

# 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:

7

3 COMMITTEE NAME

Campaign to Elect Trey Duhon Waller County Judge

**OFFICE USE ONLY**

Date Received

Waller Co. Elections  
JUL 17 2023  
RECEIVED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

PO Box 640, Waller, Texas 77484

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

MR

Matthew

NICKNAME

LAST  
Menke

SUFFIX

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

39838 Addie Gee Rd, Hempstead, Texas 77445

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Same as above

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 979 ) 921-9409

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

9 / 30 / 2022

THROUGH

Month Day Year

10 / 29 / 2022

11 ELECTION

ELECTION DATE

Month Day Year

11 / 8 / 22

ELECTION TYPE

Primary

Runoff

Other

General

Special

Description \_\_\_\_\_

**GO TO PAGE 2**

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

**12** COMMITTEE NAME Campaign to Elect Trey Duhon Waller County Judge **13** Filer ID (Ethics Commission Filers)

|  |   |  |
|--|---|--|
| <b>14</b> COMMITTEE PURPOSE<br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input checked="" type="checkbox"/> SUPPORT (Candidate or Measure)<br><input type="checkbox"/> OPPOSE (Candidate or Measure)<br><input type="checkbox"/> ASSIST (Officeholder) | <input checked="" type="checkbox"/> CANDIDATE | CANDIDATE / OFFICEHOLDER NAME<br><u>Carbett "Trey" J. Duhon III</u>                  |
|  | <input type="checkbox"/> OFFICEHOLDER         | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)<br><u>Waller County Judge</u> |
|  | <input type="checkbox"/> MEASURE              | BALLOT IDENTIFICATION / # _____ ELECTION DATE<br>Month Day Year<br>/ /               |
|  |   | DESCRIPTION  |

|                               |   |                     |
|-------------------------------|---|---------------------|
| <b>15</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                  |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>2500.00</u>   |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$                  |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>3340.63</u>   |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ <u>23,169.02</u> |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                  |

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



[Signature]  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Menke, this the 16 day of July, 2023, to certify which, witness my hand and seal of office.

[Signature] Lisa Duhon notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) (zip code)(country).  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Campaign Treasurer (Declarant)



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |   |  |
|---|---|--|
| The Instruction Guide explains how to complete this form.                                     |   | 1 Total pages Schedule A1:<br><i>1 of 1</i>      |
| 2 FILER NAME<br>Campaign to Elect Trey Duhon Waller County Judge                              |   | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><i>9/30/22</i>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Jim + Stephanie Russ</i>                  | 7 Amount of contribution (\$)<br><i>2,500.00</i> |
| 6 Contributor address; City; State; Zip Code<br><i>10011 Meadow Glen Ln. Houston TX 77042</i> |   |  |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                      |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                      |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                      |
| 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**

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><i>1 of 4</i>                  | <b>2</b> FILER NAME<br>Campaign to Elect Trey Duhon Waller County Judge  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br><i>9/30/22</i>                                     | <b>5</b> Payee name<br><i>Legendary Oaks Golf Course</i>   |   |
| <b>6</b> Amount (\$)<br><i>1000.00</i>                              | <b>7</b> Payee address; City; State; Zip Code<br><i>43279 Urban Rd, Hempstead TX 77445</i>   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Donation</i>   | <b>(b)</b> Description<br><i>Paid deposit for Waller County Charities Golf Tournament</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought      Office held  |

|  |   |  |             |
|--|---|--|-------------|
| Date<br><i>10/4/22</i>                                     | Payee name<br><i>Amazon</i>   |  |             |
| Amount (\$)<br><i>223.48</i>                               | Payee address; City; State; Zip Code<br><i>N. Crossner Rd. Houston TX 77064</i>   |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><i>County Halloween Party</i> |             |
|  | <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                                | Office held |

|  |   |  |             |
|--|---|--|-------------|
| Date<br><i>10/6/22</i>                                     | Payee name<br><i>Costco</i>   |  |             |
| Amount (\$)<br><i>578.95</i>                               | Payee address; City; State; Zip Code<br><i>26960 N.W. Freeway Cypress TX 77433</i>  |  |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><i>Food/Beverage for Full T&amp;H Golf Tournament</i> |             |
|  | <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  | Office held |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages of Schedule F1:<br><i>2 of 4</i> | <b>2</b> FILER NAME<br>Campaign to Elect Trey Duhon Waller County Judge  | <b>3</b> Filer ID (Ethics Commission Filers)               |
| <b>4</b> Date<br><i>10/7/22</i>                       | <b>5</b> Payee name<br><i>Hometown Hardware</i>  |  |
| <b>6</b> Amount (\$)<br><i>36.77</i>                  | <b>7</b> Payee address; City; State; Zip Code<br><i>2205 13th St. Hempstead TX 77445</i>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>             | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | <b>(b)</b> Description<br><i>Full Tilt Golf Tournament</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                               |   |   |  |
|-------------------------------|---|---|--|
| Date<br><i>10/7/22</i>        | Payee name<br><i>Fuel Maxx</i>  |   |  |
| Amount (\$)<br><i>22.67</i>   | Payee address; City; State; Zip Code<br><i>45620 US 290 Hempstead TX 77445</i>  |   |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>  | Description<br><i>Full Tilt Golf Tournament</i> |  |
|                               | <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 | Office held |
|--|-------------------------------|---------------|-------------|

|                               |   |  |  |
|-------------------------------|---|--|--|
| Date<br><i>10/11/22</i>       | Payee name<br><i>Exxon Mobil</i>  |  |  |
| Amount (\$)<br><i>157.98</i>  | Payee address; City; State; Zip Code<br><i>52450 US 290 Hempstead TX 77445</i>  |  |  |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Food/Beverage</i>  | Description<br><i>HGAC Meeting Waller County Comm Center</i> |  |
|                               | <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 | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## 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                        |                               |                                |  |

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|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br><i>3 of 4</i> | <b>2</b> FILER NAME<br>Campaign to Elect Trey Duhon Waller County Judge  | <b>3</b> Filer ID (Ethics Commission Filers)                   |
| <b>4</b> Date<br><i>9/30/22</i>                    | <b>5</b> Payee name<br><i>Buck Up Auction</i>  |  |
| <b>6</b> Amount (\$)<br><i>309.75</i>              | <b>7</b> Payee address; City; State; Zip Code<br><i>131 Thigpin St. Fayetteville TX 78932</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Donation</i>   | <b>(b)</b> Description<br><i>Sealy Chamber Golf Tournament</i> |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                             |  |  |  |
|-----------------------------|--|--|--|
| Date<br><i>10/11/22</i>     | Payee name<br><i>Old Washington Storage</i>  |  |  |
| Amount (\$)<br><i>85.00</i> | Payee address; City; State; Zip Code<br><i>31207 Old Washington Rd Waller TX 77484</i> |  |  |

|                               |   |                               |
|-------------------------------|---|-------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Rental</i>   | Description<br><i>Storage</i> |
|                               | <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 | Office held |
|--|-------------------------------|---------------|-------------|

|                             |   |  |  |
|-----------------------------|---|--|--|
| Date<br><i>10/17/22</i>     | Payee name<br><i>Edible Arrangements</i>  |  |  |
| Amount (\$)<br><i>87.65</i> | Payee address; City; State; Zip Code<br><i>15055 Fairfield Meadows Cypress Tx 77433</i> |  |  |

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Gift</i>   | Description<br><i>Thank you for Fall Tilt Golf Tourney Director</i> |
|                               | <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 | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><i>4 of 4</i>                  | <b>2</b> FILER NAME<br>Campaign to Elect Trey Duhon Waller County Judge                         | <b>3</b> Filer ID (Ethics Commission Filers)                                       |
| <b>4</b> Date<br><i>10/17/22</i>                                    | <b>5</b> Payee name<br><i>Amazon</i>  |  |
| <b>6</b> Amount (\$)<br><i>338.38</i>                               | <b>7</b> Payee address; City; State; Zip Code<br><i>10. Cressner Rd Houston TX 77064</i>        |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i> | <b>(b)</b> Description<br><i>Halloween costumes + decorations for county event</i> |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.      | <input type="checkbox"/> Check if Austin, TX, officeholder living expense          |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought      Office held   |

|  |   |   |             |
|--|---|---|-------------|
| Date<br><i>10/1/22</i>                                     | Payee name<br><i>Waller County Fair Association</i>                             |   |             |
| Amount (\$)<br><i>500.00</i>                               | Payee address; City; State; Zip Code<br><i>21988 Fm 359 Hempstead TX 77445</i>  |   |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br><i>Donation</i> | Description<br><i>500 Club</i>  |             |
|  | <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   | Office held |

|  |   |   |             |
|--|---|---|-------------|
| Date   | Payee name  |   |             |
| Amount (\$)  | Payee address; City; State; Zip Code  |   |             |
| <b>PURPOSE OF EXPENDITURE</b>                              | 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 |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held |

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