

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: 13
3 COMMITTEE NAME Campaign to Elect Trey Duhon Walker County Auditor		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 640 Walker TX 77484		Date Received Received JAN 13 2017 Walker County Elections
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI Mr. Matthew K NICKNAME LAST SUFFIX Mende		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 39838 Addie Glee Rd. Wempstead, TX 77445		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 39838 Addie Glee Rd. Wempstead, TX 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 921-9409		
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 7 / 1 / 2016 THROUGH 12 / 31 / 2016		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <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

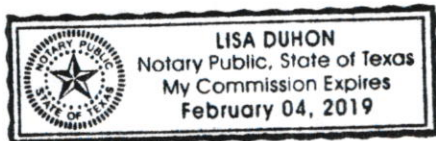
**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME <i>Campaign to elect Trey Duhan Waller County Judge</i>	13 Filer ID (Ethics Commission Filers)	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	CANDIDATE / OFFICEHOLDER NAME <div style="text-align: center; font-size: 1.2em;"><i>Carbett "Trey" G. Duhan III</i></div>	
	<input checked="" type="checkbox"/> OFFICEHOLDER <input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate / OFFICE HELD (officeholder)) <div style="text-align: center; font-size: 1.2em;"><i>Waller County Judge</i></div>
	BALLOT IDENTIFICATION / #	ELECTION DATE Month / Day / Year
	DESCRIPTION	

15 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)	\$ 17,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6455.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12026.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

16 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]

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Menke, this the 11th day of January, 20 ~~17~~ 18 to certify which, witness my hand and seal of office.

[Signature] LISA DUHAN Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,000
2. <input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 500
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		\$ 6455.67
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 5

2 FILER NAME

Campaign to elect Greg Dixon County Judge

3 Filer ID (Ethics Commission Filers)

4 Date

12/1/14

5 Full name of contributor

Steve & Marcia Alvis

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

7 Amount of contribution (\$)

5,000

6 Contributor address;

8827 W. Sam Houston Pkwy N. # 200 Houston TX 77040

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/30/14

Full name of contributor

Looney Conrad

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

Amount of contribution (\$)

2,000

Contributor address;

11767 Katy Greenway St. 740 Houston TX 77079

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/14

Full name of contributor

D. Russ S. Russ

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

Amount of contribution (\$)

1,000

Contributor address;

10655 Westoffice Dr Houston TX 77042

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/13/14

Full name of contributor

Halff Associates state PAC

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

Amount of contribution (\$)

750.00

Contributor address;

100 N. Bowser Rd. Richardson, TX 75081

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:

2 of 5

2 FILER NAME

Campaign to elect Trey Durham County Judge

3 Filer ID (Ethics Commission Filers)

4 Date

11/28/16

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

Ronald + Sheri Heniksee

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

8831 Stable Lane Houston TX 77024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/21/16

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

Ronald + Sheri Heniksee

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

8831 Stable Lane Houston TX 77024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/1/16

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

Andrew M. Paderanga

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

26314 Crescent Cove Ln. Katy TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/30/16

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

Walter P. O'Goye L Sass

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2707 Autumn Lake Dr. Katy TX 77450

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 5**

2 FILER NAME: **Campaign to elect Trey Dubon County Judge**

3 Filer ID (Ethics Commission Filers)

4 Date: **12/1/14**

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

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
PO Box 491 Pattison TX 77466

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date: **11/3/14**

Full name of contributor out-of-state PAC (ID#: _____)
Greater Houston Builders Assoc.

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
951 W. Sam Houston Pkwy W Houston TX 77064

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **12/1/2014**

Full name of contributor out-of-state PAC (ID#: _____)
Costello, Inc.

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
9990 Richmond Ave. Suite 450 Houston TX 77042

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **10/14/14**

Full name of contributor out-of-state PAC (ID#: _____)
Perdue, Brandon, Fiddler, Collins & Mott, L.L.P.

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
1235 W. Loop West, Ste. 600 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: **4 of 5**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

Campaign to elect Greg Duhan County Judge

4 Date

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

7 Amount of contribution (\$)

11/19/14

Robert or Cheryl Preiss

750.00

6 Contributor address; City; State; Zip Code

P.O. Box 228 Blasley, TX 77417

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/30/14

David R. Inney

750.-

Contributor address; City; State; Zip Code

17319 Fairgrove Park Houston TX 77095

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

12/1/14

Thomas A. Staudt

1000.-

Contributor address; City; State; Zip Code

7525 FM 723 Richmond TX 77406

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Amount of contribution (\$)

11/23/14

Responsible Government PAC

1000.-

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:
5 of 5

2 FILER NAME

Campaign to elect Trey Deaton County Judge

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/14

5 Full name of contributor

Mark Awehlich

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

7 Amount of contribution (\$)

1000. -

6 Contributor address;

City; State; Zip Code

28333 Mueschke Cornball TX 77377

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/30/16

Full name of contributor

Terracon PAC

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

Amount of contribution (\$)

\$ 500 -

Contributor address;

City; State; Zip Code

18001 W. 106th St, Olathe, Kansas 66061

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: 1	
2 FILER NAME Campaign to Elect Trey Duhon Waller Co. Judge		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500.00	
5 Date 12/1/16	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve + Marci Alvis	8 Amount of Contribution \$ #500	9 In-kind contribution description breakfast for fundraiser
7 Contributor address; City; State; Zip Code 8827 W. Sam Houston Parkway N #200 Houston TX 77040		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) President		11 Employer (FOR NON-JUDICIAL) (See Instructions) New Quest	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1 of 4** 2 FILER NAME: **Campaign to Elect Trey DeLeon** 3 Filer ID (Ethics Commission Filers): **Waller County Judge**

4 Date: **7/25/16** 5 Payee name: **Wufoo.com**

6 Amount (\$): **29.95** 7 Payee address; City; State; Zip Code: **unknown**

8 PURPOSE OF EXPENDITURE: **Advertising**
 (a) Category (See Categories listed at the top of this schedule): **Advertising**
 (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: **8/24/16** Payee name: **Wufoo.com**

Amount (\$): **29.95** Payee address; City; State; Zip Code: **unknown**

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

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

Date: **9/26/16** Payee name: **Wufoo.com**

Amount (\$): **29.95** Payee address; City; State; Zip Code: **unknown**

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

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

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 of 4** 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date: **9/14/16** 5 Payee name: **Waller County Fair Assoc.**

6 Amount (\$): **100.00** 7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE: **Donation to Senior Citizens Luncheon**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **9/29/16** Payee name: **Waller County Fair Assoc**

Amount (\$): **100.00** Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE: **Donation**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **10/24/16** Payee name: **Wufoo.com**

Amount (\$): **29.95** Payee address; City; State; Zip Code: **unknown**

PURPOSE OF EXPENDITURE: **Advertising**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

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: **3 of 4** 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date: **11/25/16** 5 Payee name: **Wufoo.com**

6 Amount (\$): **29.95** 7 Payee address; City; State; Zip Code: **unknown**

8 PURPOSE OF EXPENDITURE: **Advertising**
 (a) Category (See Categories listed at the top of this schedule)
 (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **11/30/16** Payee name: **Cindy Jones**

Amount (\$): **65.97** Payee address; City; State; Zip Code: **826 Austin St, Hempstead, TX 77445**

PURPOSE OF EXPENDITURE: **Reimbursement for halloween candy + drinks for courthouse office**
 Category (See Categories listed at the top of this schedule)
 Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

Date: **12/9/16** Payee name: **WALTER High School FFA**

Amount (\$): **2,850.00** Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **4 of 4** 2 FILER NAME: _____ 3 Filer ID (Ethics Commission Filers): _____

4 Date: **12/9/16** 5 Payee name: **Carbett J Duhon III**

6 Amount (\$): **3160.00** 7 Payee address; City; State; Zip Code: **Po Box 640, Waller, TX 77484**

8 PURPOSE OF EXPENDITURE: _____
 (a) Category (See Categories listed at the top of this schedule): **Reimbursement for rent and cell phone 2016 and \$400 from 2015**
 (b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: **12/27/16** Payee name: **Wufoo.com**

Amount (\$): **29.95** Payee address; City; State; Zip Code: **unknown**

PURPOSE OF EXPENDITURE: _____
 Category (See Categories listed at the top of this schedule): **Advertising**
 Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

Date: _____ Payee name: _____

Amount (\$): _____ Payee address; City; State; Zip Code: _____

PURPOSE OF EXPENDITURE: _____
 Category (See Categories listed at the top of this schedule): _____
 Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015