer name Waller Co.	enty A+M	Club	
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code		
#380.00	Pattiso	n, Texas	,	
8	(a) Category (See Categories listed at the top			
PURPOSE			eck if travel outside of Texas. Complete S	
OF EXPENDITURE	Vonation	Cr	neck if Austin, TX, officeholder living	expense
EXI ENDITORIE				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office s	sought	Office held
	Payee name			
5 (14) 18		rdens Hotel		
Amount (\$)		e; Zip Code		
# 146.64	7 Hope Blo	d, Galveston	Tx 77554	
	Category (See Categories listed at the top	of this schedule) Descri	iption	
PURPOSE	Col Quesus	e soeuse Ch	eck if travel oulside of Texas. Complete S	chedule T.
OF EXPENDITURE	Posa   secent	_ Ch	neck if Austin, TX, officeholder living	expense
EXPENDITORE	Frobato Acade	my		
Complete ONLY if direct	Candidate / Officeholder name	Office	sought	Office held
expenditure to benefit C/OH	1			
Date	Payee name	دی در ۱		
3/28/18	Waller 1	SUFFR		
Amount (\$)		te; Zip Code		
#500.00	20950 Fi	eldstore Rd	Waller TX	77484
	Category (See Categories listed at the top	of this schedule) Descr	iption	
PURPOSE			neck if travel outside of Texas. Complete S	
OF	Vonation	L CI	neck if Austin, TX, officeholder living	expense
EXPENDITURE	J. 1. 2. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	Candidate / Office believe	045	aguaht	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDU	LE AS NEEDED	

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Polling Expense Finding Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/W	head/Rental Expense Transportation ense Travel In Distr pense Travel Out Of ages/Contract Labor Other (enter a	
Credit Calor aymon	The Instruction Guide explains how to co		
1 Total dagles Schiedula F1:	2 FILER NAME  Consign to Elect Trey Dul.  5 Payee hame  Wufoo.com	Carty Judge	(Ethics Commission Filers)
6 Amount (\$)	7 Payee address; City; State; Zip Code		
# (9.00	unknown		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertisin Database	(b) Description  Check if Iravel outside of Texas. Cor  Check if Austin, TX, officeholde	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
5/11/18	Royal ISD F	FA	
Amount (\$)	Payee address; City; State; Zip Code  3 4499 Noyal K	ld Brookshire T	Tx 77423
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Cor  Check if Austin. TX, officeholde	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
5 17 \ 18	Payee name WTS Houston		
Amount (\$)	Payee address; City; State; Zip Code	,	
(00,00	5225 Katy Freeway S	te 400 Houston T	x 77007
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Co  Check if Austin, TX, officeholds	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	pense Travel Out Of District (ages/Contract Labor Other (enter a category not listed above)
	^	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule 51:	5 Payer name	Cout Judge Continues Commission Files
5 15 18	Waller County	Kotany
6 Amount (\$)	7 Payee address; City; State; Zip Code	
#300.00	615 Hay 290 H	tempstead TX 77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Vonation	Check if Austin, TX, officeholder living expense
EXPENDITORE	70.000.	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
5 (6 18		Services
Amount (\$)	Payee address; City; State; Zip Code  410 Terry Avenue N	orth, Scattle WA 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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 H	Office sought Office held
Date	Payee name	
5/8/18	Waller Police L	epartment
Amount (\$)	Payee address; City; State; Zip Code	
(00.00) #	1219 Farr St W	aller TX 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

#### 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 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)

3 Filer ID (Ethics Commission Filers)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 PILER NAME 4 Date

6 Amount (\$)

7 Payee address;

#100,00

Pkuy Houston TX 77054

**PURPOSE** OF **EXPENDITURE** 

8

(a) Category (See Categories listed at the top of this schedule)

(b) Description Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

Payee name

Amount (\$)

Payee address;

nt St Brookshire TX 77423

PURPOSE EXPENDITURE Category (See Categories listed at the top of this schedule)

Event Expense

Description Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

Waller County

₹ 150.00

Austin, Hempstead TX 77445

**PURPOSE** OF EXPENDITURE Category (See Categories listed at the top of this schedule)

Kental fee for Com Centr for Ag. Coop

Description

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

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Revised 9/8/2015

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Travel In District Travel Out Of District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 PILER NAME 4 Date 7 Payee address; 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Pavee address; Amount (\$) Love field Dr Dallas Tx 75235 \$8.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Iransportation Expuse Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Uber. com City; State; Zip Code Payee address; Amount (\$) 1455 Market St, San Francisco CA 94103 #17.42 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Taxel out of District Check if Austin, TX, officeholder living expense **EXPENDITURE** State Convention

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedula F1:	5 Payee name Menger Hotel  3 Filer ID (Ethics Commission Filers)
6 Amount (\$) # 28.00	7 Payee address; City; State; Zip Code 204 Alano Plaza San Antonio TX 78205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food   Beverage   Check if Austin. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name Office sought Office held
Date 6 (15 \ 18	Payee name  Wor.
Amount (\$) \$36.67	Payee address; City; State; Zip Code  1455 Market St San Franciseo 94103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin. TX, officeholder living expense  State Convention
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date 6 (15 (18	Menger Hotel
Amount (\$) #29.04	Payee address; City; State; Zip Code  204 Alau Plaza San Antonio TX 78205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Food   Brevage   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

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Travel In District Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) anxion to Elect Trey Dulin Courty Judge 4 Date ominos #6800 7 Payee address; 6 Amount (\$) 250 W. Houston St San Antonio TX 78205 # 18,06 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Good ( Beverage **PURPOSE** Check if Austin, TX, officeholder living expense OF State Convention **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Republic of Texas Restaurant River Walk St San Antonio Tx 78205 Amount (\$) # 71.08 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. food / Beverage State Convention **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Menger Hotel 6 18 18 Amount (\$) 204 Alamo Plaza San Antonio Tx 78205 \$6 SD Check if travel outside of Texas. Complete Schedule T. beverage **PURPOSE** Check if Austin, TX, officeholder living expense State Convention **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total 4 Date 7 Payee address; 6 Amount (\$) W. Crockett St #101 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Food Beverage **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Amazon Digital Services Payee address; Amount (\$) Terry Ave. North Seattle WA 98109 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. overhead/ Fees PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Menger Hotel na Plaza San Antonio TX 78205 Check if travel outside of Texas. Complete Schedule T. Travel Out of District **PURPOSE** Check if Austin, TX, officeholder living expense hate ( for state convertion EXPENDITURE Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Consulting Expense Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 FILER NAME 4 Date 6 Amount (\$) Hempstead TX 77445 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Beverage Check if Austin, TX, officeholder living expense **EXPENDITURE** WCEDP Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Investments Payee address; Amount (\$) Heupstead \$ 700,00 Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin. TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Cassic Events Cate Amount (S 240 Heupstrad TX 77445 Check if travel outside of Texas. Complete Schedule T. ood Beverage **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T 1 Total pages Schedule 7. The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule F1 Schedule B(J) Schedule G Schedule H Schedule F2 Schedule F4 Schedule COH-UC 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 6 13/18 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) Attend State Republican Convention in Texas 10 Means of transportation air Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B(J) Schedule G Schedule H Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule C2 Schedule D Schedule F1 Schedule A2 Schedule B(J) Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED