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 Filer	2 Total pages filed:	
3 COMMITTEE NAME		OFFICE USE ONLY	
compaign to Elec	ct Trey Dulion Walker County Judg.	Date Received	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COD	Waller County Elections	
Change of Address	Waller TX 77484	FEB 0 5 2018.	
		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mer Matthew K	Receipt # Amount \$	
	NICKNAME LAST SUFFIX Menke	Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 39838 Addie Gee Rd Hempstead TX 7744	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE	
Change of Address	Same as above AREA CODE PHONE NUMBER EXTENSION		
TREASURER	AREA CODE PHONE NUMBER EXTENSION PTOP 9409		
9 REPORT TYPE	January 15 30th day before election Bunoff	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day Year / 25 / 18	
	ELECTION DATE Month Day Year Primary Runoff Description General Special		
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC **COVER SHEET PG 2**

12 COMMITTEE NAME: 13 Filer ID (Ethics Commission Filers)				
Caupaign to El	ect trey Duhon	Walter County Judge		
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett "Trey" J Du	cleon III	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	T 1	
OPPOSE (Candidate or Measure)		Walker County	Judge	
ASSIST (Officeholder)	MEASURE	BALLOT IDENTIFICATION / # ELECTION Month Day	NDATE Year	
		DESCRIPTION		
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN , OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 925.00	
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ /02.41		\$ 102.41	
CONTRIBUTION	4. TOTAL POLITICAL EXPENDITURES		\$ 5063.16	
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1810		\$ 18102.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
16 AFFIDAVIT				
CARBETT J DUHON III Notary Public, State of Texas Comm. Expires 11-12-2021 Notary ID 12542580-5				
Signature of Campaign Treasurer				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Matthew K Menke, this the 5th				
to certify writeri, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
rms provided by Texas Ethics Commission				

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME aupaign to Elect Trey Duhan Waller (aut Judge)			
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 925	
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 CORPORATION OR LABOR ORGANIZATION	\$	
7.	SCHEDULE E: LOANS	\$	
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5159.78	
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	\$	
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) #/50.00 2111 Alcide Circle Abbeville LA 70510 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date #100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#:_ Date Rollings City; State; Zip Code y Rd Walker Tx 77484 # 25.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#: City; State; Zip Code 28210 Walnut Hill Dr 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$ 25.00 Heupstead Tx 77445 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) # 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 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 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii Gift/Awards/Memorials Expense Print	e Overhead/Rental Expense Transportation I ng Expense Travel In District ing Expense Travel Out of E Other (enter a c		
1 Total pages Schedule F1: 2 FILER NAME Commission Filers) 3 Filer ID (Ethics Commission Filers)				
Date /11/18 55 Signing & Graphics				
2396.38 Payee address; Cityl State; Zip Code 2702 Cherry St. Waller Tx 77484				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder	ALL THE COLUMN TO THE COLUMN T	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date (/2/18	SS Signing + Gva	phies		
Amount (\$) Payee address; City; State; Zip Code 493.00 2702 Cherry St. Waller Tx 77484				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising	Description Check if travel outside of Texas. Comp Check if Austin, TX, officeholder I	The second secon	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date (9 (18	Payee name CASA for Kids			
Amount (\$) Payee address; City; State; Zip Code \$550.00 1500 S. Day St. Brenham TX 77833				
PURPOSE OF EXPENDITURE	Sponsorship/ Contribution	Description Check if travel outside of Texas. Compl Check if Austin, TX, officeholder li		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe y Gift/Awards/Memorials Expense Printing Expe	ense Travel Out Of District ges/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1	aupanto Elect Tray Duka Walle	Ca Judge 3 Filer ID (Ethics Commission Filers)	
4 Date 15 18	5/18 Friends of Royal FFA		
6 Amount (\$)	Po Box 669 Brookshire	cTx 77423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SponSorslip / Donation	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 1 25 18	Republican Women of W	aller County	
Amount (\$) 45.60	Payee address; City; State; Zip Code Po Box 1633 Waller		
PURPOSE OF EXPENDITURE	Associate Maubership	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
1 25 (18	Waller Area Chamber	of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	x 77484	
PURPOSE OF EXPENDITURE	Sponsorslip Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date State: Zip Code 7 Pavee address: Market St 2nd Hoor Sanfrancisco CA 94103 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Credit card fees for Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH HEB #615 Nelson Way Katy Tx 77494 Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED