CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	tuide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MY Carbett NICKNAME LAST SUFFIX TYEN DULON	OFFICE USE ONLY Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 640 Waller IX 77484	RECEIVED COUNTY ELECT STRATIONS OFF			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 936 931-9627	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR Matthew K	Receipt # Amount \$			
NAME	NICKNAME AST SUFFIX	Date Processed			
	IVlenke	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE			
(Residence or Business)	Hempstead Tx 77445				
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			
1 2 7	July 15 Sth day before election Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month OI / DI / I5 THROUGH	30 / \5			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other				
	Month Day Year Primary Runoit Other Description				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)			
	Waller County Judge N/A				
GO TO PAGE 2					

Mr Carbett Ivery Dulson 14 Po Box 640 Waller Ix TT484

TEUP-18P 1889 Mr Watthew Menke

39838 Addie Gee thempstead Ix MHS POPP-15P PTP

06 30 15

Wester County Judge

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carbett "Tvey" J Duhon III 15 Filer ID (Ethics Commission Filers)						
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.					
	GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL COMMITTEE ADDRESS COMMITTEE ADDRES					
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME Matthew Merke					
	39838 Addie Gee, Hempsten	1 Tx 77445				
17 CONTRIBUTION TOTALS	 TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 	\$ •				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,595				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$				
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						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said <u>arbetta. Suchon III</u> , this the day of <u>September</u> , 2015, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Sheila Mundu Printed name of officer administering oath Title of officer administering oath						

Carbett "Trey" J Duluon III

Compaign to Elect Trey Delan Conty Tudge Po Box 646 Harler IX MILEST

Matthew Menke

39838 Allie Gec, Hompstend TX 77445

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-Hill plouble link.

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME arbett Trey J Dulion III 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,595
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

TESES, ASVOO

Larbott Tray J Dulion III

1,595

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2.3 - Elizabeth

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDIT	URE CATEGORIE	S FOR BOX 8(a)	* 10			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Office ense Polling als Expense Printin Salarie	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/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 G:	2 FICEN NAME arbett TV 5 Payer name	ey JI	Julian III	3 Filer ID (Ethics Commission Filers)			
1/1/15	(arbett Tr	en Ji	Julian III				
6 Amount (\$)	7 Payee address; City			, 1			
#200	PO BOX 6	40	,				
Reimbursement from political contributions intended	Walter	× 77484					
8 PURPOSE	(a) Category (See Categories listed at	150	(b) Description Check if travel outside	of Texas, Complete Schedule T.			
OF EXPENDITURE	Office Overh	edd		G, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder	name	Office sought	Office held			
expenditure to benefit C/C	(arbett	Dula	III	Waller County Judy			
Date / I (15	Payename wheth	Trey" J	Duhon I	<u>.</u>			
Amount (\$)	Po Box 6	State; Zip Code		-			
Reimbursement from political contributions intended	Waller T	× 7748	4				
PURPOSE OF EXPENDITURE	Category (See Categories listed at		(b) Description Check Travel outside Check if Austin, TX	of Texas. Complete Schedule T. G. officeholder living explane expense.			
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder	name	Office sought	Aller Courty Judge			
2 (1 (15	Parae name Carbett	rey J	Dulon II	4			
Amount (\$)	Payee address City	y; State; Zip Code					
Reimbursement from political contributions intended	Waller 7	TX 7748	34				
PURPOSE OF EXPENDITURE	Category (See Categories listed a	t the top of this schedule)	Check if travel outside	ubure next of 25% of en Texas. Complete Schedule T. K, officeholder limit explains Ebruary			
Complete ONLY if direct expenditure to benefit C/	Carbett J	7 1	Office sought	Waller County Judg			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

1063 Carpett Trey J Dulion III 51/1/1 Carbett Wey J Dulman WIT Po Box 640 Waller Tx 77484 #200 × Reinforce est of 25% of year for January Office Overhead Corbett J Dulon TI Walker County Trope 3/1/1 Carpett "Trey" I Dulyon Its To Box 640 777484 1.60 Resubursenat of E cold Office Werkerd Centrett J Dulion II Weller County Judge Carbott Tray I Deline IN Po Box 640 Waller TX 79484 2/1/15 * ZDC Resultante next of 2520 of other fest for Office Overhead. Carbett J Dulin VI Walker County Judge

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FIL Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 5 Zip Code State; Reimbursement from political contributions intended (b) Description PURPOSE OF **EXPENDITURE** 9 Complete ONLY if direct didate / Officeholder name Office sought Office held expenditure to benefit C/OH Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name CA 94025 Reimbursement from political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Sched OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

Waller County I refer

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Waller County Judge

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 Food/Beverage Expense Consulting 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. Total pages Schedule G: 2 FILER 3 Filer ID (Ethics Commission Filers) Date 5 Payee name 7 Payee add State; Zip Code Amount political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Date Zip Code Reimbursement from political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** 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

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