SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
D I To DI MAN	1 - 1 -	Date Received
ADDRESS / PO BOX; APT / SUITE #; CI	Co. Judyl STATE; ZIP CODE	Waller Co. Elections
		AUG - 5 2021
$\square Change of Address P.O. BOX ($	270	
Lash 1/0 m TO	1. Sul	RECEIVED
WATCER TY -	1-1489	Date Hand-delivered or Date Postmarked
5 CAMPAIGN MS/MRS/MR FIRST	MI .	Receipt # Amount \$
NAME Mr Mutthew	K	
NICKNAME LAST Menke	SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Besidence or Business) STREET ADDRESS	THE #; CITY; STATE;	ZIP CODE
(Residence or Business)	T. TIME	
Hempstead	TX 77445	
7 CAMPAIGN STREET ADDRESS OR PO BOX; APT / SU	ITE #; CITY; STATE;	ZIP CODE
TREASURER MAILING ADDRESS	ſ	
Change of Address	as above	
8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER	EXTENSION	
PHONE (979) 921-940	7	
	30th day before election	Exceeded Modified Reporting Limit Dissolution Report (Attached PAC-FR)
	Runoff	10th day after campaign treasurer termination
10 PERIOD COVERED Month Day Year		Month Day Year
1/1/20	THROUGH	6 30/21
17172		0 / 10 / 01
11 ELECTION ELECTION DATE Month Day Year Primary	ELECTION TYPE	
		ther
General	Special D	escription
GO TO F	PAGE 2	
Forme provided by Toyoo Ethics Commission		

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SPECIFIC-P PURPOSE A			IITTEE REPORT :	cov	FORM SPAC ER SHEET PG 2
				13 Fil	ler ID (Ethics Commission Filers)
a committee	lect	Trey Juhn	CANDIDATE/OFFICEHOLDERNAME	udge	
PURPOSE (Attach lists on plain pape complete this report if	r to	CANDIDATE	Carbett "Trey"	J Dul	hon IIA
necessary.)			Waller Co	ounty	Judge
(Candidate or Measure OPPOSE			BALLOT IDENTIFICATION / #		ION DATE Jay Year
(Candidate or Measur ASSIST (Officeholder)	e)	MEASURE	DESCRIPTION		/
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, O CONTRIBUTIONS MA	POLITICAL CONTRIBUTIONS (OTHER R GUARANTEES OF LOANS, OR DE ELECTRONICALLY) ort qualifies for the higher itemization		\$ 150.00
	2.	TOTAL POLITICAL ((OTHER THAN PLEDG	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LC	DANS)	\$ 84,300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$ 0
	4.	TOTAL POLITICAL	EXPENDITURES		\$ 12,595.01
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CO OF THE REPORTING	NTRIBUTIONS MAINTAINED AS OF TH PERIOD	IE LAST DAY	\$ 75,714.08
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AN LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS	S AS OF THE	\$ 9,000.00
			nalty of perjury, that the accomparied to be reported by meunder 1	Title 15, Electi	ion Code.
			Signature of Ca	impaign Treasu	irer (Declarant)
(1 Africa is Comm.	ublic, S Expires	State of Texas s 11-12-2021	omplete either option below:		
Sworn to and subscrib	bed be	efore me, by the said _			_, this the
day of	_, 20	, to certify wh	ich, witness my hand and seal of	foffice.	
Signature of officer adm	inisteri	ing oath Printed	name of officer administering oath	Title	e of officer administering oath
	lan		OR		
(2) Unsworn Declarat			, and my date of b	airth is	
,		(street)	, (city) (sta	ate) (zip code)(country)
Executed in		County, State of	, on the day of	(month)	_, 20 (year)
			Signature	e of Campaign ⁻	Freasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	committee NAME 18 Filer ID (Ethics 2 committee NAME 18 Filer ID (Ethics	Commission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 87,500
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8758.36
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATIO	DN \$
5.	SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR \$
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.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4750.00
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule Ag
2 FLER NAME CAMPAIGN to elect TREEDUNION WATERCO. Judge	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/23/2021 Republic Scrivices Inc. Employees Refler Gov. PAC 6 Contributor address; City; State; Zip Code 1850 N. Allied Way Phoru, AZ 85054	1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor	Amount of contribution (\$)
4128/2021 Steven D+ MARCI L. AIVIS Contributor address; City; State; Zip Code 8827 W. SAM Houston Houston TK 77040 PKWY W. Suile 200	2,500.00
Principal occupation / Job title (See Instructions) Employer (See Instruct	lione
	1013)
Date Full name of contributor out-of-state PAC (ID#:) Home PAC Great techoriston Bu Wers, ASSOC. Contributor address; City; State; Zip Code 951 W. SAM Houston Houston Tr 17044 PKWY W.	Amount of contribution (\$) λ ,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 70dd + Dia NA BRDCK Contributor address; City; State; Zip Code P. D. BNY 3528 Blacmout TK TRD4	Amount of contribution $($)$
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	EEDED

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total mages Schedule At
2 FILER NAME CAMPEUS	to elect TRue Dution WATHER Co. Jude	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
4/11/2/2021	J. Kent Brotherton Ellie B. Brotherton. 6 Contributor address; City; State; Zip Code	2,500.00
	303 W. Alkike LAKE. Dr. Sugrand Tp 724	ne
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
4128/2021	Jeff CANNON CHRISTI CANNOW Contributor address; City; State; Zip Code 4315 WHICKHAM Fullsheak TK 77441	1,500.00
Principal occup	pation / Job title (See Instructions) Employer (See Inst	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
4128/2021	Jothn W. N. CHIQNG Contributor address; City; State; Zip Code 1800 W. Coop S. STE Horiston Tr 71027 1300	1,000.00
Principal occup	bation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
4/17/2021	PHILLip G. CLAYTON- KATHRYN C. CLAYTON Contributor address; City; State; Z/p Code 15015 Jones Rd. Howston TP 27070	1,500.00
Principal occup	bation / Job title (See Instructions) Employer (See Inst	tructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	S NEEDED al reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
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 A1:
2 FILER NAME CHAMPAUGU to llect Trig Duton WAller Co. Judge	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4122 2021 MAKK H. Ely 6 Contributor address; City; State; Zip Code 37 LAKY DAKS LM. Hockley JA 77447	1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
411/2021 NISAO FARES Zeina FARES Contributor address; City; State; Zip Code	1,500.02
P. J. BOX 130688 Houston Th 77219 Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/19/2021 C MARK FRAnklin Lynne C. FRAnklin Contributor address; City; State; Zip Code	1,000.00
3/e LAZYDAKS UN Hockley To 1142 Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
4/2/2021 Pladue Brancoon, Fielder, Collins + Mott ULP Contributor address; City; State; Zip Code 1235 N. LOOP W. Houston Tr 77008 Str. LOO	1,000.007
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

Forms provided by Texas Ethics Commission

SCHEDULE A1

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

The Instruction Guide explains how to complete this	s form.	1 Total pages Scheoule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC	er Co. Judy	
4 Date 5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
4/0/2021 Edward R. GRAdy J.R. DR 6 Contributor address; City; 2. Hordsten Daks Dr. Hockl	Jennie Reunde State; Zip Code	750.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/11/2021 T-RANK W. HARRISON, 11. Contributor address; City; 6/215 SewAnee Ave. Houston		1,500
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
Contributor address; City; 29 Leo Lazy Ln. Blvd. Hou	State; Zip Code	750.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PA		Amount of contribution (\$)
4128/2001 Bob Jones Jones Engine Contributor address; City; 11211 KArty FRWY #325 Horus	State, Zip Code	2,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
If contributor is out-of-state PAC, please see Instr		

Forms provided by Texas Ethics Commission

SCHEDULE A1

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 A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Annois	to alla the inter Ditter totallago it de	
CHApaign	5 Full name of contributor Out-of-state PAC (ID#:)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	losten Tour Sladi Tour	
4/8/2021	6 Contributor address; City; State; Zip Code	750.00
11 010	6 Contributor address; City; State; Zip Code	
	10201 S. Antum Leaf Cirla Magnolia TX 7735	-4
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)
	S a ' V'	
1100/2021	2. Eleing King Contributor address; City; State; Zip Code 1900W. Logos. Houston TX MOZ7	1,500.00
412010001	Contributor address; City; State; Zip Code	1,500
	anil (mas, youston TX moz)	
	19LOW CLOSS	
Principal occup	ation / Job title (See Instructions) Employer (See Instru	ctions)
	and and a second s	
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (f)
		Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
4128/2021	Contributor address: City: State: Zip Code	ST area
		1,000.00
	4210 Ruttland Packle KAty TK 17450	
Principal occur	pation / Job title (See Instructions) Employer (See Instru	ctions)
i inicipal cood		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Reado Atener malanalitic	
4/1/2021	Contributor address; City; State; Zip Code	1,500.00
11.1		
	2311 Mid LANG 1218 Houston TO MODO	7
Detect		
Principal occup	bation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	ne report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME. CAmpaign toller TRey Dution WAller Co. Judg	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
4 202001 6 Contributor address; City; State; Zip Code	750.00
40303 DTERORd, MASNOLIATE 7735 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributorout-of-state_PAC (ID#:) Amount of contribution (0)
4/4/2021 THE MULLER LAW FIRM GROUP Contributor address; City; State; Zip Code	
202 Century Square Blvd Sexand TP Principal occupation / Job title (See Instructions) Employer (See Inst	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code 24503 Did Windmill HocklyTR 1744	
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
Date Full name of contributor Out-of-state PAC (ID#:	_) Amount of contribution (\$)
4/28/2021 DONNH DRRICD CHARLES DRRICD Contributor address; City; State; Zip Code 17210 CALICO PEAKLERAY CYPEESS, TX 17433	1,500.00
Principal occupation / Job title (See Instructions) Employer (See Inst	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedul A1:
2 FILER NAME CAMPAGEN toolect They Dutton Whilek Co. Judge 4 Date 5 Full name of contributor Out-of-state PAC (ID#:	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$)
4/28/2001 And Kee M. Paderange 6 Contributor address; City; State; Zip Code	1,000,00
26314 CRESent Cove. Un KAty TX 114	94
8 Principal occupation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date Full name of contributor 🗌 out-of-state PAC (ID#:) Amount of contribution (\$)
4/1/2021 Caten Plowman contributor address; City; State; Zip Code P. O. Box Leyg Smother TX 174	1,500.00
P.D. Box Leyg Smother TX 174	74
Principal occupation / Job title (See Instructions) Employer (See I	nstructions)
Date Full name of contributor) Amount of contribution (\$)
4/20/2021 Waid Ramsley Flennifer B. Ramsle Contributor address; City; State; Zip Code	
410 Wotington Daks Houston TX 7707	9
Principal occupation / Job title (See Instructions) Employer (See I	Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
4126/2021 Allen Boone flumphies, Pokins UP Contributor address; City; State; Zip Code	1500.00
3200 SW. Frey Houson TK MD2 Suite 2600	7
Principal occupation / Job title (See Instructions) Employer (See I	Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASNEEDED
If contributor is out-of-state PAC, please see Instruction guide for addit	ional reporting requirements.

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME CAMPAISK to elect ney Dutton Waller Co. Judg 4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	3 Filer ID (Ethics Commission Filers)
	7 Amount of contribution (\$)
4/15/2021 Jim Russ Stephmic Russ 6 Contributor address; City; State; Zip Code 10011 Medoregen Un. Monston TX 77042	1,500.00
10011 Medougen Un. nowton 12 77042	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/28/2021 Costello, Inc. PAC Contributor address; City: State; Zip Code 2107 Citywest Blvd. Housburtk 17042	750.00
2107 Citywest Blvd. Houston TK 17042	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/12/2021 Settwartz, Physe Hardins, UP contributor address; City; State; Zip Code BOD Post DAK BIV. Howstor TP 77056 Ste. 1400	250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/23/2021 JAY Kelth Sears Contributor address; City; State; Zip Code	1500.00
8827 W. Santloustor Pker D. Houstor TV. Serife 200 7700	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	IEEDED reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
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 page Schedy A1
Campaign to elect Trey Duton WC3	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor □ out-of-state PAC (ID#:) I.D.S. Enginething. Citograp PAC. 6 Contributor address; City; State; Zip Code 13430 WW · FKury Mouston TY 77040 Sunto 200	7 Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) J1912021 Samual Tuckler Contributor address; City; State; Zip Code	Amount of contribution $($)$
2710 Westgrove Houston TK 77027	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/1/2009 Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/1/2024 Contributor address; City; State; Zip Code 10101 SW FKWY STE100	1500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	
The Instruction Guide explains how to complete this form.	1 Total Pages Schefule Art
2 FILER NAME. 2 Marsh 10 Mect TRey DUNON WCJ 4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor [] out-of-state PAC (ID#:) DAVIDS. WOIFF Truestments	7 Amount of contribution (\$)
Le 1412021 DAVID S. WOIFF Investments 6 Contributor address; City; State; Zip Code 20 BRIHR Hollow Cn. Mouston TX 97021	1,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	l ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/10/2001 CHR & Kendall KibzA Contributor address; City; State; Zip Code 17010 SAddle Ridg Cypress Tr 77433	2,500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/26/2021 City: State; Zip Code Contributor address; City; State; Zip Code Po Box 649 Sin puton TX 77474	1,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
5/23/2021 LAKKY F. JANAK Contributor address; City; State; Zip Code 20307 WARRINGTON KATY TX 77450	300.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tione)
	cuons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I If contributor is out-of-state PAC, please see Instruction guide for additional	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
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 A1: 9			
2 FILER NAME CAMPAIGN TO Elect TRY DUKA WCJ	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor 🗌 out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
5 35 300 KAHy 1039 LTD 6 Contributor address; City; State; Zip Code	5,000.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tione)			
9 Employer (See instructions)	uons <i>)</i>			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
5/27/2021 Randy N. Randermann Contributor address; City; State; Zip Code 4860 James LN Fulshear Tr 77441	750.00			
4860 JAMES LAU FULSHEAK TK 77441				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
SIDUIDON LYLE E. HENKEI Contributor address; City; State; Zip Code	2,500.00			
8630 Wyndham Jercey Tr 77040 Village				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
(2 3)2021 Clayton Scharkda Contributer address; City; State; Zip Code	750.00			
P.D. BOX 1043 Sealy TE 77474 1814 EASIELAKE Rd.				
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 A1

The I	nstruction Guide explains how to complete this form.	1 Total rage Schedura A1;	
2 FILER NAME	5 Full name of contributor Out-of-state PAC (ID#:)	3 Filer ID (Ethics Commission Filers)	
		7 Amount of contribution (\$)	
5125,200	6 Contributor address; City; State; Zip Code 229 Herigtose TRAIL-Bellviller 77418	500.00	
	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
(e)312021	David Tinney Contributor address; City; State; Zip Code 17319 Fairgrove Park	1,000.00	
Principal occupa	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date 5 30 303	Full name of contributor \Box out-of-state PAC (ID#:) MDMNL UC Contributor address; City; State; Zip Code P.D. ROX 441 Hempskind Th 7445	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
(1)3/2021	Contributor address; City; State; Zip Code 11903 OSASE Park Houston Tr 77065	750.00	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

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 Schedul A1: 9	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Campaign to lect Trey Duron WCJ		
4 Date 5 Full name of contributor	7 Amount of contribution (\$)	
	1,250.00	
5/20/2001 Colt Hauck	10 80.00	
6 Contributor address; City; State; Zip Code 24643 NineBAR Rd flempsferd JA 77445		
29045 MINUDACKO FUMPSARAC JA 71445		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)	
	1	
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
5 Julooa DEC PAC	80	
5 4 202 PHC Contributor address; City; State; Zip Code	1,000.00	
1 GREENWAY PLAZE Houston TK 77046		
Greenway Flate Function		
Principal occupation / Job title (See Instructions) Employer (See Instru-	L ctions)	
	1	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
Red D Real D Kinger	2 22	
5/15/2021 PAUL P. KWAW	750.00	
Contributor address; City; State; Zip Code		
13423 Amber Queen Houston TK 27041		
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)	
	1	
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
ALTINDI Atenny IIC		
515 2021 Aterrus LLC	750.00	
2100 West Loop South Workton To 770570	100.	
2100 West was south Marston To 7705le		
	stiene)	
Principal occupation / Job title (See Instructions) Employer (See Instru	cuons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.	

Forms provided by Texas Ethics Commission

SCHEDULE A1

The Instruction Guide explains how to complete this f	orm. 1 Total pages Schedula A1:1 9		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	1001		
CAmpaign to elect They Ditha			
4 Date 5 Full name of contributor Out-of-state PAC (D#:) 7 Amount of contribution (\$)		
Shaland IDDING + + (Day Rd			
O de door a contributer address	State; Zip Code 1,000.00		
5 Pull name of contributor Gout-of-state PAC (5) 26 2021			
1100 27 KAty FRW Ste 740	11011		
8 Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor Out-of-state PAC (
	Amount of contribution (\$)		
Contributor address; City;	69		
Contributor address; City;	State; Zip Code 2,000.00		
21711 KickApod WALLER	77 77484		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (D#:) Amount of contribution (\$)		
Sumare & Analalan			
10/2 2021 Summer G CANNON	حل حر		
Contributor address, City,	State; Zip Code 150.00		
POBOX 99 WAIRR	77 77484		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
5/26/2021 Jim Kuss			
Contributor address; City;	State; Zip Code 2,500.00		
11 meadewarless toustor -	77 77042		
11 11 10			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
	Construction of the second construction of the second		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			
in contributor is out-or-state PAC, please see Instruc	tion guide for additional reporting requirements.		

SCHEDULE A1

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 A1: 19		
2 FILER NAME CAMPCIGN to elect TRuy Dutton WCS	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
6 Contributor address; City; State; Zip Code 400 sie Hlees Way Seally TX 77474	200.00		
400 servery Jeany in 11911			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
(2) 2021 UAVID + Mengen PTVILLIPS Contributor address; City; State; Zip Code 3505 Chambel Dr. Spring TD 77386	750.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
(e) 201 ARROLLE, BRANdon, Fillder, Callis T Motts. Contributor address; City; State; Zip Code 1235 NortHUGOS W. Howton TK 77008	300.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
Le 1 2021 WALTER DR JOYCE JASS Contributor address; City; State; Zip Code 2707 Autumn LAKE KATY TR 77450	250.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1		
² CAmpaign to elect nendulton WCJ ³ Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor 9 out-of-state PAC (ID#:	7 Amount of contribution (\$)		
6 Contributor address; City; State; Zip Code	500.00		
P.D. Box le18 thempotene The 77444			
8 Principal occupation / Job title (See Instructions) 9 Employer (See In			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
(2)14/2021 RABA - KISTALK PAC, Contributor address; City; State; Zip Code P.D. Box 690287 SARAntonio TK 7821	1,000.00		
10.0.130× (e1028 (SALHATONUS 1) 7800	01		
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
Date Full name of contributor out-of-state PAC (ID#:)) Amount of contribution (\$)		
6 9 2021 Rendric Jones Contributor address; City; State; Zip Code	100.00		
2800 Jennetta Moustor TX 772	DLeB		
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)		
4/20/2021 CHER/LS BRIAN BEYER Contributor address; City; State; Zip Code 6403 B Wescott Mowson TX 77007	1,500.00		
10405 B Weilding 100030h ip 1100			
Principal occupation / Job title (See Instructions) Employer (See In	nstructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	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				
If the requested information is not applicable, DO NOT include this page in the r	eport.			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: (9			
2 FLER NAME CAmpaign pelect They father UCS	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Pull name of contributor □ out-of-state PAC (ID#) 0 24 2021 Klvin DEBORN 6 Contributor address; City; State; Zip Code 2 le IVD Century DAK. Hockly TX 77447	7 Amount of contribution (\$) 750.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructi	ons)			
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
5/21/2021 Wavid Hamitton Contributor address; City; State; Zip Code 4112.24+N Houston TX 77008	500.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)			
Date Full name of contributor I out-of-state PAC (ID#:) 5/11/2021 11/2021 11/2021 Contributor address; City; State; Zip Code 31 Sandlewood Horustor	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:) 9/10/2021 C. Narles C. HRist Contributor address; City; State; Zip Code LEDSY Riverview Way Horuston Jr - 7057	Amount of contribution $(\$)$ 1,000.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
If the requested information is not applicable, DO NOT include this page in the report.			
The Instruction Guide explains how to complete this form.			
2 FILER NAME . 3 Filer ID (Ethics Commission Filers) CAMPAUCH to elect TRuy Divon UC5			
4 Date 5 Full name of contributor \Box out-of-state PAC (ID#:) 7 Amount of contribution (\$) $2 \partial \phi Dapp = WA/lek County Land Co$			
6 Contributor address; City; State; Zip Code P.D. Box 1274 WALLER TR 77484			
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 4/15/2021 Na/IFF ASSOCIATES - State PAC, ID#:) 1,000.99 Contributor address; City; State; Zip Code			
Contributor address; City; State; Zip Code 1201 W. BOWSOR Rd, TX 75081 Richardson			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)			
5/11/2021 CHarles Watson. Contributor address; City; State; Zip Code 310 Timber wildle LN. Mowton JR 77024 1,0000			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$)			
6/3/2021 D.J. M. AVMKa Contributor address; City; State; Zip Code 1,000.02 5858 Westheme, # Houston TY 77057			
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 A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule 1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Cank	• /	TREYDU	Hor WC5	
4 Date	5 Full name of contributor	Out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
				5- 15
10/2/2021	I MM WOOD	e		300.00
4000	6 Contributor address;	City;	State; Zip Code	
	6 Contributor address; 14701 St. Marcys	Ln Houston	n TR 77079	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
	1			
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
				Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor		C (ID#:)	
Duto) (10#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	and a control conversion of a control parts in the control of the state of the second of the second of the state of the second of the se	2.		
Principal occu	pation / Job title (See Instructions)	1	Employer (See Instruc	tions)
				, lons)
Data				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
		City,	State, Zip Code	
Principal acou	notion / Job title (Coo locto ations)		_	
Fincipal occu	pation / Job title (See Instructions)		Employer (See Instruc	itions)
	ATTACH ADDI	TIONAL COPIES (OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PA	C, please see Instru	uction guide for additional	reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A	
2 FILER NAME Campaign to Etct Tray Dulin Waller Co	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	5	
5 Date 6 Full name of contributor address; City; State; 4/28/21 7 Contributor address; City; State; 22662 Hegar Rd Hackley TX	Zip Code 6,208.36 for fundraising TTYY7 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 \Box out-of-state PAC (ID#: Stephen Robinson Contributor address; City; State; 3200 SW Freeway Houston TX	Amount of Contribution \$ In-kind contribution description Zip Code 1230.00 EVENT 77027 Check if travel outside of Texas. Complete Schedule T.	
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.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: 2 of 2	
aupain to Elect Trey Duha Waller	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	5	
5 Date 6 Full name of contributor Dout-of-state PAC (ID#:		
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 \Box out-of-state PAC (ID#:		
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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	EXPENDITURE CATEGORIES	or box b(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipmer Travel In District Travel Out Of District Other (enter a category r	nt & Related Expense
1 Total pages Schedule F1:	2 Mer NAME to Elect Trey Du	In Wall 6 The	3 Filer ID (Ethics C	ommission Filers)
4 Date 2/1/21	5 Payeename ler County Re	epublican	Party	r
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$500.00	Po Box 551	Hearpstead	Tx	77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donations	Goff Tou	irnoment	Sponsor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	ffice held
Date	Payee name	C		
5/26/21	Smitty's Ca	te		
Amount (\$)	Payee address;	City;	State;	Zip Code
46.95	4355 US 290	Brenhan	TX	77833
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	food/Beverage	Ever	it Meet	ing
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
Date r	Payee name			
6321	Hometown Har	dware		
Amount (\$)	Payee address;	City;	State;	Zip Code
86.04	2205 13th St	Hempsteac	I TX	77445
	Category (See Categories listed at the top of this schedule)	Description	0	
PURPOSE OF EXPENDITURE	Event Expenses	Supplies	tor golf	tourney
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		ffice held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED	

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/Ba	nking
Consulting Exp	ense
Contributions/E	Donations Made By
Candidate/Of	ficeholder/Political Committee
Credit Card Paym	ent

Event Expense Fees 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Caupin to Elect Trey D	2. hon	3 Filer ID (Ethics	s Commission Filers)
4 Date 6 3 21	5 Payee hame Arlans	×		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
344.64	31315 FM 2920	Walter	TX	77484
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	(b) Description	tood for	golf tourney
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 6 4 21	Payee name Nothing Bundt	Cakes		
Amount (\$)	Payee address;	City;	State;	Zip Code
49.50	9822 Fry Rd Stel	To Cypr	ess Tx	77433
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description	ts for ge	off tourney
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 6/3/21	Payee name Bartending 2	ų		5
Amount (\$) 1755.00	Payee address; 11106 Barninel North H	ouston Hou	state;	^{Zip Code} 77066
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Barter Aw	nder / Dri bards (er	inks for earony
1				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	n, TX, officeholder living	office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

DENDITUDE CATECODIES FOR POV 8/2)

		EXPENDITORE CATE	GORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
		The Instruction Guide explai	ns how to complete this form.	
	Total pages Schedule F1:	2 FILER NAME Comparison to Elec 5 Payee name	+ Trey Duhon	3 Filer ID (Ethics Commission Filers)
	6821	Classic E	vents Cate	
6	Amount (\$)	7 Payee address;	City;	State; Zip Code
	1330.00	615 US 290	Hempstea	d TX 77445
8		(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
	PURPOSE OF EXPENDITURE	Event Expense	se Catering	s for golf tourney
		(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Date 8/4/21	Payee name Legendary	Oaks Golf	Course
	Amount (\$)	Payee address;	City;	State; Zip Code
	3735.00	43279 Urba	- Rd Hearpste	ead TX 77445
		Category (See Categories listed at the top of this	schedule) Description	
	PURPOSE OF EXPENDITURE	Event Expense	e Golf.	tournament fee
		Check if travel outside of Texas. Complete	Schedule T. Check if Aust	in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Date 6321	Payee name Square		
	Amount (\$)	Payee address;	City;	State; Zip Code
	47.88	1455 Market St W	it 600 Soufray	cisco CA 94103
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Banking		t card fees
		Check if travel outside of Texas. Complete	Schedule T. Check if Austi	in, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I				
If the requested in	If the requested information is not applicable, DO NOT include this page in the report.			
	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule I: 1 Of 2 4 Date 5/17/21	² FILER NAME <u>Cauper</u> to Elect Trey Dulu ⁵ Payée name Waller County A+M	3 Filer ID (Ethics Commission Filers) Walle Co Judge Club		
5/17/21 6 Amount (\$) 750.00	7 Payee address;	City State Zip Code Monaville Texas 77484		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date 5 (17 21 Amount (\$)	Payee name Royal FFA Payee address;	city State Zip Code Brookshive TX 77423		
LOOO.60 PURPOSE OF EXPENDITURE	34499 Royal Rd Category (See instructions for examples of acceptable categories.) Donation	Description (See instructions regarding type of information required.)		
Date 5 (18 (21 Amount (\$) 750.00	Payee name (ASA for Kids Sout Payee address; 1500 S Day St	h Central Texas city State Zip Code Brenham TX 77833		
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
5 28 21	Payee name Golundme - Dough	is Suith Funeral		
Amount (\$) 250.00	Payee address;	City State Zip Code Redwood City CA 94063		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Funeral expenses		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEEDED		

	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE		
If the requested in	If the requested information is not applicable, DO NOT include this page in the report.		
	The Instruction Guide explains how to comple	ete this form.	
1 Total pages Schedule I: 2 of 2 4 Date 6 2	2 FILERNAME (aynighto Elect Tvey 5 Payee name Focusing Famil	3 Filer ID (Ethics Commission Filers) Dubon	
6 Amount (\$)	7 Payee address: 641 10th St Unit B 6	City State Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)	
Date 5 29 21	Payee name Waller (ounty Sheriff's Office	Reserve Conmand	
Amount (\$) 750.00	Device addresses	Dr Hempstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Sporting Clays Sponsor	
Date 5 29 21	Payee name Tri-County Fire	Department	
Amount (\$) 500.00	Payee address; 29144 FM 1488	City State Zip Code Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City State Zip Code	
PURPOSE OF 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		