SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Gu	ide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages file	ed:
3 COMMITTEE NAME			OFFICE	USE ONLY
4 COMMITTEE ADDRESS	NATO Elect Trey DWADDRESS / PO BOX; APT / SUITE #:) C	NON DUNTY THOGE ITY: STATE: ZIP CODE	Date Received	WALLER COUNT ADMINISTRATI
change of address	Waller, TR 77	484	Date Hand-delivered of Receipt #	Postmated SYMP
5 CAMPAIGN TREASURER NAME	Mon Matthe		Date Processed	en ma
	NICKNAME LAST Menke	SUFFIX	Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	Hempstead TR	77445	ZIP CODE	
7 CAMPAIGN TREASURER'S MAILING ADDRESS change of address	39838 Addie E Hempstead TX 7	re#: city; state; Dec 7445	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979 921-9409	EXTENSION		
9 REPORTTYPE	position of the state of the st	before election	Exceeded \$500 limit Dissolution (attach PAC 10th day after campaign to	
10 PERIOD COVERED	10 26 14	THROUGH	$\frac{12}{31}$	Year 14
11 ELECTION	Month Day Year	ON TYPE rimary Runoff	⊠ General	Special
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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

			JOVER OHEEL TO Z
Campaian +	Elect Trey D	Suhon County Judge Acc	COUNT # (Ethics Commission Filers)
13 COMMITTEE PURPOSE	J	CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	X CANDIDATE	Trey Duton	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officehold) Waller County Ju	older)
OPPOSE (Candidate or Measure)		BALLOT IDENTIFICATION / # ELEC Month	CTION DATE Day Year
ASSIST (Officeholder)	MEASURE	DESCRIPTION	/
14 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2379,53		
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	** D
*******	4. TOTAL POLITICA	AL EXPENDITURES	\$6479.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$6427,70		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TH REPORTING PERIOD	\$ 5
Notary Pul My Con	EILA MUNDY blic, State of Texas nmission Expires y 25, 2018	I swear, or affirm, under penalty of perju report is true and correct and includes all reported by me under Title 15, Election C	information required to be Code.
Sworn to and subscribe	ed before me, by the		
Sheila M	January, 20 I	beda Musdu	d and seal of office.
Signature of officer administer	ing eath Printed	name of officer administering oath Til	tle of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A:
ampaign to Elect Treu Duhon Cou	enty Judge 3 ACCOUNT # (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
Michael D. Lee 6 Contributor address; City; State; Zip Code 26335 Jones V. IIE RD	344.53
Hockley, TR 77447	(If travel outside of Texas, complete Schedule T)
) Employer (See Instructions)
	Amount of In-kind contribution description (if applicable)
10/28/14 Kepublican Women of Wo Contributor address; City; State; Zip Code 29/75 Highway 6	1535.00
Hempstead TX 77445	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City, State; Zip Code	50.00
Hempstead, 1x 7/1445	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Pholan	Amount of In-kind contribution contribution (\$) description (if applicable)
11/19/14 Contributoraddress; City; State: Zip Code 32804 Grove Park Dr	250-00
Waller, TX 77484	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
10127114 Contributor address; City; State; Zip Code 6018 Fm 359	100.00
Brookshire TR 77423	(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
ATTACH ADDITIONAL COPIES O	THIS SCHEDULE AS NEEDED

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

Texas Ethics Comr	mission	P.O. Box 12070	Austin, Tex	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
		NTRIBUTIO PLEDGES O		NS		SCHEDULE A
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	P.O. Hem	OOX 611 DStead TX	7744	5		 of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	EXPENDIT	URE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials	Salaries/Wages/Co	` '	Loan Repayment/Reimbursement
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Consulting Expense	Legal Services Food/Beverage Expense	Travel In District		Expense Contributions/Dogations Made Ry
Event Expense	Polling Expense	Travel Out Of Distr		Contributions/Donations Made By Candidate/Officeholder/Political Committee
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	EXPENDITURE CATEGORIES FOR BOX 8(a)
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Accounting/Banking	Expense Solicitation/Fundraising Expense Transportation Equipment & Related Legal Services Travel In District Expense
Consulting Expense	Food/Beverage Expense Travel Out Of District Expense Contributions/Donations Made By
Event Expense	Polling Expense Office Overhead/Rental Expense Candidate/Officeholder/Political Committee
Fees	Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
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OF	schedule) Fuel
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	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEDDED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F

(512) 463-5800

2	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense	Gift/Awards/Memorials Salaries/Wages/Contract Labor Loan Repayment/Reimbursement
Accounting/Banking	Expense Solicitation/Fundraising Expense Transportation Equipment & Related Legal Services Travel In District Expense
Consulting Expense Event Expense	Food/Beverage Expense Travel Out Of District Contributions/Donations Made By
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SCHEDULE ${f F}$

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Expense Solicitation/Fundraising Expense Travel In District Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense The Instruction Guide explains how to complete this form. EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
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Advertising Expense

Accounting/Banking

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Legal Services

P.O. Box 12070

Gift/Awards/Memorials Expense

SCHEDULE F

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
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EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense

Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor

Advertising Expense

Accounting/Banking

(512) 463-5800

POLITICAL EXPENDITURES

Legal Services

SCHEDULE \mathbf{F}

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee	
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expenditure to benefit C	10H Treu Duhor	\ Walles	ountaitudes NA	
Detail				
Date	Payee name	Nula TIT		
11110119	Cle-Dett 1.	ounon 11		
Amount (\$)	Payee address; City	State; Zip Code		
1438.42	P.O. Box 641	U		
1700. 10	1.20 Her TVT	17424		
DUDDOOF	Category (See categories listed at	the top of this schedule)	SCription (If travel outside of Texas, complete Schedule T)	
PURPOSE	Category (See categories listed a	(I le top of this sociedate)	Soription (il travel outside of fexas, complete scriedule 1)	
EXPENDITURE	Kelmburse me	nt Kei	mausement to and date	
Complete ONLY if direct	0 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	name I \ Offi	ca sought Office held	
expenditure to benefit C	\ \ \	~ I. Willer	Counter Judge N/A	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
1	ATIACHADDITION	AL CUPIES OF THIS SCHED	OLE AS NEEDED	

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Texas Ethics Commission

Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

rees		mar Expense Official (enter a c	ategory net neted above)
Territoria	The Instruction Guide explains how to c		
1 Total pages Schedule F:	Campaign to Elect Trey Juh	n Courty Tunge	T # (Ethics Commission Filers)
4 Date 1117/14	United States Postal Servi	ce	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
27.50	3637 J2 Street Pattison TX 77466		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Fees.	.Stamps	
9 Complete ONLY if direct expenditure to benefit C/	OH Trey Duhan W	Mer County Juda	Office held
Date	Payee name	0	.
Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE			
Complete <u>ONLY</u> if direct expenditure to benefit Co		Office sought	Office held
D-1-	Payee name		
Date	r ayee name		
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	Cotogogy (See setagoring listed at the top of this sphedule)	Description (If travel outside of T	exas complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		2 ,
4			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit (Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	