CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction C | Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MB FIRST MI | OFFICE USE ONLY | |
| NAME | NICKNAME LAST SUFFIX | Date Received | |
| _ | Trey Duhon III | Waller County Election | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / BO BOX; APT / SUITE #; CITY; STATE; ZIP CODE BOX 640 Waller TX 77484 | JAN 1 6 2018 Received | |
| Change of Address | Waller IX 11to T | 34001460 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION 936) 931-9627 | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER | Ms/MRS/MB Miller K | Receipt # Amount \$ | |
| NAME | NICKNAME LAST SUFFIX | Date Processed | |
| | Menke | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; 39838 Addie Gee Rd | ZIP CODE | |
| | Hempstead TX 77445 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (979) 921-9409 | | |
| 9 REPORT TYPE | January 15 30th day before election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | July 15 Sth day before election Exceeded \$500 limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year Month | Day Year / 31 / 17 | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | | |
| Ē | Month Day Year Primary Runoff Other Description General Special | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) | | |
| | Waller Country Judge Waller Co. | unty Judge | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME () | bett "Tre | 1 J Duhon III | Filer ID (Ethics Commission Filers) | |
|--|---|---|-------------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | ☐ GENERAL SPECIFIC | COMMITTEE ADDRESS PO Box 640 | Walter County Tudge | |
| | Astronic | Waller Tx 774 | 484 | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | Matthew Menk | e | |
| | | 39838 Addie Gee, Hemp | stead TX 77445 | |
| 17 CONTRIBUTION TOTALS | | OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | |
| EXPENDITURE TOTALS | 17740 H. | OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED | \$ 0 | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 1560.00 | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD | * S | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THEY OF THE REPORTING PERIOD | * | |
| 18 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 Gode. | | | | |
| No | CINDY JONES stary Public, State of My Commission Expi February 11, 2019 | res | | |
| OF THE | 100000 | Signalure of Cand | date or Officeholder | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed before me, by the said, this the, this the | | | | |
| day of January, 20 18, to certify which, witness my hand and seal of office. | | | | |
| (indicatories Cinon Somes POTARY PUBLIC | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME (Vey J Dulon TH) 20 Filer ID (Ethics Commission Filers) | | | | |
|--|--------------------|--|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | | |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | | | |
| 4. SCHEDULE E: LOANS | \$ | | | |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | | | |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 1560 | | | |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | | | |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | | | |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | | | |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Fundralsing 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 G: | 2 FICE NAME (Trey J Duhon III) 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 7 (17-12)17 | 5 Parename Carbett Trey J Dulion III | |
| 6 Amount (\$) \200.60 | 7 Payee address: City; State; Zip Code | |
| Reimbursement from political contributions intended | Waller Tx 77484 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description (leimburgement of 25% of 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/4 | Candidate / Officeholder name Office sought Office held OH | |
| 7 17 - 12 17 | Payerpame (Trey J Dulin III) | |
| Amount (\$) 360.00 | Payee address; City; State; Zip Code Po Box 640 | |
| Reimbursement from political contributions intended | Waller Tx 77484 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Description (Le manur Seinert - of 50% cell. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name Office sought Office held OH | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | 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 | |
| Complete ONLY if direct expenditure to benefit C/ | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |