# 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
ausaise to E	Elect Trey Duhon Waller Co. Judge	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Waller County Elections
Change of Address		OCT 08 2018
Ghange of Address	Waller TX 77484	Received
		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Wr Matthew K	Receipt # Amount \$
	NICKNAME LAST SUFFIX	Date Imaged
	Menke	·
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE;  39838 Addie Gee Rd  Heup Stead TX 771	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE;  Sawe as above	ZIP CODE
	AREA CODE PHONE NUMBER EXTENSION	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 971-9409	
9 REPORT TYPE	January 15  July 15  Bth day before election  Runoff	Exceeded \$500 limit  Dissolution (Attach PAC-DR)  10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year 7 / 1 / 18 THROUGH	9 /27/18
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special	
	GO TO PAGE 2	

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer II	O (Ethics Commission Filers)
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett Trey JD	whon III
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE		Waller County J	udge
(Candidate or Measure)	,	BALLOT IDENTIFICATION /# ELECTION / Month Day	DATE Year
ASSIST (Officeholder)	MEASURE .	DESCRIPTION	
15 CONTRIBUTION TOTALS	TOTAL POLITICAL PLEDGES, LOANS	CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,500
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 210
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 2420.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$26,219.56		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  CARBETT J DUHON III Notary Public, State of Texas Comm. Expires 11-12-2021 Notary ID 12542580-5  AFFIX NOTARY STAMP/SEALABOVE			
Sworn to and subscribed		Matthew Menke	this the 8th
day of Octob		o certify which, witness my hand and seal of office	ð.
Signature of officer agmini-	steripg oath Printed	d name of officer administering oath  Title of o	tary officer administering oath

## SUBTOTALS - SPAC

### FORM SPAC COVER SHEET PG 3

17	17 COMMITTEE NAME 18 Filer ID (Ethics Com		nmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18,500
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	×	\$ 300
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR I		\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM COF ORGANIZATION	PORATION OR LABOR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LAB	OR ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 2420.56
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
11.	11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
12.	12. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
13.	13. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		
	And the second s		
	*		
		•	*

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	to elect They Dution Country Orusta	3 Filer ID (Ethics Commission Filers)
15	5 Full name of contributor out-of-state PAC (10#:	7 Amount of contribution (\$)
9 124/18	3200 S.W. Frw. Sente 2600	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
91125118	Contributor address; City; State; Zip Code	5000.00
	303 W. Alkier LAKED. Sugarkud TY 77	874
Principal occup	pation / Job title (See Instructions)  Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
9/13/14	J. Kuss  Contributor address; City; State; Zip Code  10555 West DFFICE D1. Howston, TX 77	Ma 1000,00
Principal occup	pation / Job title (See Instructions)  Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#: COD4578	Amount of contribution (\$)
7103/18	Temacon Political Active Committee  Contributor address; City; State; Zip Code  10841 S.Ridge View Rd Dlatte, KS Le Lei	500.00
Principal occup	pation / Job title (See Instructions)  Employer (See	nstructions)

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 FILER NAME	to e lest Tree Dutton Co	3 Filer ID (Ethics Commission Filers)	
4 Date	to llect TRey Dutton Co 5 Full name of contributor.   out-of-state PAC TERROCON POLITICAL ACTION		7 Amount of contribution (\$)
9/18/18	6 Contributor address; City; State	e; Zip Code	500.00
	10841 S. Rid& view Rd DIAH		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	nons)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
9135/18		e; Zip Code	5000.00
	8827 W. Samtlowston P. Kwy Hores N. Swith 200	ton Tk 77040	,
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	100	Amount of contribution (\$)
9124/18	9124118 RABA-KISTNER PAC, TINC.  Contributor address; City; State; Zip Code		500.00
D.O.1307 690287 Spin Antonia, TY 78269			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
91120118	William A. CAll egari Cam Contributor address; City; Stat		250.00
	Contributor address; City; State 2000 FREELMAN Rd. Rat	4 Tx 77493	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
,			
		* .	
	ATTACH ADDITIONAL CODIES	OE THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL

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. 3 Filer ID (Ethics Commission Filers) FILER NAME 7 Amount of contribution (\$) THOMAS A. STA 4CH 6 Contributor address; City; State; Zip Code 750.00 725 FM 723 Rd. Richmond TK 77406 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date Rodney R. + Leich Contributor address; City; State; Zip Code 55D.00 8/29/18 330 Sugurberry Circle Horsto, TK71004 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Costello Tinc. PAC 9125/18 500.00 Contributor address; City; State; Zip Code 2107 City West Blvd. Hereston, TP #3 nd Flore Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date out-of-state PAC (ID#:\_\_\_\_\_ Perdue, Beardon, Fielder, Collins & MOH Contributor address; City; State; Zip Code 8/20/18 1235 D. Lap 10. Suite 400 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. 3 Filer ID (Ethics Commission Filers) FILER NAME 7 Amount of contribution (\$) Chreater Houston Burders ASS DC. 1000.00 PKWYN 8 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date City; State; Zip Code Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#: Zip Code Contributor address; City; State; 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 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 9105/18 G Contributor address; City; State; Zip Code 100.00 2350 Westerrekkin. #1213 Houston TK 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:\_-Date Amount of contribution (\$) WAHER OR GOYCE STASS Contributor address; City; State; Zip Code 2707 Autumn Lerke Dr. Karty TK 77450 150.00 Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of contribution (\$) MACK+GRAN FRUE hich Contributor address; City; State; Zip Code 500.00 20333 Mucsonki Rd. Tomball TY 7737 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) Davd R. Tinney 9124/18 City; State; Zip Code 17319 FAIKGEDIC PARKOT. HOWSONT 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:
CAmpaign to elect They Dutlan County	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS \$
	77042 Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
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)	- 2 6 500 
Pate  Full name of contributor   out-of-state PAC (ID#:	Starty 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)	
I	

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:
CAmpaign to least Tray Dutton Courty Jus	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	TIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ 9 In-kind contribution description  100.00 Scenkfish  Fudraise  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
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 out-of-state PAC (ID#:  Steve Robinson  Contributor address; City; State; Zip Code  32005.W.Facy Suite 3600 H	Amount of Contribution \$ In-kind contribution description  Brankfast  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)	

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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	n.	1 Total pages Schedule A2:
2 FILER NAMI	gn to elect They Dutta Conty	Judg	3 Filer ID (Ethics Commission Filers)
	F UNITEMIZED IN-KIND POLITICAL CONTRIE		\$
5 Date 91251K	6 Full name of contributor out-of-state PAC (ID#:  / Ina Tobias 7 Contributor address; City; State; Zip Cod 3200 S.W. Fray#2400	77 <b>23</b> 7	8 Amount of Contribution \$ 9 In-kind contribution description  U0.00 Brusha; \$ 1.00 to
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	POSSESS TO THE PARTY OF THE PAR	er (FOR NON-JUDICIAL)(See Instructions)
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#:		Amount of In-kind contribution Contribution \$ description  Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm	n 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 T	HIS SCHEDI	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) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Advertising Expense Fees Food/Beverage Expense Polling Expense Travel Out Of District Accounting/Banking Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Campaignto Elect 4 Date Jutos. com 110/18 City; State; Zip Code 7 Payee address; 6 Amount (\$) Nown 19,00 (b) Description (a) 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 Advertising Database PURPOSE OF EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Jubilee Rauch Ministries Date City: State; Zip Code 33696 FM 1736 Hempsterd TX 77445 Amount (\$) 100.00 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** EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Sheraton City; State; Zip Code 1101 Woodlawn Ave Georgetown TX 78628 Amount (\$) 155.83 Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. lodging for TAC ference - Mental Illness Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE Office held 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)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees COMBENER COMBENT COMBENER COMBENER COMBENER COMBENER COMBENER COMBENER COMBENER	pan Repayment/Reimbursement iffice Overhead/Rental Expense olling Expense raining Expense alaries/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 h	low to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8 2 (18	5 Payee many ussic Events	Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code	
26.70	615 Bus. 290N, F	tempstead T	× 77445
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
PURPOSE	Lunch with	Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
EXPENDITORE	Food / Beverag	e	· .
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/10/18	Wufoo. com		
Amount (\$)	Payee address; City; State; Zip	Code	
19.00	unknown		
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE			tside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Vataba	SC Check if Austin	, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/Oh		Office sought	Office field
Date	Payee name		
8 13 18	Itello Hempst	ead	
Amount (\$)	Payee address; City; State; Zip	Code	
100.00	914 Wilkins St	Hempstead	d Tx 77445
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE	^	Check if travel ou	tside of Texas. Complete Schedule T.
OF	donation	Check if Austin	, TX, officeholder living expense
EXPENDITURE	Morano M		
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name Waller Area Chamber of Commerce 7 Pavee address; City; State; Zip Code 4 Date 8/2/18 6 Amount (\$) 1110 Farr St Waller Tx 400.00 (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 OF Sponsorship **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name United Airlines Amount (\$) Po Box 06649 Chicago Illinois 60606 470.50 Airfare to Washington Check if travel outside of Texas. Complete Schedule T. PURPOSE ☐ Check if Austin, TX, officeholder living expense for meetings on high DC Sweed rail (TAHSR) **EXPENDITURE** Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date nited Airlines Amount (\$) Payee address; City; State; Zip Code Po Box 06649 Chicago Illinois 60606 104.00 Description Seat / luggage / boarding Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** upgrades

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

#### 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 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

Gift/Awards/Memorials Expense Legal Services 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 F1: 2 FILER NAME 4 Date 5 Payee name Wer 8 29 18 City; State; Zip Code 6 Amount (\$) 7 Payee address: San Francisco 78205 19 99 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Transportation to **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Gogo Air. com 8 24 18 Payee address; City; State; Zip Code
1250 Worth Arligton Heights, Ste 500, Itasca IL Amount (\$) 14.06 60143 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** With service on Aliget / Tele communication \_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date United Airlines City; State; Zip Code Payee address; Amount (\$) Chicago Illinois 60606 Po Box 06649 181.00 Category (See Categories listed at the top of this schedule) Description Seat (luggage / boarding Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense upgrades EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME 4 Date 5 Payee name City: State: Zip Code 6 Amount (\$) 7 Payee address; 1455 Market St San Francisco 78205 19.95 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH ava Mezze Mediterronea 8/30/18 Amount (\$) Reagan National Airport, Washington DC 10.56 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food / Beverage 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 Gogo Air. com Amount (\$) Payee address: 1250 North Arligton Heights, Ste 500 Hasca 12 60143 10,99 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Hight 1 Telecommunication **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political		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.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 8 (13 (18	5 Payee name Priceline.	om		
6 Amount (\$) 194.61	7 Payee address; City: State; Zip		06854	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sold Hotel - Hampton Travel Out of Dis Washington De trip	Check if travel ou	Iside of Texas. Complete Schedule T TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 8 30 18		store		
Amount (\$)  7.06	Payee address: City: State; Zip  Bush Mercontributel	Alrport - Term	ival CD	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this soft		side of Texas. Complete Schedule T. TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
8 31 (18	Payee name  Longworth Buil	ding Cafete	ria	
Amount (\$) 4.50	Payee address; City; State; Zip  Longworth Build		ton DC	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Check if travel out	side of Texas. Complete Schedule T. 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			

## SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	
Oreal care raymon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	PRILER NAME  3 Filer ID (Ethics Commission Filers)
8 30/18	Payse name "  City; State; Zip Code  Payse address; City; State; Zip Code  ODI Lettst. WW WASHINSTON DC 20501
8 PURPOSE OF EXPENDITURE	(b) Description  Check if Raustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
8 31 18	Payee name  United Airlines  City: State: Zip Code
Amount (\$)  \$5.00	Payee address; City; State; Zip Code  P. D. Box Dleb49 CHicago IL LeDleble
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description  Check if travel oulside 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
8   31   14	Payee name  UJK
Amount (\$)	Payee address; City; State; Zip Code
35.20	1455 Market St. SAN FRANCISCO 78 205
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  TRAVEL in Austra Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tok hegislative enjence
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	Gift/Awards/Memorials Expense Printing	Expense Travel In District g Expense Travel Out Of District
Candidate/Officeholder/Politica Credit Card Payment	1 Odrining Logar Co. 11000	s/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 9 (0 (8	5 Payee name Uutoo . com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
19,00	unknown	
8	(a) Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	Advertising Database	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	<u> </u>
8/22/18	Weller County Fair	r Association (WCFA)
Amount (\$)	Payee address; City; State; Zip Code	e
100.00	22000 fairground 1	Rd Heupstead TX 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Donation	Check if Austin, TX, officeholder living expense
	Contribution	
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/Oh		- Cinico doligini
Date	Payee name	
9/20/18	Classic Events (	Cate
Amount (\$)	Payee address; City; State; Zip Code	
37.38	615 Bus. 290N He	empstead TX 77445
	Category (See Categories listed at the top of this schedule)	
PURPOSE	C . (2	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Food Beverage	Check if Austin, TX, officeholder living expense
Complete Chll V if direct	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/O		
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

### 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 Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: 5 Payee name 4 Date fin St. Nempsterd TY 8 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date oute Child Welfako CHarify City; State; Zip Code Fustir, Hempsterd TX 77445 Amount (\$ 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 Zip Code City; State; Payee address; 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 held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:
2 FILER NAME auguign to Elect Trey Duhan Walker Co. Judge 3 Filer ID (Ethics Commission Filers)					
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Wited Airlines					
5 Contribution / Expenditure reported on:					
Schedule A2	Sche	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	dule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Sch				
6 Dates of travel	7 Name of person(s) traveling Pulson				
8/29/18-	8 Departure city or name of departure location				
8 30 (8	9 Destination city or name of destination location  Washington DC				
10 Means of transportation Air  11 Purpose of travel (including name of conference, seminar, or other event)  Meetings with FRA + STB related to High Greed Rail					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee  Triceline tempton lun					
Contribution / Expenditure reported on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel					
8 29 18-	Departure city or name of departure location  TX				
8/30/18	Destination city or name of destination location  Washington  C				
Means of transportation Air		Meet	ing with FRA	name of conference, set	d to High Speed Rail
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel					
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					