

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
CITIZENS SUPPORTING DUHON AND MATHIS

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input checked="" type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME TREY DUHON, WALLER COUNTY JUDGE ELTON MATHIS, WALLER COUNTY DISTRICT ATTORNEY
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) TREY DUHON, WALLER COUNTY JUDGE ELTON MATHIS, WALLER COUNTY DISTRICT ATTORNEY
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year 03 / 06 / 2018 DESCRIPTION

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26,547 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 36,831 ⁸⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,336 ⁸⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 AFFIDAVIT

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

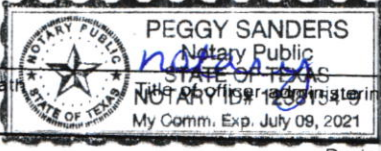
Tim Junak
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Junak, this the 18th day of January, 20 18, to certify which, witness my hand and seal of office.

Peggy Sanders
Signature of officer administering oath

Peggy Sanders
Printed name of officer administering oath



SUBTOTALS - SPAC

**FORM SPAC
COVER SHEET PG 3**

17 COMMITTEE NAME CITIZENS SUPPORTING DUHON AND MATHIS		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 26,547 ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,000 ⁰⁰
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 36,831 ⁸⁰
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE MARTINEZ	7 Amount of contribution (\$) 2,100⁰⁰
6 Contributor address; City; State; Zip Code 34770 FM 1736 HEMPSTEAD TX 77445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN & MICHELLE KLOTZ	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 8402 LOOP ROAD BELLVILLE TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL LOONEY	Amount of contribution (\$) 750⁰⁰
Contributor address; City; State; Zip Code 918 AUSTIN HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS FLEETWOOD	Amount of contribution (\$) 750⁰⁰
Contributor address; City; State; Zip Code 200 E ALAMO BRENHAM TX 77833		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY SIMMONS	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 1104 HERITAGE DR AUSTIN TX 78758		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/14/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAY CONRAD	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 918 AUSTIN HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMICHAEL + CINDY L GATEWOOD	Amount of contribution (\$) 2500⁰⁰ 3,100⁰⁰
Contributor address; City; State; Zip Code 5506 TILBURY DR, HOUSTON TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT GRIFFIN	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 200 E ALAMO BRENHAM TX 77833		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUSTIN STANDLEY	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code 31125 FM 1736, HEMPSTEAD TX 77445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/7/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RYLAND	Amount of contribution (\$) 4,050⁰⁰
Contributor address; City; State; Zip Code 802 MOONBEAM CT BRENNHAM TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE LE BLANC	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 38868 FM 1488, HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL'S TIRE STORE / BILLY JOHNSON	Amount of contribution (\$) 3,482⁰⁰ 3,432⁰⁰
Contributor address; City; State; Zip Code 29454 FM 1488 WALLER TX 77484 1% CC		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 7/17/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN JERSEY	7 Amount of contribution (\$) 1,050⁰⁰
6 Contributor address; City; State; Zip Code 1007 WINDY DRIVE, BRENNAN TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY & JAN GREPARES	Amount of contribution (\$) 2,500⁰⁰
Contributor address; City; State; Zip Code 25826 CENTURY OAKS, HOCKLEY TX 77447		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 7/5/17 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ASH WEBER CHUCK SCIANNA	Amount of contribution (\$) 300⁰⁰ 4,000⁰⁰
Contributor address; City; State; Zip Code 20880 FM 362, WALLER TX 77484		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINT SCIBA	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 16916 W. CARAMEL APPLE TRAIL CYPRESS, TX 77433		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 7/5/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ACH WE PAY	7 Amount of contribution (\$) 315 ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME CITIZENS SUPPORTING DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 7/11/17	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG BOYO	8 Amount of Contribution \$ \$1,000⁰⁰	9 In-kind contribution description SANITARY PORTABLE TOILETS
7 Contributor address; City; State; Zip Code 1685 ASHLEY LN, SEALY TX 77474		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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

36,831⁸²
SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political 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.

1 Total pages Schedule F1: 08 4	2 FILER NAME CITIZENS SUPPORTING DUHON AND MATHIS	3 Filer ID (Ethics Commission Filers)
4 Date 8/13/17	5 Payee name JERRY ROBERTS OR MARGARET ROBERTS	
6 Amount (\$) 100 ⁰⁰	7 Payee address; City; State; Zip Code 15907 VINEY CREEK, HOUSTON TX 77095	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - REFUND FOR OBJECTIONAL ENTERTAINER	(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 9/19/17	Payee name WALLER COUNTY VETERAN'S MEMORIAL (GARRETT NEMEC TRAS)	
Amount (\$) 6,200 ⁰⁰	Payee address; City; State; Zip Code 15603 SANDTRAP DR., WALLER TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) MEMORIAL EXPENSE	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 9/19/17	Payee name MARNA LEWIS	
Amount (\$) 350 ⁰⁰	Payee address; City; State; Zip Code COVER 16450 MATHIS RD, WALLER TX, 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS by POLITICAL COMMITTEE * CANCER SURVIVOR DONATION	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 _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME CITIZENS SUPPORTING DUHON AND MATHIS	3 Filer ID (Ethics Commission Filers)			
4 Date 9-19-17	5 Payee name ELTON MATHIS CAMPAIGN FUND				
6 Amount (\$) 5,000 ⁰⁰	7 Payee address; City; State; Zip Code 1641 13 TH STREET, HEMPSTEAD TX, 77445				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTH - TRANSFER TO INDIV CAMPAIGN FUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9-19-17	Payee name TREY DUHON CAMPAIGN FUND				
Amount (\$) 5,000 ⁰⁰	Payee address; City; State; Zip Code POBOX 640, WALLER, TX, 77484				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTH - TRANSFER P INDIV CAMPAIGN FUND	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 9-19-17	Payee name TIM JUNEK				
Amount (\$) 500 ⁰⁰	Payee address; City; State; Zip Code 18069 FM 359, HEMPSTEAD TX, 77445				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) HONORARIUM FOR CAMPAIGN SERVICES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:20%;">Office sought</td> <td style="width:5%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political 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.

1 Total pages Schedule F1: 08 4	2 FILER NAME CITIZENS SUPPORTING DUHON AND MATHIS	3 Filer ID (Ethics Commission Filers)		
4 Date 11-14-17	5 Payee name ELTON MATHIS CAMPAIGN FUND			
6 Amount (\$) 9,529 ⁹⁰	7 Payee address; City; State; Zip Code 1641 13 TH STREET, HEMPSTEAD TX 77445			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTH - TRANSFER TO INDIV. CAMPAIGN FUND	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 11-14-17	Payee name TREY DUHON CAMPAIGN FUND			
Amount (\$) 9,529 ⁹⁰	Payee address; City; State; Zip Code PO BOX 640, WALLER TX 77484			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTH - TRANSFER TO INDIV. CAMPAIGN FUND	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 7-1-2017	Payee name PROSPERITY BANK			
Amount (\$) 10 ⁰⁰	Payee address; City; State; Zip Code PO DRAWER G, ELLAMPO TX 77437			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING FEE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME CITIZENS SUPPORTING DUHON AND MATHIS	3 Filer ID (Ethics Commission Filers)	
4 Date 7/6/17	5 Payee name PROSPERITY BANK		
6 Amount (\$) 12⁰⁰	7 Payee address; City; State; Zip Code P O DRAWER G, EL CAMPO, TX 77437		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING FEE (RET. CK)	(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
Date 7/6/2017	Payee name PROSPERITY BANK		
Amount (\$) 600⁰⁰	Payee address; City; State; Zip Code P O DRAWER G, ELCAMPO TX 77437		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING FEE - RETURNED CK - WARREN D	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
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED