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 trad:
3 COMMITTEE NAME		OFFICE USE ONLY
Campain to E	lect Trey Duhan Waller G. Judge	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Po Box 640 Waller TX 77484	Date Hand-delivered to Date Hand-delivered
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mr Matthew K NICKNAME NAST Les SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / SUITE #: CITY: 39838 Addie Gee Rd Hearpstead TX 77445	STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; Source as above	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION 979) 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 terminatio
0 PERIOD COVERED	Month Day Year	Month Day Year
I ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description General Special	
	GO TO PAGE 2	
Forms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Revised 9/26

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 13 Filer ID (Ethics Commission Filers)			
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	Julian III
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE (HEL) (officeholder) Waller County J	Judge
OPPOSE (Candidate or Measure)			0
ASSIST (Officeholder)	MEASURE	BALLOT IDENTIFICATION / # ELECTION Day Month Day DESCRIPTION	DATE Year
15 CONTRIBUTION TOTALS	PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICA	LEXPENDITURES	\$ 7008.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY NG PERIOD	\$ 5777.83
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$

16 AFFIDAVIT

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

report is true and correct and includes all information required to rted by me under Title 15, Election Code.

I swear, or affirm, under penalty of perjury, that the accompanying

Signature of Campaign Treasurer

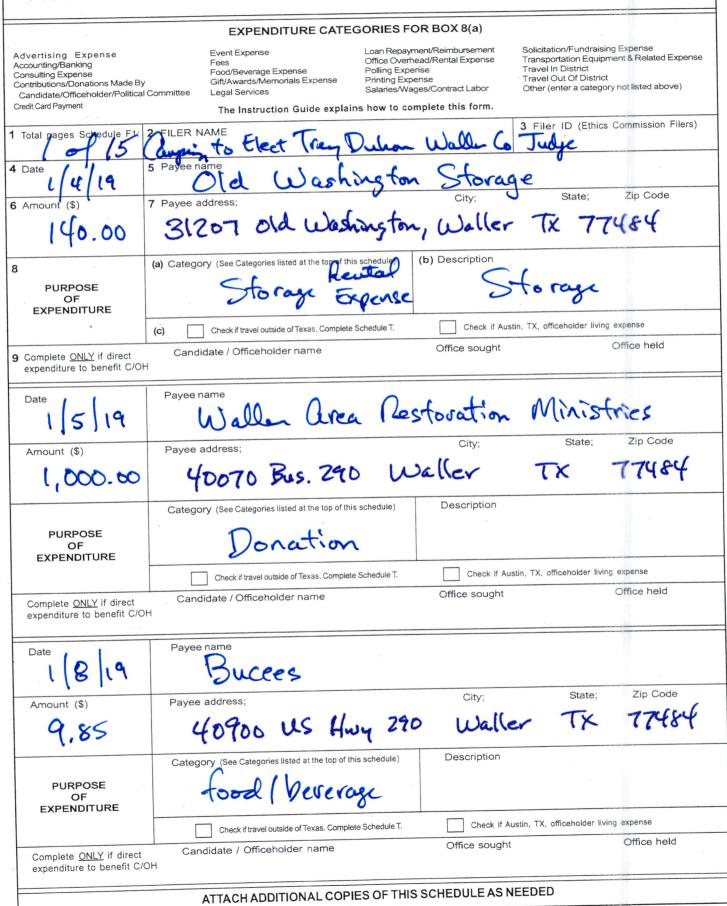
AFFIX NOTARY STAMP / SEALABOVE		
Sworn to and subscribed before me, by the	ne said_ Matthew Menke	, this the 15th
day of January, 20	2 o, to certify which, witness my hand and se	al of office.
$(2/\omega)$	Carbett J Dukon III	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - SPAC

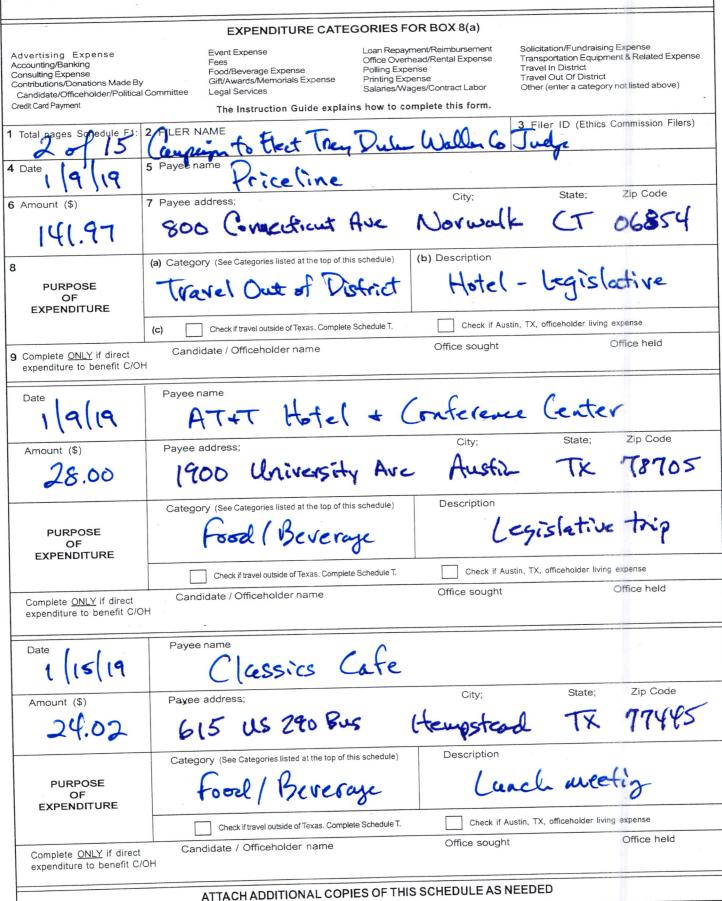
FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Co	mmission Filers)	
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	S	
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$	
7.	SCHEDULE E: LOANS	\$	
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
12.	12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

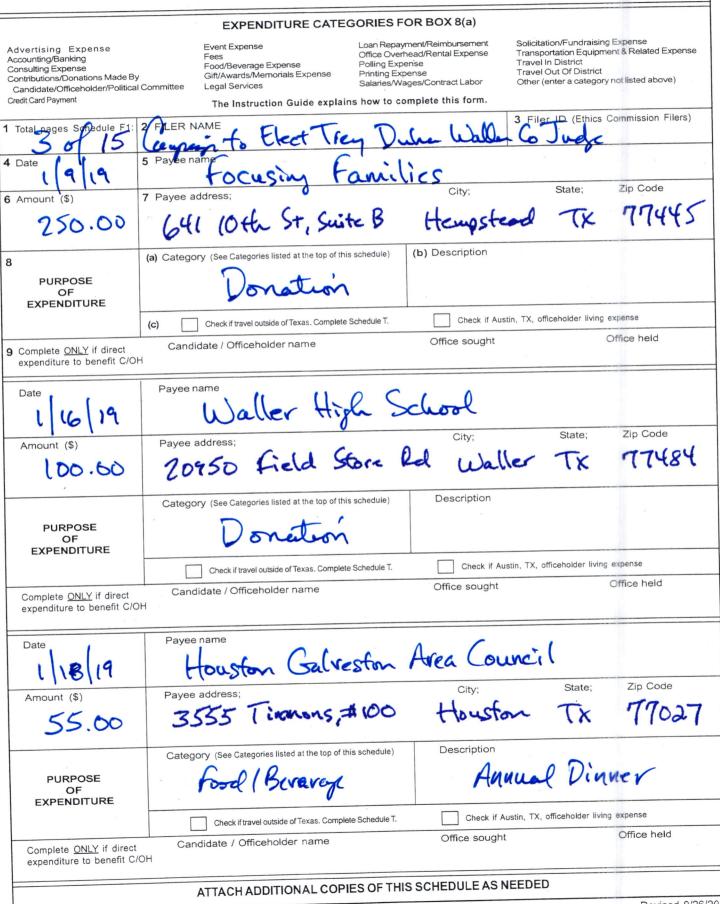
SCHEDULE F1



SCHEDULE F1

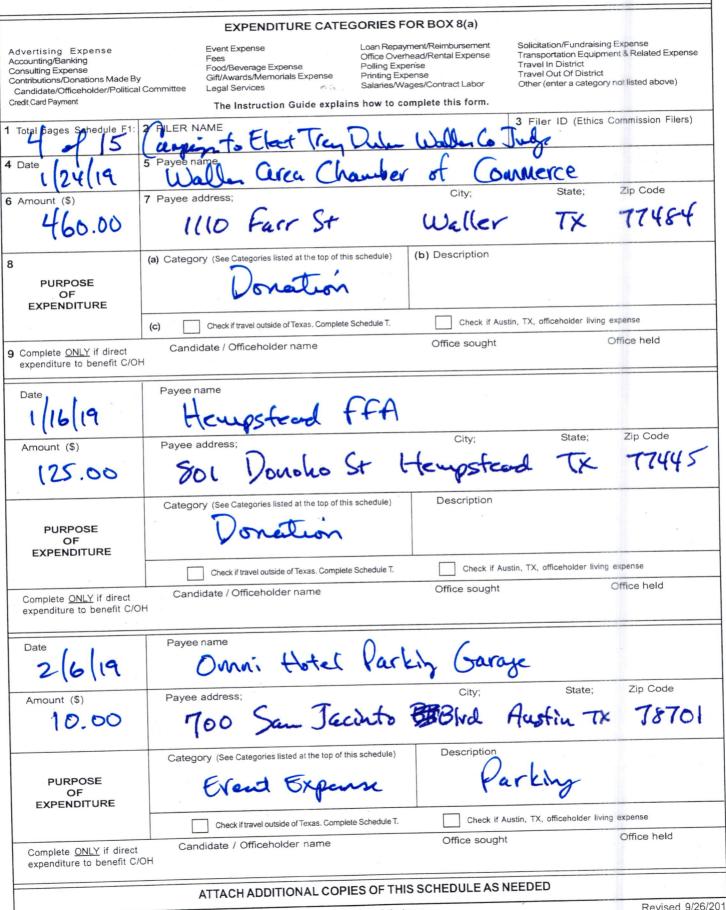


SCHEDULE F1



Forms provided by Texas Ethics Commission

SCHEDULE F1



Forms provided by Texas Ethics Commission

SCHEDULE F1

-			
	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Transporta Expense Travel In D Expense Travel Qui	/Fundraising Expense titon Equipment & Related Expense District of District er a category not listed above)
Credit Card Payment	The Instruction Guide explains how to		
1 Total pages Senedule F1:	FILER NAME <u>auperion</u> to Elect Trey Dul 5 Payee name		D (Ethics Commission Filers)
2 11 19	Texas Chili Par	City;	State; Zip Code
6 Amount' (\$) 41.41	7 Payee address; 1409 LaJaca St	Austin T	x 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description TAHSR- Legis(
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2/12/19	Payee name Wings N More		State: Zip Code
Amount (\$)	Payee address;	City,	State; Zip Code
27.00	1803 Dexcon	College Station	TX 7(895
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description TA	TTSK WITG
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2 20 19	Payee name Hilton College S	Fation	
Amount (\$)	Davias address:	City;	State; Zip Code
(1.37	501 University Dr E	E (ollege Station	TX 77840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	V.G. Youn G	
	Check if travel outside of Texas. Complete Schedule		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED	

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)	Expense
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political (Event Expense Loan Repayment/Reimbursement Solicitation/Fundraisin Fees Office Overhead/Rental Expense Transportation Equipm 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 categorial	ent & Related Expense
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Configure to Elect Trey Dule Walls & Judye 5 Payee name	Commission Filers)
2 20 19	Heupstand Little League	Zip Code
6 Amount (\$)	7 Payee address; City; State;	
200.00	250 Blasingame Rd Heupstead TX	77445
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	
PURPOSE OF	Vonation	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living	expense
		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 2(21(19	Razoo's College Statim	
Amount (\$)	Payee address; City; State;	
50.31	820 University Dr E College Station TK	1.1840
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description V.G. Young Co	nference
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name Office sought	Office held
Date	Payee name Hello Hempstead	
Amount (\$)	Payee address; City; State;	Zip Code
150.00	914 Wilkins St Hempsterd TX	77445
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Donation	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin	
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	

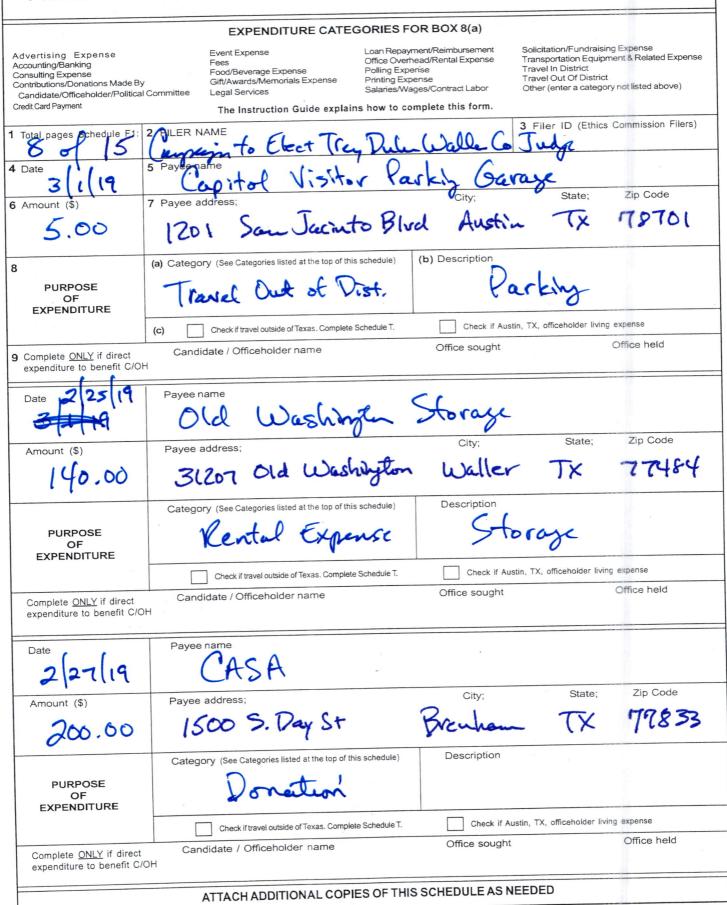
SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense Transportatio pense Travel In Dist pense Travel Out O	
Credit Card Payment	The Instruction Guide explains how to co		
1 Total pages Schedule Etc	2 AILER NAME (company to Elect Trey Pul	3 Filer ID	(Ethics Commission Filers)
4 Date 2 22 18	5 Payee name Hyatt Place		ate: Zip Code
6 Amount (\$)	7 Payee address;	Only,	
321.78		e n j	X 77890
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	C C .
PURPOSE OF EXPENDITURE	Travel Out of District	V.G Young	Conference
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2 19 18	Payee name Protect the Villay	01	ate: Zip Code
Amount (\$)	Payee address;	Prairie View	ate; Zip Code
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, officeho	older living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 2 28 18	Payee name Hyatt Place		
Amount (\$)	Payee address;	Oily,	State; Zip Code
16.68	100 University Dr E	College Statin	1× 77540
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, officeh	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	

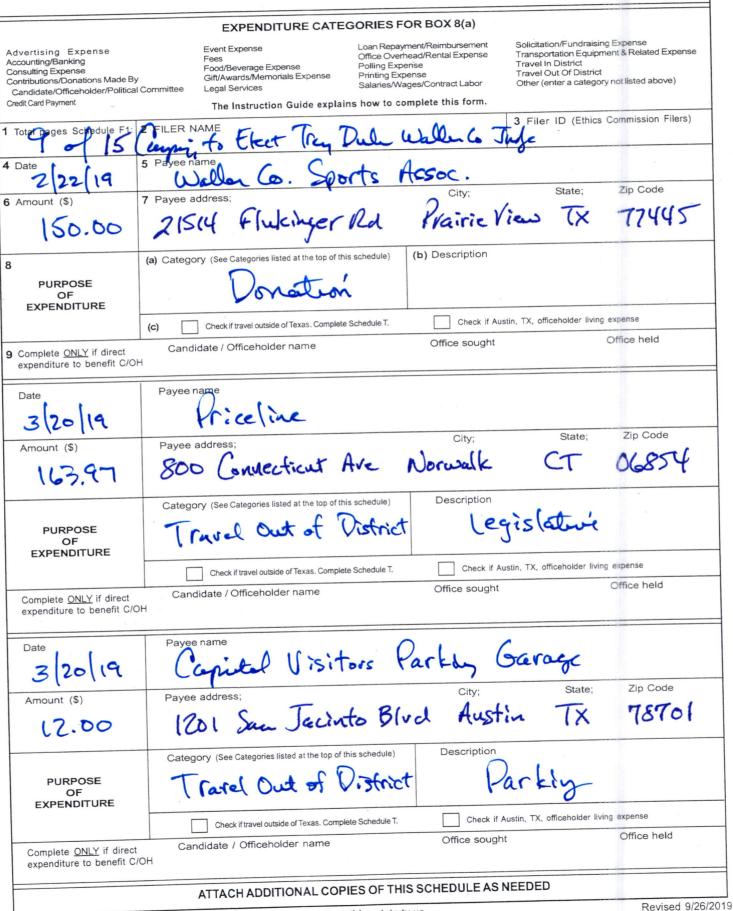
Forms provided by Texas Ethics Commission

Revised 9/26/2019

SCHEDULE F1



SCHEDULE F1



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)
Candidate/Officeholder/Political	The Instruction Guide explains how to complete this form.
1 Total pages schedule 51:	2 FLER NAME 2 FLER NAME to Elect Trey Dulu Wall G July 5 Payee name
321 19	7 Payee address; 7 Paye
6 Amount (\$) 109.41	605 Davis St Austin TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District Legisletive
	(C) 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 3 22 19	Payee name Wallen County City: State; Zip Code
Amount (\$)	Payee address; 826 Austin Hempsterd TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Reveal Expense Anol donation
	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	
Date 3 28 19	Payee name ASSOC of Rural Contain in Texas
Amount (\$)	City; State; Zip Code
(20,00	1122 Colorado, Ste 102 Austin TX 78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Event Expense Registeration fee
	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	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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Revised 9/26/2019

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense	xpense Travel In District Expense Travel Out Of Dis Wages/Contract Labor Other (enter a ca	quipment & Related Expense
1 Total pages Ochequie F1:	2 Aller NAME Corpri to Elect Trey Duly	Wall Co Judge	hics Commission Filers)
⁴ Date 3 28 19	5 Payee nome Centex Broudcas	t	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
200.00	1909 S. New Rd	Waco Tx	76711
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Sprisoral	Ŷ
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder li	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 4(3/19	Payee name Capital Visitors Parl	ily Garage	
Amount (\$)	Payee address;	City; State;	Zip Code
11.00	1201 San Jacinto Blu	d Austin TX	78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of Dist.	Description Parking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4 (5 19	Payee name Hilton Garden 1	Ŵ	
Amount (\$)	Payee address;	City; State;	Zip Code
519.26	Payee address; 500 N. Interstate Hum	35 Austin TX	78701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out & Dist.	Description TAC Conference	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel In District By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District	ipment & Related Expense	
1 Total pages Schedule 51: 4 Date	Lapajon to Elect (rey Dule Wallen Co Judge	cs Commission Filers)	
4 1619 6 Amount (\$)	7 Payee address; City; State;	Zin Code	
13.88	849 E Commerce St #109 San Antonio TX	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food (Beverage Confere	Ment	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought OH	Office held	
^{Date} ار (۱۹	Payee name Pacsanis		
Amount (\$)	Payee address; 111 W. Crockett #101 Son Antonio TX	Zip Code 78205	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description TDEM Confect	rnel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	office held	
Date 4 (18 19	Payee name Grand Hyatt		
Amount (\$) 43,29	Payee address; City; State; 600 E. Market St San Arctonis TX	Zip Code 78285	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Food Beverage TDEM Coufe	none	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin	g expense Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

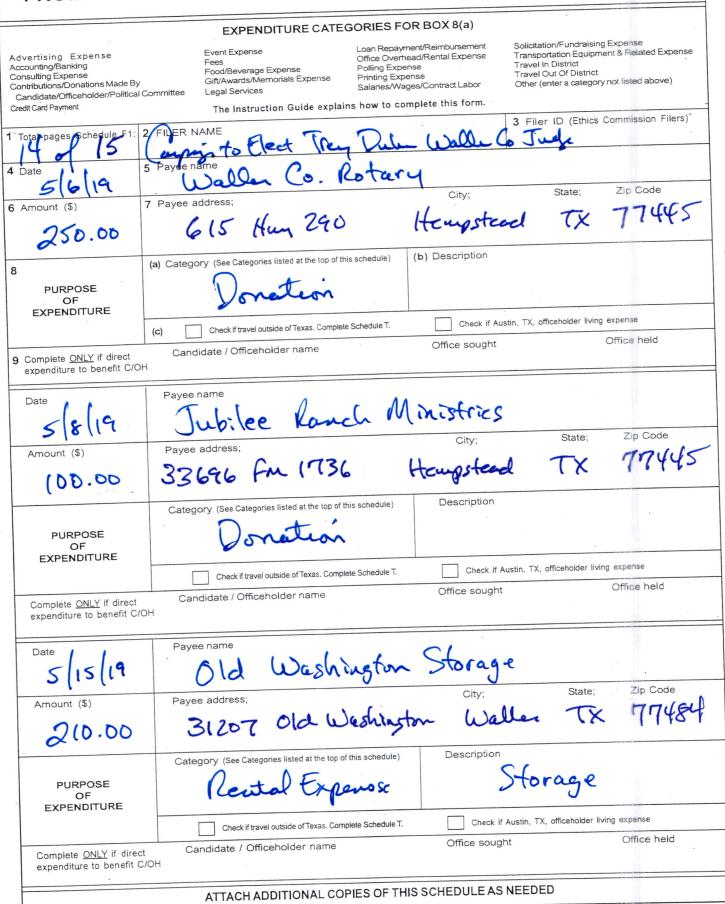
Forms provided by Texas Ethics Commission

SCHEDULE F1

8	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel In Distri By Gift/Awards/Memorials Expense Printing Expense Travel Out Of I	
1 Total pages Schedule E1: 4 Date	Cuping to Efect (rey Jule Wallen Co Judge	Ethics Commission Filers)
4/18/19	Menger Hotel	7-0-1-
6 Amount (\$) 22.73	7 Payee address; City; State 204 Alano Plaza SanAntonio TX	2; Zip Code 78205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) food (Bcverage TDEM Con	brence
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholde	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought OH	Office held
Date (15/19	Payee name Waller Co. Pregnancy Center	
Amount (\$)	Payee address; City; State 1225 farr St Waller TX	e; Zip Code 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, officeholde	r living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought	Office held
Date 5 2 (19	Payee name Waller Co. 474	
Amount (\$)	Payee address; City; State 846 6th St Heupsterd TX 774	
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	r living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought OH	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

Forms provided by Texas Ethics Commission

SCHEDULE F1



SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)
dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political redit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)
		3 Filer ID (Ethics Commission File
Date 6 3 19	5 Payee name Academic Rev	Juhn Wallen Co Juike galia City; State; Zip Code
Amount (\$)	7 Payee address;	Oity,
365.71	Unknown	14
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	
	(c) Check if travel outside of Texas. Complete S	chedule 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 6/5/19 Amount (\$)	Payee name Waller Police Payee address; 1219 Farr St	e Rept. City; State; Zip Code Weller TX 7748
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Donetin	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/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
0000005	Category (See Categories listed at the top of th	is schedule) Description
EXPENDITURE	Check if travel outside of Texas. Comple	te Schedule T. Check if Austin, TX, officeholder living expanse
		Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	ЮН	ES OF THIS SCHEDULE AS NEEDED