

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Carbett</u> MI: <u>J.</u> NICKNAME: <u>Trey</u> LAST: <u>Duhon</u> SUFFIX:	OFFICE USE ONLY Date Received: <u>14 OCT -6</u> FILED FOR RECORD DERBIE HOLLAN COUNTY CLERK WALKER COUNTY, TX. Date Hand Delivered or Postmarked: <u>PM 4:38</u> Receipt #: Amount: Date Processed: Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: <u>P.O. Box 640</u> APT / SUITE #: CITY: <u>Waller, TX</u> STATE: <u>TX</u> ZIP CODE: <u>77484</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(936)</u> PHONE NUMBER: <u>931-9627</u> EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Matthew</u> MI: <u>K.</u> NICKNAME: <u>Merike</u> LAST: SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <u>39838 Addie Gee</u> APT / SUITE #: CITY: <u>Hempstead TX</u> STATE: ZIP CODE: <u>77445</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>921-9409</u> EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>07/01/2014</u> <u>09/25/2014</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11/04/2014</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>None</u>	13 OFFICE SOUGHT (if known) <u>Waller County Judge</u>	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carbett "Trey" J Duhon III

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

Campaign to Elect Trey Duhon County Judge

COMMITTEE ADDRESS

Po Box 640
Waller TX 77484

COMMITTEE CAMPAIGN TREASURER NAME

Matthew Menke

COMMITTEE CAMPAIGN TREASURER ADDRESS

39838 Addie Gee, Hempstead, TX 77445

additional pages

17 CONTRIBUTION TOTALS

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

\$ 0

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

\$ 0

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,864

CONTRIBUTION BALANCE

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

\$ 0

OUTSTANDING LOAN TOTALS

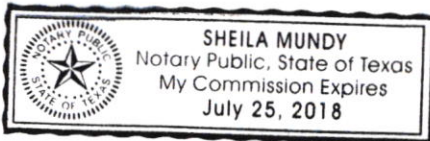
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

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

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carbett J. Duhon III, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

Sheila Mundy
Signature of officer administering oath

Sheila Mundy
Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Carbett "Trey" J Duhon III	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 7/1/14 - 9/17/14	5 Payee name Carbett "Trey" J Duhon III
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6 Amount (\$) 1,484 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Po Box 640, Waller, Texas 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Travel in District	(b) Description (If travel outside of Texas, complete Schedule T) Mileage Reimbursement: 2650 miles at \$.56/mi <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 7/1 - 9/25/14	Payee name Carbett "Trey" J Duhon III
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Amount (\$) 1,200 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Po Box 640, Waller, TX 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office overhead/ Rental Expense	Description (If travel outside of Texas, complete Schedule T) Reimbursement of 2 of 3 months of rent (\$800) of office <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 7/1 - 9/25/14	Payee name Carbett "Trey" J Duhon III
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Amount (\$) 180 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code Po Box 640, Waller, TX 77484
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office overhead	Description (If travel outside of Texas, complete Schedule T) Reimbursement of 2 of 3 months of cell phone expense (\$120/mo) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED