# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

#### FORM SPAC COVER SHEET PG 1

| The SPAC Instruction Gui   | de explains how to complete this form.  1 Filer ID (Ethics Commission Filers)       | 2 Total pages filed:   |  |
|--|---|--|--|
| 3 COMMITTEE NAME   | ket Trey Dulum Waller County Judge  | OFFICE USE ONLY  |  |
| 4 COMMITTEE ADDRESS  Change of Address                               | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  PO BOX 640  Waller Tx 77484 | Waller Co. Elections  MAY 2 4 2021  RECEIVED  Date Hand-delivered or Date Postmarked                                   |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                      | MS/MRS/MR  My  Matthew  K  NICKNAME  LAST  SUFFIX                                   | Receipt # Amount \$  Date Processed  Date Imaged   |  |
| 6 CAMPAIGN<br>TREASURER<br>STREET ADDRESS<br>(Residence or Business) | 39838 Addie Gee Rd<br>Hempstand TX 77   | ZIP CODE   |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address              | Same as above   | ZIP CODE   |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                     | 979) 921-9409 EXTENSION   |  |  |
| 9 REPORTTYPE   | January 15  July 15  Sth day before election  Runoff                                | Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination |  |
| 10 PERIOD<br>COVERED   | Month Day Year  THROUGH   | Month Day Year 6 /30/20  |  |
| 11 ELECTION  |   | Other  Description————   |  |
| GO TO PAGE 2   |   |  |  |

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| CHANGE TO F  | ect                              | Trey Dulion  | Weller Court  | v Judge                                      | 13 Filer ID           | (Ethics Commission Filers) |
|--|----------------------------------|--|---|--|-----------------------|----------------------------|
| 14 COMMITTEE PURPOSE (Attach lists on plain pape   |                                  | CANDIDATE  | candidate/officeHolder  | rey" J                                       | Du                    | Lon III                    |
| complete this report if necessary.)  SUPPORT (Candidate or Measure)  OPPOSE (Candidate or Measure) |                                  | OFFICEHOLDER   | OFFICE SOUGHT (candidate)   | DEFICE HELD office                           |                       | udge                       |
|  |                                  |  | BALLOT IDENTIFICATION /#  | Mon  | ELECTION D            | ATE<br>Year                |
| ASSIST (Officeholder)  |                                  | MEASURE  | DESCRIPTION   |  |                       |                            |
| 15 CONTRIBUTION 1. TOTALS  |                                  | PLEDGES, LOANS, O CONTRIBUTIONS MA   | POLITICAL CONTRIBUTIONS<br>R GUARANTEES OF LOANS,<br>DE ELECTRONICALLY) | OR   | \$                    | 0                          |
|  | 2.                               | Check here if this report qualifies for the higher itemization threshold     TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) |   | \$   |                       |                            |
| EXPENDITURE<br>TOTALS  | 3.                               |  | POLITICAL EXPENDITURES  | 20 01 20/110)                                | \$                    |                            |
|  | 4.                               | TOTAL POLITICAL E  | EXPENDITURES  |  | \$                    | 608.86                     |
| CONTRIBUTION<br>BALANCE  | 5.                               | TOTAL POLITICAL CO<br>OF THE REPORTING   | NTRIBUTIONS MAINTAINED A  | AS OF THE LAST                               | DAY \$                | 1032.66                    |
| OUTSTANDING<br>LOAN TOTALS   | 6.                               | TOTAL PRINCIPAL AN<br>LAST DAY OF THE RE   | OUNT OF ALL OUTSTANDING PORTING PERIOD                                  | G LOANS AS OF                                | THE \$                | 0                          |
| CARI<br>Notary   | BETT J<br>Public, S<br>. Expires | DUHON III State of Texas s 11-12-2021 2542580-5  | omplete either option b   | under Title 15,<br>are of Campaign<br>pelow: | Election (            | Declarant)                 |
| Sworn to and subscrib  | oed bef                          | fore me, by the said _   | Matther   | o Menl                                       | ke, th                | is the 17th                |
| day of May   | , 20 <u>.</u>                    | 21 , to certify wh   | ett J Dulia   | seal of office.                              | No                    | tary Public                |
| Signature of officer adm   | inisterin                        | g oath Printed   | name of officer administering  OR                                       | g oath                                       | Title of o            | officer administering oath |
| (2) Unsworn Declarat   | ion                              |  |   |  |                       |                            |
| My name is   |                                  |  | , and my  | date of birth is _                           |                       | ·                          |
| My address is  |                                  | (street)   |   | (oits)                                       | , <sub>/=4=4=</sub> \ | (zip code)(country)        |
| Executed in  |                                  | ,  | , on the  |  |                       |                            |
|  |                                  |  |   | Signature of Cam                             | paign Treas           | urer (Declarant)           |

### SUBTOTALS - SPAC

#### FORM SPAC COVER SHEET PG 3

| Ca  | apaign to Elect Try Duha Walle Co Judge  | nmission Filers)   |
|-----|--|--------------------|
| 19  | SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT |
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$                 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                 |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                 |
| 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                    | \$ 608.86          |
| 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/OH              | \$                 |
| 13. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                 | ° 700.50           |
| 14. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$ 590.50          |

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District

| Candidate/Officeholder/Politica<br>Credit Card Payment              | Al Committee Legal Services Salaries M  The Instruction Guide explains how to committee | Vages/Contract Labor Other (enter a category not listed above)  complete this form. |  |
|---|---|---|--|
| 1 Total pages Schedule F1:  | a FILER NAME aupointo Elect Trey Dula   | 3 Filer ID (Ethics Commission Filers)   |  |
| 4 Date   23 20  | 5 Palyee name<br>Classic Events Co  | afe   |  |
| 6 Amount (\$)   | 7 Payee address; 615 Bus. 290N  | Hempstead TX 77445  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  Food/Beverage         | (b) Description Campaign Meeting  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.                              | Check if Austin, TX, officeholder living expense                                    |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name   | Office sought Office held   |  |
| 2 (19 (20   | CASA for Kide   | s of South Central Texas  |  |
| Amount (\$)   | Payee address;  | City; State; Zip Code   |  |
| 325.00  | 1500 S Day St   | Brenham TX 77833  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)                            | Sponsorship - Casino night  |  |
|   | Check if travel outside of Texas. Complete Schedule T.                                  | Check if Austin, TX, officeholder living expense                                    |  |
| Complete ONLY if direct expenditure to benefit C/OF                 | Candidate / Officeholder name   | Office sought Office held   |  |
| 2 24 20   | Old Washington St   | orage   |  |
| Amount (\$)   | Payee address;  | City; State; Zip Code   |  |
| 210.00  | 31207 Old Weshington  | Ru Walker TX 77484  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Reutal expense  | Storage unit for Carpaign Signs   |  |
|   | Check if travel outside of Texas. Complete Schedule T.                                  | Check if Austin, TX, officeholder living expense                                    |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought Office held   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                 |   |   |  |

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

If the requested information is not applicable, DO NOT include this page in the report.

| The Instruction Guide explains how to complete this form. |   |   |  |
|---|---|---|--|
| 1 Total pages Schedule I:                                 | appain to Elect Trey Dul  | 3 Filer ID (Ethics Commission Filers)  Tudye  |  |
| 4 Date (27 (20  | Flaver Calveston Cere   | a Council   |  |
| 6 Amount (\$)   | 7 Payee address;  3555 Timmens Ln #10   | O Houston TX 77027  |  |
| 8 PURPOSE OF EXPENDITURE                                  | (a) Category (See instructions for examples of acceptable categories.)  Event Expense | (b) Description (See instructions regarding type of information required.)  HGAC Annual Banquet |  |
| Date 1/27/20  | Payee name Holiday Inn Au   | istin   |  |
| Amount (\$) 338.16  | Payee address; 805 Neches St  | Austin State Zip Code  78701  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)  Event Expense     | Description (See instructions regarding type of information required.)  Tudicial Conference     |  |
| 2/H(20  | Payee name<br>Ityett Place Colli  | eye Station   |  |
| Amount (\$)   | Payee address; 1100 University Dr   | E College Station TX 77840  |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)  Event Expense     | Description (See instructions regarding type of information required.)  V.G Young Conference    |  |
| Date  | Payee name  |   |  |
| Amount (\$)   | Payee address;  | City State Zip Code   |  |
| PURPOSE<br>OF<br>EXPENDITURE                              | Category (See instructions for examples of acceptable categories.)                    | Description (See instructions regarding type of information required.)                          |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |   |   |  |

### INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

| The Instruction Guide explains how to complete this form.           |   |                        | dule M.           |
|---|---|------------------------|-------------------|
| Caypajn to Eket Tray Duly Walle Co Judge (Ethics Commission Filers) |   |                        |                   |
| 4 Date  | 5 Name of person from whom amount is received  Waller County                | <b>U</b>               | 8 Amount (\$)     |
| 2/7/20  | 6 Address of person from whom amount is received; City; Start Heupstead T   |                        | <b>*338.16</b>    |
|   | 7 Purpose for which amount is received Check if  Ceinbursement for hotel on | political contribution | returned to filer |
| Date  | Name of person from whom amount is received  Waller County                  |                        | Amount (\$)       |
| 2/20/20   |   | ite; Zip Code  X T7445 | <b>*252.34</b>    |
|   | Purpose for which amount is received  Check if  Check if                    | political contribution | returned to filer |
| Date  | Name of person from whom amount is received                                 |                        | Amount (\$)       |
|   | Address of person from whom amount is received; City; Star                  | te; Zip Code           |                   |
|   | Purpose for which amount is received Check if                               | political contribution | returned to filer |
| Date  | Name of person from whom amount is received                                 |                        | Amount (\$)       |
|   | Address of person from whom amount is received; City; Sta                   | ate; Zip Code          |                   |
|   | Purpose for which amount is received Check if                               | political contribution | returned to filer |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                 |   |                        |                   |