

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

me Carbett J

NICKNAME

LAST

SUFFIX

Trey Duhon III

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

PO BOX 640
Waller TX 77484

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 931-9627

Date Hand-delivered

Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MK Matthew K

NICKNAME

LAST

SUFFIX

Menke

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

39838 Addie Cee
Hempstead TX 77445

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 921-9409

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

Month Day Year

7 / 1 / 15 THROUGH 12 / 31 / 15

11 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

Primary Runoff

Other Description

General Special

12 OFFICE

OFFICE HELD (if any)

Waller County Judge

13 OFFICE SOUGHT (if known)

W/A

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Carbett "Trey" J. Dukon III 15 Filer ID (Ethics Commission Filers) 20

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

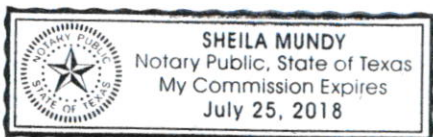
| | |
|---|---|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME <u>Campaign to Elect Trey Dukon County Judge</u> COMMITTEE ADDRESS <u>PO Box 640</u> <u>WALKER TX 77444</u> COMMITTEE CAMPAIGN TREASURER NAME <u>MATTHEW MENKE</u> COMMITTEE CAMPAIGN TREASURER ADDRESS <u>39838 Adair Cee, Hempstead TX 77445</u> |
|---|---|

Additional Pages

| | | |
|-------------------------|---|----------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1,160 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 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 Candidate or Officeholder: [Handwritten Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carbett J. Dukon III, this the 15th day of January, 20 16, to certify which, witness my hand and seal of office.

Sheila Mundy Signature of officer administering oath
Sheila Mundy Printed name of officer administering oath
notary public Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Carbett "Trey" J Duhon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|------------------|
| 1. | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>1,160.</i> |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 G: | 2 FILER NAME <i>CARBETT "Trey" J Dunon III</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>7/15-12/15</i> | 5 Payee name <i>CARBETT "Trey" J Dunon III</i> | |
| 6 Amount (\$) <i>\$ 800.</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>PO Box 640 WALKER TX 77484</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i> | (b) Description <i>Reimburses me for 25% of Rent for July 2015 Dec. 2015</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>CARBETT J Dunon III</i> | Office sought <i>Walker County Judge</i> |
| 4 Date <i>7/15-12/15</i> | 5 Payee name <i>CARBETT "Trey" J Dunon III</i> | |
| 6 Amount (\$) <i>\$360</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <i>PO. Box 640 WALKER TX 77484</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>OFFICE OVERHEAD</i> | (b) Description <i>Reimburse me 1/2 cell phone expense July 2015 Dec. 2015</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <div style="text-align: center; font-size: 2em;">11</div> |
| 3 COMMITTEE NAME <div style="font-size: 1.5em; font-family: cursive;">Campaign to elect Trey Duhon County Judge</div> | | OFFICE USE ONLY | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">PO Box 640 Waller TX 77484</div> | | Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="font-size: 1.2em; font-family: cursive;">MR Matthew K</div> NICKNAME LAST SUFFIX <div style="font-size: 1.2em; font-family: cursive;">Menke</div> | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">39838 Addie Cuel Rd Wempstead TX 77445</div> | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">39838 Addie Cuel Rd. Wempstead TX 77445</div> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em; font-family: cursive;">(979) 921-9409</div> | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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 THROUGH Month Day Year <div style="font-size: 1.5em; font-family: cursive;">7 / 1 / 15 THROUGH 12 / 31 / 15</div> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 1.2em; font-family: cursive;">/ /</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

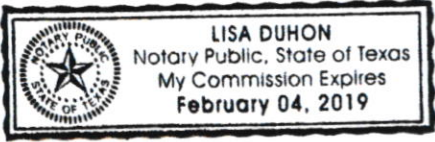
**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

| | |
|---|--|
| <p>12 COMMITTEE NAME <i>Campaign to elect Trey Duhon County Judge</i></p> | <p>13 Filer ID (Ethics Commission Filers)</p> |
| <p>14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)</p> <p><input type="checkbox"/> CANDIDATE</p> <p><input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)</p> <p><input type="checkbox"/> OPPOSE (Candidate or Measure)</p> <p><input type="checkbox"/> ASSIST (Officeholder)</p> | <p>CANDIDATE / OFFICEHOLDER NAME <i>Carbett "Trey" J Duhon III</i></p> <p>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <i>Walker County Judge</i></p> <p>BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year</p> <p>DESCRIPTION</p> |

| | | |
|--------------------------------|---|---------------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <i>0</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>12,500</i> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <i>0</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>2,589.76</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>10,490.01</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> |

16 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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]

Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said *Matthew Menke*, this the *15th* day of *JANUARY*, 20 *16*, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

LISA Duhon

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - SPAC

| 17 COMMITTEE NAME <i>Carbett J Dahon III</i> | 18 Filer ID (Ethics Commission Filers) |
|---|--|
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 12,500 |
| 2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | \$ |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2589.86 |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$. |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1 of 6**

2 FILER NAME

Carbett J Dunon III

3 Filer ID (Ethics Commission Filers)

4 Date

10-1-2015

5 Full name of contributor

Stewart Maceli Alvin

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2500. -

6 Contributor address;

**8227 W. Sam Houston
PKwy N Suite 200**

City; State; Zip Code

Houston TX 77040

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-25-2015

Full name of contributor

David A. Tinney

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

17319 Fairgrove Park Dr.

City; State; Zip Code

Houston TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-25-2015

Full name of contributor

Glenn Plowman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

PO Box 649

City; State; Zip Code

Simonton TX 77476

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-2015

Full name of contributor

Perdue, Brandon, Fitch, Collins & Mott LLP

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address;

**1235N. Loop W Suite
600**

City; State; Zip Code

Houston TX 77008

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 of 6

2 FILER NAME

Carbett J Duron III

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/2015

5 Full name of contributor

J. Russ S. Russ

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

750.00

6 Contributor address; City; State; Zip Code

10555 Westoffice Dr. Houston TX 77042

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-2-2015

Full name of contributor

Randy N. Randermaun

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

903 Windsor Woodlkn. Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-17-2015

Full name of contributor

Allen Boone Humphries Robinson LLP

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.-

Contributor address; City; State; Zip Code

3200 SW. Freeway, Suite 2600 Houston TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-22-2015

Full name of contributor

Responsible Government PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

5005 Riverway Suite 500 Houston TX 77056

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:

3 of 4

2 FILER NAME

Charles J Duran

3 Filer ID (Ethics Commission Filers)

4 Date

10-1-2015

5 Full name of contributor
Thomas A. Stouff
M. Bridgett Stouff

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

750.00

6 Contributor address;

7525 FM 723rd.

City; State; Zip Code

Richmond TX 77406

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-22-2015

Full name of contributor

Ronald Henri Kew
Sheri C. Henriksen OTWRS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

8831 Stable Ln

City; State; Zip Code

Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-5-15

Full name of contributor

TERRACON Political
Action Committee

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

18001 W. 106th St.

City; State; Zip Code

Olathe, Kansas 66061

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-1-2015

Full name of contributor

Turner Duran
Architects

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

333 Cypress Run Suite 350 Houston TX 77094

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 of 6**

2 FILER NAME

Charles T. Duker III

3 Filer ID (Ethics Commission Filers)

4 Date

9-25-2015

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

Eugene H. Dawson, Jr.

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

208 N. Tower Dr. San Antonio, TX 78232

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-27-2015

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

Daniel Ormei Wong

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1 Big Trail Missouri City TX 77459

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-30-2015

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

David A. Hamilton

Amount of contribution (\$)

250.-

Contributor address; City; State; Zip Code

411 E. 24th Street Houston TX 77008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-30-15

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

LARRY BARFIELD

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

15611 Stable Park Dr. Cypress TX 77429

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: **5 of 6**

2 FILER NAME

Clarkett J Dunon III

3 Filer ID (Ethics Commission Filers)

4 Date

10-1-2015

5 Full name of contributor

Judge Theodore Krenek

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

PO Box 491

City; State; Zip Code

Pattison TX 77466

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9-28-15

Full name of contributor

RAPBA-Kistner PAC, Inc.

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

PO Box 690287

City; State; Zip Code

San Antonio, TX 78269

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-7-2015

Full name of contributor

Wayne & Vicki LeBlanc

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

38868 Fm 1488

City; State; Zip Code

Hempstead, TX 77445

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-23-2015

Full name of contributor

Doyle G. Callender

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

906 Carnation St.

City; State; Zip Code

Katy TX 77493

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 of 2

2 FILER NAME

Carbett J Duhon III

3 Filer ID (Ethics Commission Filers)

4 Date

10-1-2015

5 Full name of contributor

GARY P. PEARSON

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

2350 Westcreek Ln. Houston TX 77027
Suite 1213

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/30/15

Full name of contributor

Carbett J Duhon III

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

Po Box 640 Waller TX 77484.

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1073

2 FILER NAME

Charles J Duva III

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10-1-15

6 Full name of contributor

Jim Russ

out-of-state PAC (ID#: _____)

8 Amount of Contribution \$

122.00

9 In-kind contribution description

Fund Raising, Breakfast

7 Contributor address; City; State; Zip Code

10555 Westoyice Dr. Houston TX 77042

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 (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

10-1-15

Full name of contributor

Raddy Randerkman

out-of-state PAC (ID#: _____)

Amount of Contribution \$

122.00

In-kind contribution description

Fundraising Breakfast

Contributor address; City; State; Zip Code

903 Windsor Woods Ln. Katy TX 77494

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 (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.

1 Total pages Schedule A2: **2 of 3**

2 FILER NAME **Charles H J Dawson III**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date **10-1-15**

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

8 Amount of Contribution \$ **122.00** 9 In-kind contribution description **Fundraising Breakfast**
 Check if travel outside of Texas. Complete Schedule T.

7 Contributor address; City; State; Zip Code
2929 BEINE PARK Suite 600 Houston TX 77008

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 **10-1-15**

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

Amount of Contribution \$ **122.-** In-kind contribution description **Fundraisin Breakfast**
 Check if travel outside of Texas. Complete Schedule T.

Contributor address; City; State; Zip Code
3200 SW. Freeway Suite 200 Houston TX 77027

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.

1 Total pages Schedule A2:

3083

2 FILER NAME

Charles H J Dular III

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10-1-15

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

Mike Darlow

8 Amount of Contribution \$

122.00

9 In-kind contribution description

Breakfast Fundraising

7 Contributor address; City; State; Zip Code

1235 W. Loop W, Suite 600 Houston TX 77008

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 out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 <i>Campaign to Elect Trey Duhon County Judge</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>7/24/15</i> | 5 Payee name <i>Wufoo.com</i> | |
| 6 Amount (\$) <i>\$29.95</i> | 7 Payee address; City; State; Zip Code <i>unknown</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>Website Database</i> |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|--|
| Date <i>7/25/15</i> | Payee name <i>Citizens Against Landfill Hempstead</i> | |
| Amount (\$) <i>\$550.00</i> | Payee address; City; State; Zip Code <i>Po Box 871 Hempstead Texas 77445</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>Donation</i> |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|--|---|
| Date <i>7/31/15</i> | Payee name <i>Prosperity Bank</i> | |
| Amount (\$) <i>5.95</i> | Payee address; City; State; Zip Code <i>31250 FM 2920, Waller Tx 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <i>Banking</i> |
| 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 <i>Campaign to Elect Trey Duhon County Judge</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>8/24/15</i> | 5 Payee name <i>Wufoo.com</i> | |
| 6 Amount (\$) <i>29.95</i> | 7 Payee address; City; State; Zip Code <i>unknown</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Database</i> |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <i>8/31/15</i> | Payee name <i>Prosperity Bank</i> | |
| Amount (\$) <i>5.95</i> | Payee address; City; State; Zip Code <i>31250 FM 2920, Waller, TX 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Banking</i> |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |
| Date <i>9/24/15</i> | Payee name <i>Wufoo.com</i> | |
| Amount (\$) <i>29.95</i> | Payee address; City; State; Zip Code <i>unknown</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Database</i> |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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 <i>Campaign to Elect Trey Dukes County Judge</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/30/15</i> | 5 Payee name <i>Prosperity Bank</i> | |
| 6 Amount (\$) <i>5.95</i> | 7 Payee address; City; State; Zip Code <i>31250 Fm 2920, Waller, TX 77484</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Banking</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Banking</i> |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|-------------------------------|---|--|
| Date <i>10/26/15</i> | Payee name <i>Wufoo.com</i> | |
| Amount (\$) <i>29.95</i> | Payee address; City; State; Zip Code <i>unknown</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Database</i> |
| | Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

| | | |
|-------------------------------|---|---|
| Date <i>10/30/15</i> | Payee name <i>Prosperity Bank</i> | |
| Amount (\$) <i>5.95</i> | Payee address; City; State; Zip Code <i>31250 Fm 2920, Waller TX 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Banking</i> |
| | 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/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 <i>Campaign to Elect Trey Duke County Judge</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10/30/15</i> | | 5 Payee name <i>Waller High School</i> | | | |
| 6 Amount (\$) <i>450.00</i> | | 7 Payee address; City; State; Zip Code <i>20950 Field Store Rd Waller TX 77484</i> | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Donation</i> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i> | | |
| | 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |
| Date <i>10/30/15</i> | | Payee name <i>Friends of Cecil Bell Jr</i> | | | |
| Amount (\$) <i>350.00</i> | | Payee address; City; State; Zip Code <i>18230 Fur 1488 Ste 302 Magnolia TX 77354</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Contribution</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Contribution</i> | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |
| Date <i>11/24/15</i> | | Payee name <i>Wufoo.com</i> | | | |
| Amount (\$) <i>29.95</i> | | Payee address; City; State; Zip Code <i>See prior</i> | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Database</i> | | |
| | 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/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** *Campaign to Elect Trey Dukon County Judge* 3 Filer ID (Ethics Commission Filers)

4 Date *12/14/15* 5 Payee name *Costco Wholesale #9588*

6 Amount (\$) *158.94* 7 Payee address; City; State; Zip Code *23645 Katy Freeway Katy Tx 77494*

8 **PURPOSE OF EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) *Event Food/Beverage Expense* (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense *Drinks for County Judge's office + Prizes for County Employee Luncheon*

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *12/14/15* Payee name *HEB #615*

Amount (\$) *75.00* Payee address; City; State; Zip Code *25675 Nelson Way Katy TX 77494*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Event Expense* Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense *Items for County Employee Food/Dessert Luncheon*

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date *12/17/15* Payee name *Las Fuentes*

Amount (\$) *\$521.47* Payee address; City; State; Zip Code *601 10th St Hempstead Tx 77445*

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) *Food/Beverage* Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense *Employee County Luncheon*

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/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 <i>Campaign to Elect Tray Duhon</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/24/15</i> | 5 Payee name <i>Wufoo.com</i> | |
| 6 Amount (\$) <i>29.95</i> | 7 Payee address; City; State; Zip Code <i>unknown</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Website Database</i> |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>12/31/15</i> | Payee name <i>Prosperity Bank</i> | |
| Amount (\$) <i>5.95</i> | Payee address; City; State; Zip Code <i>31250 FM 2920 Waller TX 77484</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Banking</i> |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |
| Date <i>12/1/15</i> | Payee name <i>West Houston Association</i> | |
| Amount (\$) <i>275.00</i> | Payee address; City; State; Zip Code <i>820 Gessner Stc 1310 Houston TX 77024</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Donation</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Donation</i> |
| | 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED