SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	e explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages Ted:	
3 COMMITTEE NAME			OFFICE USE ONLY	
Campaign to elect Tkey Dutton WAlker Co. Judge		Date Received County Elections		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	OCT 2 9 2018 Received	
Change of Address	Walter. T	V 77484	Date Hand-delivered or Date Postmarked	
			Date Hand-delivered of Date Footmanee	
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Watt	Ke K	Receipt # Amount \$	
_	NICKNAME LAST	SUFFIX	Date Processed	
8	Men		Date Imaged	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); A 39834 Hempste	Addie Gee R	d. H45	
	•			
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address		PT / SUITE #; CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979)	94D9	× .	
9 REPORT TYPE	July 15 8	Both day before election	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination	
10 PERIOD COVERED	9 /28 / 18	THROUGH	Month Day Year 10/27/18	
11 ELECTION	11/6/1	imary Runoff Other Description	E	
GO TO PAGE 2				

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

2 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers)					
remaiss to Elect	(rey) whom	Waller County Judge	4		
14 COMMITTEE		CANDIDATE/OFFICEHOLDER NAME	-		
PURPOSE		Applace 11 T	D.41- 111		
(Attach lists on plain paper to complete this		Carbett "Trug" J. J	JUNOU III		
report if necessary.)	CANDIDATE	J			
/					
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			
(Candidate or Measure)	OFFICEROLDER	WALLER Co. Judge			
		WATTER CO. Judge			
OPPOSE					
(Candidate or Measure)		BALLOT IDENTIFICATION /# ELECTION [DATE		
		Month Day	Year		
☐ ASSIST	MEASURE	/ /			
(Officeholder)	MEASONE	DESCRIPTION			
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	\$		
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
		AL CONTRIBUTIONS	\$ 2050.00		
	(OTHER THAN PL	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			\$ 181.02		
TOTALS	100 - 11		101,00		
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 10,036,89		
			10/ 0-10		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 194				
BALANTOL	OF THE REPORT	ING PERIOD	11110.10		
OUTSTANDING		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$			
LOAN TOTALS	LAST DAY OF THE	E REPORTING PERIOD			
16 AFFIDAVIT		I swear, or affirm, under penalty of perjury, th	at the accompanying		
1		report is true and correct and includes all inf			
	BETT J DUHON III Public, State of Texas	pe eported by me under Title 15, Election C	ode.		
	Expires 11-12-2021	111/11/11			
	ry ID 12542580-5	TI VOS			
		Signature of Campaign Treas	surer		
A THE WATER OF THE PROVE					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Methew Menke, this the					
day of, 20_18, to certify which, witness my hand and seal of office.					
(arbett belon notary					
Signature of officer administering bath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

(upain to Elect Trey Dulion Waller G. Judge 18 Filer ID (Ethics Cor	mmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2050.00
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	\$10,036.89
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 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Co FILER NAME 7 Amount of contribution (\$) 500.00 Amount of contribution (\$) out-of-state PAC (ID#: DAVE Ramsey Contributor address; City; State; Zip Code HID Nothinghim DAKS Howson TX 77079 500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Wary Anne Piacentini Contributor address; City; State; Zip Code 2222 Swift Blvd Houston TX 77030 Amount of contribution (\$) 50.00 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 6 Amount (\$) 7 Payee address; City; State; Zip Code FAIRGROUD Rd 100.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** TRAVEL/LOGSING Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date WAJERCO- FAIR Association address; City; State; Zip Code DDO FAIRSROUND Rd. Hem Amount (\$) 00.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct 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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By	Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Shedyle F1: 4 Date 10 13 18 6 Amount (\$) 2480.50	2 FILER NAME AMPACH TO SLECT I 5 Payee hame 7 Payee address; City; State; P. D. BX 440	Riey DuNor WAlkerCo Zip Code WA HER. TX -	0
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Munbushweet to Ca		outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date 9/29/18	Payee name WuFOO. Com		
Amount (\$)	Payee address; City; State; Um Know		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertige. Dat	Check if travel	oulside of Texas. Complete Schedule T. lin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name WAIHRCO FAIR	Association	(WCFA)
Amount (\$) 2000-60	Payee address; City; State;	Zip Code	tead Tr 17445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the top of the Category (See Categories listed at the top of the Categories listed at the Categories lis	Check if trave	l outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By	Legal Sel Vices			
Candidate/ Outside the Complete this form. The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 2		3 Filer ID (Ethics Commission Filers)		
2 14 (Ampara to elect neg butter let	11650-7 1010		
4 Date 5	Payee name			
10/23/18	Hotline Press			
6 Amount (\$) 7	Payee address; City; State; Zip Code	17 1111/5		
528.7Le	and the stead IK 7-14-43			
000		b) Description		
8	a) Category (See Categories listed at the top of the	Check if travel outside of Texas. Complete Schedule T.		
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OF EXPENDITURE	He re-right 3			
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	Candidate / Officeholder name	Office sought Office held		
9 Complete ONLY if direct	Candidate / Officerolds Hams			
expenditure to benefit C/OH				
Date	Payee name			
101010	St. KAtHERNE DREYA			
10/11/14	71 0-45			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code 900.00 800 FM 1488 Hempstead TK 77445			
0000	800 FM 1488 Henry	ostead IK 1 1770		
200.00	000 / /			
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		Office held		
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		d. Hempsted 12 1115		
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	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/C				
expenditure to benefit or		A COUEDINE AS NEEDED		
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

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Cor	Gift/Awards/Memorials Expense Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
4 Date 5	Payee address; City; State; Zig A21 Coppu St.	Dutton Waller Boy	3 Filer ID (Ethics Commission Filers)
8 PURPOSE OF EXPENDITURE	Adventigm	Check if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date (D) (25 (18)	Payee name Piryx. com		
Amount (\$) 2.88	Payee address; City; State; Z 995 Market St,	2nd floor San	Frankciso CA 94103
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top.of this	Check if trave	el outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	NEEDED