

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: 22
3 COMMITTEE NAME CITIZENS SUPPORTING DUHON AND MATHIS		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18069 FM 359 HEMPSTEAD TX 77445		Date Received JUL 17 2017
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. TIM JUNEK NICKNAME LAST SUFFIX	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18069 FM 359 HEMPSTEAD TX 77445		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3860		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 05 / 30 / 2017 THROUGH 07 / 18 / 2017		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 2018	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME
CITIZENS SUPPORTING DUHON AND MATHIS

13 Filer ID (Ethics Commission Filers)

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

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 315.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 20.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,052.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,327.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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 CITIZENS SUPPORTING DUHON AND MATHIS		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 30,400.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,000.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ 0
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$ 0
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,052.73
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6-30-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Xanthea Camp 6 Contributor address; City; State; Zip Code 1900 Cardiff Road Brookshire, TX 77423	7 Amount of contribution (\$) 90.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Clary Contributor address; City; State; Zip Code P.O. Box 11853 College Station, TX 77842	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Jordan Contributor address; City; State; Zip Code 1814 Rustic Hills Ct. Sugar Land, TX 77479	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Greppes Contributor address; City; State; Zip Code 25820 Century Oaks Blvd. Hockley, TX 77447	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
CITIZENS SUPPORTION DUHON AND MATHIS

3 Filer ID (Ethics Commission Filers)

4 Date
6-30-17

5 Full name of contributor out-of-state PAC (ID#: _____)
Tracy Staley

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
13417 Reintree Drive Montgomery TX 77356

90.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6-30-17

Connie Pettitt

90.00

Contributor address; City; State; Zip Code
1101 Ridge Road, Suite 102 Rockwall, TX 75087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6-30-17

David Weber

90.00

Contributor address; City; State; Zip Code
6666 Harwin Drive #220 Houston, TX 77036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

6-30-17

Kimberly Kutach

90.00

Contributor address; City; State; Zip Code
9281 SW I-10 Frontage Road Sealy, TX 77474

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6-30-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted Krenak</i>	7 Amount of contribution (\$) <i>90.00</i>
6 Contributor address; City; State; Zip Code <i>2330 Vogel St. Brookshire, TX 77423</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Roberts</i>	Amount of contribution (\$) <i>90.00</i>
Contributor address; City; State; Zip Code <i>15907 Viney Creek Dr. Houston, TX 77095</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Davis</i>	Amount of contribution (\$) <i>90.00</i>
Contributor address; City; State; Zip Code <i>1340 13th Hempstead, TX 77445</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Power</i>	Amount of contribution (\$) <i>90.00</i>
Contributor address; City; State; Zip Code <i>Old 300 Ranch + Board Addie Bee Road, Hempstead, TX 77445</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6-30-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patte Ivie</i> 6 Contributor address; City; State; Zip Code <i>12915 Fm 359 Hempstead, TX 77445</i>	7 Amount of contribution (\$) <i>90.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcia Braswell</i> Contributor address; City; State; Zip Code <i>371 Stone Gate Dr. New Braunfels, TX 78130</i>	Amount of contribution (\$) <i>90.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Brunette</i> Contributor address; City; State; Zip Code <i>731 East Mill Street Bellville, TX 77418</i>	Amount of contribution (\$) <i>90.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amanda Burks</i> Contributor address; City; State; Zip Code <i>1091 H. Main St. # F Vidor, TX 77662</i>	Amount of contribution (\$) <i>90.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6-30-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya Miller	7 Amount of contribution (\$) \$ 180.00
6 Contributor address; City; State; Zip Code 40225 Heise Road Hempstead, TX 77445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Kulhanek	Amount of contribution (\$) \$ 90.00
Contributor address; City; State; Zip Code 25075 Mitchell Road Hempstead, TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6-30-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paden Rollings	Amount of contribution (\$) 90.00
Contributor address; City; State; Zip Code 28362 Riley Road Weller, TX 77484		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/15/17 6/05/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RYLAND	7 Amount of contribution (\$) 1,000 ⁰⁰
6 Contributor address; City; State; Zip Code 802 MOONBEAM BRENHAM TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date ^{to} 6/15/17 6/05/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK SCATTERY	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 1104 HERMAGE AUSTIN TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS FLEETWOOD	Amount of contribution (\$) 2,500 ⁰⁰
Contributor address; City; State; Zip Code 200 E ALAMO BRENHAM TX 77833		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BALARD : FLEETWOOD
Date 6/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLI LOONEY	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code 918 AUSTIN HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME
CITIZENS SUPPORTION DUHON AND MATHIS

3 Filer ID (Ethics Commission Filers)

4 Date
6/19/17

5 Full name of contributor out-of-state PAC (ID#: _____)
TIMOTHY J PHELAN
6 Contributor address; City; State; Zip Code
PO BOX 1274 WALLER TX 77484
40040 HEMSTEAD Hwy

7 Amount of contribution (\$)
200⁰⁰

8 Principal occupation / Job title (See Instructions)
REAL ESTATE

9 Employer (See Instructions)
WALLER COUNTY LAND

Date
6/19/17

Full name of contributor out-of-state PAC (ID#: _____)
CHERYLL SINGLETON
Contributor address; City; State; Zip Code
11318 STONEY FALLS HOUSTON TX 77095

Amount of contribution (\$)
1,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/19/17

Full name of contributor out-of-state PAC (ID#: _____)
KENNETH A LOVE
Contributor address; City; State; Zip Code
3503 WESTELM RICHMOND TX 77406

Amount of contribution (\$)
2,500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
6/19/17

Full name of contributor out-of-state PAC (ID#: _____)
DAVID L TURNAGE
Contributor address; City; State; Zip Code
23080 FLUKINGER RD WALLER, TX 77484

Amount of contribution (\$)
500⁰⁰

Principal occupation / Job title (See Instructions)
COMPANY REPRESENTATIVE / OWNER

Employer (See Instructions)
TURNAGE & ASSOCIATES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL LOONEY	7 Amount of contribution (\$) 2,500 ⁰⁰
6 Contributor address; City; State; Zip Code 918 AUSTIN HEMPSTEAD TX 77445		
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) LOONEY & CONRAD
Date 6/21/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODIS STYERS	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code PO BOX 557 HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHUCK SCIANNA	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 20880 FM362 WALLER TX 77484		
Principal occupation / Job title (See Instructions) PRINCIPLE / OWNER		Employer (See Instructions) SIM TX
Date 6/26/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREG TURNER	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 333 CYPRESS RUN STE 350 HOUSTON TX 77094		
Principal occupation / Job title (See Instructions) PRINCIPLE / OWNER		Employer (See Instructions) TURNER DORAN ARCHITECTS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/26/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEVEN D. ALVIS	7 Amount of contribution (\$) 2,500 ⁰⁰
6 Contributor address; City; State; Zip Code 8827 W SAM HOUSTON PKY N. STE 200 HOUSTON TX 77040		
8 Principal occupation / Job title (See Instructions) 8827 W. SAM HOUSTON PKY N. STE 200 REPRESENTATIVE		9 Employer (See Instructions) NEWQUEST TECH
Date 6/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARNA SHOFNER LEWIS	Amount of contribution (\$) 2,500 ⁰⁰
Contributor address; City; State; Zip Code PO BOX 168 WALLER, TX 77484		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. D. LIEDER	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 33300 FM 2979 WALLER TX 77484		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHONDA PLATA	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 28407 MOUND RD PO BOX 189 HOCKLEY TX 77447		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY GOODRUM	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 3518 S. TEXAS AVE. BRYAN TX 77802		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) AWARDS & MORE
Date 6/5/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAYNE LEBLANC	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 38868 FM 1488 HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/23/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY SIMMONS	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 550 FANNIN ST #500 BEAUMONT TX 77701		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 6/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY RYLAND	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 802 MOON BEAM BRENHAM TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/28/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES WOODLEY	7 Amount of contribution (\$) 200 ⁰⁰
6 Contributor address; City; State; Zip Code PO BOX 571 HEMPSTEAD TX 77445		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OTILIA GONZALEZ	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 3301 NORTHLAND DRIVE AUSTIN TX 78731		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM ROSS	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 10555 WESTOFFICE DR. HOUSTON TX 77042		
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) EHRA
Date 6/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTHONY EDWARDS	Amount of contribution (\$) 1,000 ⁰⁰
Contributor address; City; State; Zip Code 17623 GLENMORRIS DRIVE HOUSTON TX 77084		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)
4 Date 6/29/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JESSE MARTINEZ	7 Amount of contribution (\$) 2,500 ⁰⁰
6 Contributor address; City; State; Zip Code 34770 FM 1736 SCHMIDT WALLER TX 77484		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/29/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA HEGEMEYER	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 23078 LANEVIEW RD HEMPSTEAD TX 77445		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME CITIZENS SUPPORTION DUHON AND MATHIS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>6/30/17</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MIKE HOPKINS JR</u>	8 Amount of Contribution \$ <u>500⁰⁰</u>	9 In-kind contribution description <u>PURCHASE OF DRINKS AT FAIRGROUNDS 6/30/17</u>
7 Contributor address; City; State; Zip Code <u>PO BOX 1919 BRENHAM TX 77833</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>6/30/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ROBERT G. MILLER</u>	Amount of Contribution \$ <u>\$6,500</u>	In-kind contribution description <u>PAID FOR ENTERTAINMENT AT FAIRGROUNDS 6/30/2017</u>
Contributor address; City; State; Zip Code <u>1527 TILLMAN DR RICHMOND TX 77406</u>		<input type="checkbox"/> 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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: 6	2 FILER NAME CITIZENS SUPPORTING DUHON & MATHIS	3 Filer ID (Ethics Commission Filers)
4 Date 6/13/17	5 Payee name MARNA LEWIS	
6 Amount (\$) 564¹⁸	7 Payee address; City; State; Zip Code 16456 MATHIS ROAD WALLER TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP (REIMB)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/14/17	Payee name ELTON MATHIS	
Amount (\$) 327³⁵	Payee address; City; State; Zip Code 1641 13TH STREET HEMPSTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP (REIMB)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/14/17	Payee name LISA DUHON	
Amount (\$) 89¹³	Payee address; City; State; Zip Code PO BOX 640 WALLER TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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 CITIZENS SUPPORTING DUHON & MATHIS	3 Filer ID (Ethics Commission Filers)
4 Date 6/14/17	5 Payee name TREY DUHON	
6 Amount (\$) 400⁵⁰	7 Payee address; City; State; Zip Code P O BOX 640 WALLER TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/14/17	Payee name TIM JUNEK	
Amount (\$) 225¹¹	Payee address; City; State; Zip Code 18069 FM 359 HEMASTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EXPENSE OFFICE EXPENSE (SUPPLIES)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/21/17	Payee name WALLER COUNTY FAIRGROUND ASSOCIATION	
Amount (\$) 800⁰⁰	Payee address; City; State; Zip Code FAIRGROUND ROAD HEMPSTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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 CITIZENS SUPPORTING DUHON & MATHIS	3 Filer ID (Ethics Commission Filers)
4 Date 6/29/17	5 Payee name TREY DUHON CAMPAIGN	
6 Amount (\$) 2,919 ⁰⁰	7 Payee address; City; State; Zip Code PO BOX 640 WALLER TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/29/17	Payee name TREY DUHON	
Amount (\$) 168 ⁰⁰ 28 / ¹⁰⁰	Payee address; City; State; Zip Code PO BOX 640 WALLER TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/29/17	Payee name ELTON MATHIS	
Amount (\$) 140 ⁰⁰ 53 / ¹⁰⁰	Payee address; City; State; Zip Code 1641 13TH STREET HEMPSTEAD TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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 CITIZENS SUPPORTING DUHON & MATHIS	3 Filer ID (Ethics Commission Filers)
4 Date 6/29/17	5 Payee name TIM JUNEK	
6 Amount (\$) 200⁰⁰	7 Payee address; City; State; Zip Code 18069 FM 359 HEMPSTEAD TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP BANKING EXP (REIMB)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 6/30/17	Payee name LESLIE FOUSSADIER		
Amount (\$) 150⁰⁰	Payee address; City; State; Zip Code 1212 KINGS MONT CYPRESS TX 77429		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

Date 6/30/17	Payee name ELAINA BONAVENTURA		
Amount (\$) 150⁰⁰	Payee address; City; State; Zip Code 20702 TURNING LEAF LAKE Cypress TX 77433		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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 CITIZENS SUPPORTING DUHON & MATHIS		3 Filer ID (Ethics Commission Filers)	
4 Date 6/13/17		5 Payee name MARNA LEWIS			
6 Amount (\$) 47⁹⁶		7 Payee address; City; State; Zip Code 16450 MATHIS RD WALLER TX 77484			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXP		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/13/17		Payee name ELTON MATHIS			
Amount (\$) 128⁵⁴		Payee address; City; State; Zip Code 1641 13TH STREET HEMPSTEAD TX 77445			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXP		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 6/13/17		Payee name JOSHUA RUSH			
Amount (\$) 86⁸⁷		Payee address; City; State; Zip Code 19503 SCRUGGS RD HEMPSTEAD TX 77445			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXP		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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 CITIZENS SUPPORTING DUHON & MATHIS	3 Filer ID (Ethics Commission Filers)
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4 Date 6/13/17	5 Payee name PR PEGGY SANDERS
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6 Amount (\$) 30²⁹	7 Payee address; City; State; Zip Code 2427 2479 FM 1887 HEMPSTEAD TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/30/2017	Payee name CARL'S BAR B.Q. AND CATERING
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Amount (\$) 2,625⁰⁰	Payee address; City; State; Zip Code 21920 NW FREEWAY - CYPRESS TX 77429
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED