SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guid	le explains how to complete this form.	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
1 L	Harts DI III CAT	Date Received
Campaign To	Elect Vey Duhon Waller County Ju	Waller County Election
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	8105 81 HAL
ABBILLEG	Po Box 640	
Change of Address	Walter TX 77484	Received
		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI Mr Matthew K	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Processed
	Menke	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE:	ZIP CODE
TREASURER STREET ADDRESS	39838 Addie Gee Rd	
(Residence or Business)	Hempstead TX 7744	5
Α,	((5)43(5)	
7 CAMPAIGN	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; 39838 Addie Gee Rd	ZIP CODE
TREASURER MAILING ADDRESS	39838 Hadre Gee ta	C -
Change of Address	Hempstead TX 774	t5
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	P79 921-9409	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Exceeded \$500 limit Dissolution (Attach PAC-DR)
	July 15 Sth day before election Runoff	10th day after campaign treasurer termination
10 PERIOD	Month Day Year	Month Day Year
COVERED		
	THROUGH	12/31/17
11 ELECTION	ELECTION DATE ELECTION TYP	
	Month Day Year Primary Runoff Other Description General Special	
	General Special	
	GO TO PAGE 2	
2 to 10 to 1	GO TO PAGE 2	
Am of S		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

COMMITTEE NAME	F 51 1		ID (Ethics Commission Filers)		
ausaien to Elect Trey Dulin Waller County Judge					
14 COMMITTEE		CANDIDATE/OFFICEHOLDER NAME			
PURPOSE					
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett "Trey" J D	uhon III		
report if necessary.)		*			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)			
		Waller County	Tudas		
	7	Waller County	Jange		
OPPOSE	0		~		
(Candidate or Measure)		FI FOTON	DATE		
		BALLOT IDENTIFICATION / # ELECTION Month Day	Year		
ASSIST (Officeholder)	MEASURE	DESCRIPTION			
(Ginediales)		BESON III NO.			
15 CONTRIBUTION	1 TOTAL DOLLTICAL	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN			
TOTALS		S, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$		
		AL CONTRIBUTIONS	\$29129.99		
	(OTHER THAN PL	EDGES, LOANS, OR GUARANTEES OF LOANS)	21101.11		
EXPENDITURE TOTALS	3. TOTAL POLITICAL	\$ 400.00			
	4. TOTAL POLITIC	\$ 11373.7			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of THE REPORTING PERIOD \$22370.56				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
16 AFFIDAVIT		I swear, or affirm, under penalty of perjury, t report is true and correct and includes all in	nformation required to		
CAF	RBETT J DUHON III	be reported by me under Title 15, Election	Code.		
	Public, State of Texas	\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	n. Expires 11-12-2021	What I Her			
Not	ary ID 12542580-5	Signature of Campaign Trea	asurer		
AFFIX NOTARY STAMP / SEA	ALABOVE				
Sworn to and subscribed	hefore me, by the said	Matthew K Menke	this the 12+C		
day of	, 20 <u>10</u> , t	o certify which, witness my hand and seal of office	э.		
	\sim	arbett J Dulan II	notary		
Signature of officer adminis	stering oath Printed	d name of officer administering oath Title of	officer administering oath		
O					

CARBETT J DUHON III
Notary Public State of Texas
Comm. Expires 11-12-2021
Notary ID 12542580-5

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME 18 Filer ID (Ethics Cor	mmission Filers)
19	schedule Subtotals NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$29129.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	SCHEDULE E: LOANS	\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1(373.76
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Spredule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Campaign to Elect Treey Duton WAller Co. Judg 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7-19-17 Citizens Supporting Dutont Mathis 6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) \$ 5,000.00 18069 FW 359 Hempsted TX 17445 ion / Joh title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date \$ 1500.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 1x D69 FM 359 Hempstead, TX 77445 Principal occupation / Job title (See Instructions) 18069 FM 359 Hempstead, TX 77445 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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. FILER NAME 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 1 12 South Mosella St. Letton, Missouri 9 Employer (See Instructions) Amount of contribution (\$) Date 1000.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) \$ 1000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date \$ 500.00 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. FILER NAME Karchermann \$ 500. DC Howston TX Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Out-of-state PAC (ID# Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID#: Full name of contributor \$ 750.00 State; Zip Code Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) out-of-state PAC (ID# Date State; Zip Code 2929 Brianpark Suite LEDD Houston Employer (See Instructions) Principal occupation / Job title (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.

MONETA	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
The In	estruction Guide explains how to complete this fo	rm.	1 Total page Schedule A15
9-7-17	Full name of contributor out-of-state PAC (IE) Pendus Branch, Feber, Colling 6 Contributor address; City; State; 1235 D. Loop W. Ste Lead Howston	zip Code TK 776D8	\$ 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	-
Date 2-7-17	Full name of contributor out-of-state PAC (LOW Assucrates - State Contributor address; City; State; 1201 W. Bowsel Rd. Richard	Zip Code Sou, Texas 75081	Amount of contribution (\$) \$ 500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12-17	Full name of contributor out-of-state PAC Aller BODDE Humphries Ri Contributor address; City; State; 3200 S.W. Frewway Sent 2600	zip Code ton, ty 7708	
Principal occup	pation / Job title (See Instructions)	Employer (See Instru	Clions)
Date 2,-7-17	Full name of contributor out-of-state PAC And Ple Paradona Contributor address; City; State 16340 Partier Place House	e; Zip Code	Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	uctions)
*,			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. FILER NAME 7 Amount of contribution (\$) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (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

Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedulg A2:			
2 FILER NAM	anto elect Trey Duta Unler C	outy Jed	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 10-7-17	6 Full name of contributor out-of-state PAC (ID#:	J704	8 Amount of Contribution \$\frac{9}{\text{Contribution}}\$ In-kind contribution description \$\frac{500.00}{\text{Check if travel outside of Texas. Complete Schedule T.}}\$ The contribution of the contributio		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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#: Contributor address; City; State; Zip Contributor	de	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF		ULE AS NEEDED		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Travel Out Of District Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Campagn to elect True Dutta Waller Co. Tude 4 Date City; State; Zip Code 7 Payee address; WAller, tx 77484 \$1,775.32 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** bice overhead Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date CHIZENS Against LANdfill Hempstead Amount (\$) P.O. Box 871 Hemostead, 2x 77445 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Sonation Contribution Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code

Commerce WAILER ITY n7484 1110 FARR, St. \$ 250.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Spansnshyp Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Am page tolles 4 Date 7 Payee address; 6 Amount (\$) FAIRGROUND Rd. Hempstead, IY \$100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OF Sponsoship **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date PRAIRE VIEW Volunteer Fire Fighting Association City; State; Zip Code Pavee address: Amount (\$) 502 Ellen Powe II DR. PRAIREVIEW \$1400.00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense 3 ponsorship OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH WATTER County Band Broster Club
Payee address; City; State; Zip Code 1918 Key Street WAIHER, Tr 17484 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Donative Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overt Food/Beverage Expense Polling Expense Printing Expense Printing Expense	pense Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	CAMORIGN to elect Trey Dutla	WAllee Co Jude		
4 Date	5 Payee name			
8-11-17	7 Pavee address; City; State; Zip Code			
37.38		90 N. Hempstead TA 77445		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	wich with Ben Rosenberg	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	Payee name			
8-17-17	PIZZA Hut			
Amount (\$)	Payee address; City; State; Zip Code			
\$70.00	Le37 Highway 290 4	lempsked T1 11445		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Lunch For WICC	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
OF EXPENDITURE		CHECK II Adding 174, Officeriose		
*	Wakshop			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name,			
9-5-17	United Way of Greater Houston			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 500.00	50 Waugh Dr. House	ston, TK 71007		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED		
	AT INOTIADDITIONAL COT IEC OF THE			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zip Code 7 Pavee address; (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** event expense Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; City; State; Zip Code 9-28-17 Amount (\$) 22000 FAIRGROUND Rd. Hempstead, Dr 17445 \$ 100.00 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Senior Cityus **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Linchlon Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH WATTER CO. FAIR ASSOCIATION 9-28-17 Amount (\$) 22000 Fairgroud Rd. Hempstead, DY 774 1500.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Sportswhip PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Travel In District Travel Out Of District Fcod/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Rd. Hempstead, Dy (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 1 mtribution Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Courty Fair association City; State; Zip Code Fairgrand Rd. Hempstead, 10-7-17 Amount (\$) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** nontributes Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Valler County Fair association Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

		EXPENDITURE CATE	GORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/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 duide explain	13 110 10 10 00	mpiete tino reriii	O 51 ID (Ethica Commission Filoso)	
	Total pages Schedule F1: 2 FILER NAME Ampaicn to luct They Duths WCJ 3 Filer ID (Ethics Commission Filers)					
11-12-17	5 Payee name J. L. L. Wrangles					
6 Amount (\$)	7 Payee a		,		-	
\$ 100.00		2 FM 2154 Suite			ator 1x 71845	
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE	_			Check if travel o	outside of Texas. Complete Schedule T.	
OF	· (1)	ma time		Check if Austi	n, TX, officeholder living expense	
EXPENDITURÉ	W	onarun	-			
9 Complete ONLY if direct	Candi	date / Officeholder name	100	Office sought	Office held	
expenditure to benefit C/OF	ł					
	Payee n	ame				
Date	1 ayou ii			-	<i>y</i>	
11-14-12	117	2 1160 Clon Les	Konil	suca ta	140	
11-19-11	W	enen courty		suca ru		
Amount (\$)	Payee a	(00,000)	Zip Code			
750.00	00 Po. Box 551 Hempstead, Dx 17445					
	Catego	ry (See Categories listed at the top of this	s schedule)	Description		
				Check if travel of	outside of Texas. Complete Schedule T.	
PURPOSE OF	1	1' 10:0		Check if Austi	in, TX, officeholder living expense	
EXPENDITURE	4	iling Fee				
		J .				
	Cand	idate / Officeholder name		Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/O		idate / Officeriolder flame		Cinoc sought		
expenditure to benefit 6/0			70			
Date	Payee	name				
12 n-12 Waller Courte Republica Porte						
Amount (6)	Payee	address; City; State;	Zip Code	pusition	1001	
Amount (\$)	rayee	addition, only, orato,		1	O .	
\$ 250.00	P.	D. BAY 551	Her	upstead,	OK 17445	
	Catego	ory (See Categories listed at the top of thi	is schedule)	Description		
		7		Check if travel	outside of Texas. Complete Schedule T.	
PURPOSE OF	1 1	white the		Check if Aus	stin, TX, officeholder living expense	
EXPENDITURE		TOT CINOCIU				
					1	
Complete ONLY if direct expenditure to benefit C/C		didate / Officeholder name	1.60	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 6 Amount (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code FREEWAY Katy IY Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code WALLEKTX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. gift CARds for County **PURPOSE** Check if Austin, TX, officeholder living expense employee Christmas Party OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Consulting Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date Zip Code City; 7 Pavee address: 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; 200.00 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Amount (\$) ch Blud. Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name City; State; 6 Amount (\$) 7 Payee address; Zip Code empstead -(b) Description (a) Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12-28-17 Amount (\$) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 16-23-17 City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense (Nebsite Renewals OF **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED