# 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:				
3 COMMITTEE NAME	OFFICE USE ONLY			
1 + F	tot Trey Dukon Waller Co. Judge	Date Received		
4 COMMITTEE	ADDRESS / PO BCX; APT / SUITE #; CITY; STATE; ZIP CODE	Waller County Elections		
ADDRESS	Po Box 640	FEB 2 6 2018		
Change of Address	Waller TX 77484	Received		
		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	MS/MRS/MR Matthew K	Receipt # Amount \$  Date Processed		
	NICKNAME SUFFIX	Date Imaged		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;  39838 Addie Gec Rd  Hempstead TX 770	ZIP CODE		
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (979) 921-9409			
9 REPORT TYPE	January 15  July 15  Sth day before election  Runoff	Exceeded \$500 limit  Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year  /26 / 18  THROUGH	Month Day Year 2 /24/18		
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special			
GO TO PAGE 2				

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

#### FORM SPAC **COVER SHEET PG 2**

12 COMMITTEE NAME	+ 0 (	1 . T C -T 1	D (Ethics Commission Filers)
eunium to Elec	t Vey Dulion	Walter Co. Judge	
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	Z CANDIDATE	Carbett "Trey" J Dul	ion III
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	1 1
OPPOSE (Candidate or Measure)		Waller County	Judge
		BALLOT IDENTIFICATION / # ELECTION I Month Day	DATE Year
ASSIST (Officeholder)	MEASURE	DESCRIPTION	
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	9636.87
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 150
	4. TOTAL POLITICA	AL EXPENDITURES	\$ 7054.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$20,534.25		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$
Notary Pul	TT J DUHON III blic, State of Texas xpires 11-12-2021 ID 12542580-5	I swear, or affirm, under penalty of perjury, the report is true and correct and includes all into the reported by the under Title 15, Election Consideration of Campaign Treasure of Campaign Treasur	formation required to
AFFIX NOTARY STAMP / SEA		AL LEL MA C	2011
Sworn to and subscribed		Matthew Menke, to certify which, witness my hand and seal of office	his the 26th
day of Teld ( Will)		rbett J Dulin III	Jotary
Signature of officer adminis	stering oath Printed	d name of officer administering oath Title of c	officer administering oath
	48	this atota by 110	Revised 9/8/20

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Forms provided by Texas Ethics Commission

## SUBTOTALS - SPAC

### FORM SPAC COVER SHEET PG 3

217 COMMITTEE NAME  auxanto Elect Trey Duhon Waller Co Judge  18 Filer ID (Ethics Commission Filers)			
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$6,136.87	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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	\$6,606.22	
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 430.40	
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 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME 7 Amount of contribution (\$) #2,000 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: ark, Waller Tx 77484 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date 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.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$2,500.00 30142 Southern Sky Brookshire Tx 77423 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor Date James Heitmann DVM Contributor address; City; State; Zip Code 2660 Gratchouse Ln Hempstead Tx 77495 #1,000.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date Zip Code Contributor address; City; State: Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: City; State; Zip Code Contributor address; 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.

#### 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 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)

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: augaign to 5 Payee name 4 Date 7 Pavee address: 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 OF **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) 892 Mack Washington, Hearpstead TX 77445 #500 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Contribution/ Donation Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date ace DOO City; State; Zip Code Amount (\$) Hacker Way, Menlo Park, CA 94025 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 Advertising Expense 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)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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)

Credit Card Payment	Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	Total pages Schedule F. P FILER NAME (Lect Trey Duha Wallace Judy 3 Filer ID (Ethics Commission Filers)		
4 Date 22 18	5 Payedname Enights of Columbus # 12672		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#100	22892 Mack Washington t	tempstead TX 77445	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	A MARKET	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Contribution Direction	Critica ii Austin, 1.4, uniociratori nand expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
2 (7/18	Classic Events Cat	te.	
2/1/10			
Amount (\$)	Payee address: City; State; Zip Code	T. Anilis	
\$30.05	615 Bus. Hwy 290 N, Ho	empstead (X 11199)	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	- 1D =	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Food Beraige Expense	Circle II Austin, 1.A, Gindendider Hving expense	
Complete CNII V if direct	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct candidate / Officeriolder name expenditure to benefit C/OH			
A	Davies nome		
Date	Payee name		
2 9 18	Lebas Village	1	
Amount (\$)	Payee address; City; State; Zip Code		
\$ 9.20	208 E. Austin St., Gidlings, TX 78942		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	Food Beverage Expense	Check if Austin, TX, officeholder living expense	
EXPENDITURE	0		
	Candidate / Officeholder name	Office sought Office held	
Complete ONLY if direct expenditure to benefit C/C			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
ATTACH ADDITIONAL COPIES OF THIS SCREDULE AS REEDED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 ayee name 4 Date City; State; Zip Code 7 Payee address; Main St. Waller Tx 77484 33.00 (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 Advertisin Expense OF EXPENDITURE Office held Office sought ·Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name too. Com City; State; Zip Code Amount (\$) Way, SouMateo CA 94403 19,00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fundrasing Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) 2906 us 290, Waller TX 77484 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 PURPOSE advertising Expense **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)**

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 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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F 3 Filer ID (Ethics Commission Filers) FILER NAME 4 Date 5 Payee name City: State: Zip Code 7 Payee address; empstead TX 17445 \$214.SO (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense 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 Pavee name ounty News Citizen Amount (\$) lwy 290 East Hempstead TX 77445 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 Advertisin Expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Hempstead City; State; Zip Code Payee address: Amount (\$) Hempstead TX 77445 550.00 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 **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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Event Expense Advertising Expense Accounting/Banking Office Overhead/Rental Expense Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense 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) Total pages Schedule F1 2 FILER NAME Payee name 4 Date 6 Amount (\$) 6025 Hwy Blvd Koty TX (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense food/Beverage Expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code Amount (\$) 2nd Floor, 995 Market St., Sanfrancisco CA 94103 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. **PURPOSE** Fundraising Expense/Fee Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date NBD Graphics Inc South Mason Rd Katy TX 77450 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 Advertising Expense **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)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule Fa: 4 Date State; 7 Payee address; 2906 us 290, Waller TX 77484 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense 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 KC Strategies Amount (\$) 11 Far West Blud, Ste 196 Austin TX 78731 1850.00 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expense 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 Prookshive Times Tribune City; State; Zip Code Amount (\$) Pavee address; isoper St Brookshire Tx 77423 562.26 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense **PURPOSE** Advertising 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)**

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

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) Schedule F1: 2 FILER NAME Payee name 4 Date 7 Payee address; k Rd Laty TX 7 (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 Advertising Expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code Amount (\$) Main St Waller TX 77484 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 Advertising Expense OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Graphics City; State; Zip Code Amount (\$) So. Muson Rd Katy TX 77450 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 Advertisin 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)**

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) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date 7 Payee address; 6 Amount (\$) 263.61 (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 Advertising Expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date West I-10 Chamber of ( Amount (\$ St Brookshire TX Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** good (Beverage Expense 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 Payee address; Amount (\$) 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 **PURPOSE** 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

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica			
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F2:	2 FILER NAME  pair to Elect (rey Dulu Walker & Judge)  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED INCURRED OBLIGATIONS \$			
5 Date 23 18	6 Payee name Lenneth Barron		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
128.47	28446 Riley Rd Waller TX 77484		
9 TYPE OF EXPENDITURE	Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Reimbursement of Advertisin  Expense (Sign posts + Ziptics)  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 2 13 18	Payee name Kenneth Barron		
Amount (\$)	Payee address; City; State; Zip Code		
301.93	28446 Liley Rd Waller TX 77484		
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this schedule)  Ceinbursement of mileage  related to Canpaign Signs  Description  Check if travel outside of Texas. Complete Schedule T.  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			