SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide	e explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME			OFFICE USE ONLY
			OFFICE USE ONLY
Campaign to	Elect Trey Dulio	n Country Judge	Date Received
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	4.
ADDRESS	Po Box 640		
Change of Address	1 To -	771/01	4 2 3
	Waller TX	11484	367
			Date Hand-delivered or Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mr Matthe	1/	Receipt # A unt \$
NAME	rviv rviacine	· · · · · · · · · · · · · · · · · · ·	Date Processed
	NICKNAME LAST	SUFFIX	- A2
	Menk	e.	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); AF		ZIP CODE
TREASURER	29650 111	· (D)	
STREET ADDRESS	39838 Add	ie Gee Rd	
(Residence or Business)	11	T 70000	
	Hempstead	1× 77445	
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	PT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER	39838 Addi	ie (see Rd	
MAILING ADDRESS	0,10,70 .1001		
Change of Address	Hanneton I	TX 77445	
	((Eurstean	()((((()	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	079 021 01		
PHONE	9111 921-94	07	
9 REPORT TYPE	January 15	Oth day before election	Exceeded \$500 limit
	July 15 8t	th day before election	Dissolution (Attach PAC-DR)
	R	unoff	10th day after campaign treasurer termination
10 PERIOD	Month Day Year		Month Day Year
COVERED			, – –
,	01/01/15	THROUGH	6/30/15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Prin	mary Runoff Other Description	
	Ger	neral Special	
7			
	GO	TO PAGE 2	
	40		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	Elect Trey Du		D (Ethics Commission Filers)
14 COMMITTEE PURPOSE	0,000 (109)00	CANDIDATE / OFFICEHOLDER NAME	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	Carbett "Trey" J	Duhon III
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE (Candidate or Measure)		Walter County Ju	dge
ASSIST	MEASURE	BALLOT IDENTIFICATION /# ELECTION I Month Day	DATE Year
(Officeholder)		DESCRIPTION	
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN , OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 6
	4. TOTAL POLITICA	AL EXPENDITURES	\$5,847.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 579.87		
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. November 22, 2017 Signature of Campaign Treasurer			
AFFIX NOTARY STAMP / SEA		11 4 CI \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Inth
Sworn to and subscribed before me, by the said Mathew Menke , this the day of lipid , 20 5 , to certify which, witness my hand and seal of office.			
Signature of officer administering oath Hi And Avenue Child Deputer Title of officer administering oath			

SUBTOTALS-SPAC

FORM SPAC COVER SHEET PG 3

COMMITTEE NAME (auguign to Elect Tray Dulum County Judge) 18 Filer ID (Ethics Co	mmission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 CORPORATON OR LABOR ORGANIZATION	\$
7. SCHEDULE E: LOANS	\$
8. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5847.93
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	\$

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1: 4 Date 5 15 6 Amount (\$)	Coupaign to Elect Trey Duhan 5 Payer address: City State: 7in Code	Gut, Judy 3 Filer ID (Ethics Commission Filers) 49588
\$207.25	7 Payee address; City; State: Zip Code 23645 Katy Freeway,	Kuty, TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food (Beverage Expense	(b) Description 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/OF	Candidate / Officeholder name	Office sought Office held
Date 1 (5 15	Carbett J Duhon	<u> W</u>
#106.50	Payee address; City; State; Zip Code Po Pox 640, Waller	Tx 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimburscust	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Condidate
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held Walker Country Judge
Date 1 (19 (15	Payee name Carbett J Duhon	III
Amount (\$)	Payee address; City; State; Zip Code Po Box 640, Waller	Tx 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimburs event	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reinbuscuet to Officeholder
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Carbett Dulum THE	Office sought Office held Walter Courty Tudge S 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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FLER NAME	3 Filer ID (Ethics Commission Filers)
4 Date / 1	5 Payed name	won Conty Tudge
1 26 15	Winestyles	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
110.39	12361 Barker Cyprex #	900, Gypress Tx 77429
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description + Constitution basket
PURPOSE OF EXPENDITURE	Donations	Check if Austin, TX, officeholder living expanse
	y or correctly	Charley of Commerce
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/26/15	Hobby Lobby	
Amount (\$)	Payee address; City; State; Zip Code	
72.43	26060 US 290, Cypi	ers Tx 77429
	Category (See Categories listed at the top of this schedule)	Description Hears for wine backet Check if traverousside of Texas. Complete Schedule T.
PURPOSE OF		Check if Austin, TX, officeholder living expense
EXPENDITURE	Vonetims	donation to WHICE
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	•
1/26/15	Sweet Box Cand	ly
Amount (\$)	Payee address; City; State; Zip Code	1 . = ==
12.44	130 Vintage Park, +	fouston Tx 77070
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE OF	7	Check if Austin, TX, officeholder living expense
EXPENDITURE	Donations	direction to WACC
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	Causains to Elect Trey Duly	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payle name Walker Area Chambe	of Commerce
6 Amount (\$)	7 Payee address; City; State; Zip Code	
#80	1110 Farr St. Walter	Tx 77484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Vonation	L Check if Austin, TX, officeholder living expense
	7 3.33.3	Jonation
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/28/15	Knights of Colum	Jus Council
Amount (\$)	Payee address; City; State; Zip Code	. /
#200	22892 Mack Washin	yton Ln, Hempstead 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	lat. m	Check if Austin, TX, officeholder living expense
	90,2000	Tonalion
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/2-1	De an il Bl	
1 20 13	110sperity Vank	•
Amount (\$)	Payee address; City; State; Zip Code	= anto-1
4.95	31250 FM 2920, Waller	1× 77484
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
PURPOSE	D (Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Banking	Bowk fee
		Dank Fee
Complete ONLY if direct expenditure to benefit C/C	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/Disceholder/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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	Conseinto Eject Very Duhon	3 Filer ID (Ethics Commission Filers)
4 Date 26 15	5 Palyee name Wufoo.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
29.95	unknown	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Δ	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising	Check if Austin, TX, officeholder living expense
	8	Website database
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/24/15	Waller Christian Ac	cadeny
Amount (\$)	Payee address; City; State; Zip Code	4
200	1208 Penick Rd. W.	aller TX 77484
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Vonation	Check if Austin, TX, officeholder living expense
	707200	Vonation
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	4.4
1/27/15	Waller Area Restoration	n Ministries
Amount (\$)	Payee address; City; State; Zip Code	
400.00	31315 FM 2920, Ste	11, Waller Tx 77484
-	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Vonation	Donation
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/C		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. HILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 6 Amount 200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Brookshire Tx 77423 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF Event Expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Amount (\$ Brookshire TX 77423 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** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Flental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 4 Date 6 Amount 00.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** if Austin, TX, officeholder living expense OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount Payee address; 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 Advertising / Man **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount FM 2920, Waller Tx 77484 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 OF **EXPENDITURE**

Office sought

Office held

Revised 9/8/2015

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FLER NAME ampaign to Elect T	3 Filer ID (Ethics Commission Filers)
4 Date 3 2 15	5 Payee name accook	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
25.00	Menlo Park CA 9	4025
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	100 100 100 100	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising / Marketing	Facebook Ads
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	2
3/18/15	Waller Courty Economic	Development Partnership
Amount (\$)	Payee address; City; State; Zip Code	
225.00	645 12th St Hempst	cod TX 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Donation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense,
EXPENDITURE	8 6 1000 11	Sponsording for Austin
		legislative trip
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3 5 15	Waller Country fair	Association
Amount (\$)	Payee address; City; State; Zip Code	1
250.00	22000 fairgrounds Rd	Hempstead TX 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF EXPENDITURE	Event Expense	Demolition Derky Sponsorship
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 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

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	Campaign to Elect Trey	3 Filer ID (Ethics Commission Filers)	
4 Date 3 24 15	5 Payee lame Com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
29.95	Unknown		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	A /	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising Marketing	Website Dutabase	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3 18 15	Instrux		
Amount (\$)	Payee address; City; State; Zip Code		
300.00	22210 3 Pine Dr. H	ockley 1× 77447	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	6.40	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Event Expense	Town hall videography	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/31/15	trosperity Bank		
Amount (\$)	Payee address; City; State; Zip Code	1 11	
4.95	31250 FM 2920, h	Jaller 1x 77484	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE	2 (.	Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Danking	Bank fee	
Complete ONLY if direct expenditure to benefit C/O	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 Committee
Credit Card Payment

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

	The Instruction Guide explains how to c	complete this form.	
1 Total pages Sofiedule F1:	CALLER NAME CANDAISM TO Elect Trey	Dulin 3 Filer ID (Ethics Commission Filers)	
4 Date 3 5 15	5 Payer name ler (out 4H		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
175.00	836 Austin St #203 1	Henpstend TX 77445	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	1) 4.	Check if Austin, TX, officeholder living expense	
EXPENDITORE	Vonation	Vonation	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
3/17/15	Republican Party of U	Daller Country	
Amount (\$)	Payee address; City; State; Zip Code		
# 250	1735 9th St. Heng.	stead 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	1) '	Check if Austin, TX, officeholder living expense	
EXI ENDITORIE	Vonación	Vonation	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date /	Payee name		
4/24/15	Wufoo. com		
Amount (\$)	Payee address; City; State; Zip Code		
29.95	unknown		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Λ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Advertisin Marketing	211	
EXPENDITURE	() () () () ()	Website Vatabase	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Committee

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

Credit Gald Payment	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	1: 2 FILER NAME aspaign to Elect Trey Duhan 3 File	r ID (Ethics Commission Filers)	
4 Date 4 30 15	5 Payee paine 105 Dec. ty Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
4.95	31250 FM 2920, Waller TX 774	84	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE	Check if travel outside of Tex		
OF EXPENDITURE	Check if Austin, TX, offic	ceholder living expense	
	Bank to	ee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought OH	Office held	
Date	Payee name		
5 (6 15	West I 10 Chamber		
Amount (\$)	Payee address; City; State; Zip Code		
100.00	907 Bains St. Brookshire TX	77423	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE	Check if travel outside of Tex		
OF EXPENDITURE	Check if Austin, TX, office	eholder living expense	
	Vonate	m	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought	Office held	
Date	Payee name		
5/2/15	Walter Country Rotary Club)	
Amount (\$)	Payee address; City; State; Zip Code		
310.00	to Box 1488 Waller Tx 7	7484	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE	Check if travel outside of Te. Check if Austin, TX, office		
OF EXPENDITURE	material Crieck if Austin, 12, oline	centioned living expense	
	Vnat	ion	
Complete ONLY if direct expenditure to benefit C/O	Complete ONLY if direct		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDEL)	

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/Reinnbursement 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	Credit Card Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Campaign to Elect Trey	Dulian 3 Filer ID (Ethics Commission Filers)	
4 Date 210 1 <	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
29.95	unknown		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	AL 15. (11 1 (Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
EXPENDITURE	Advertising Marketing	Website Database	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
5 24/15	Payee address; City; State; Zip Code		
Amount (\$)	Payee address; /City; State; Zip Code	1 = ===	
4.95	31250 FM 2920, Wal	ler 1x 77484	
	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
PURPOSE OF	21.	Check if Austin, TX, officeholder living expense	
EXPENDITURE	Danking	Back Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date /	Payee name		
6/10/15	Ducks Unlimited	- Pattison	
Amount (\$)	Payee address; City; State; Zip Code		
500.00	Pattisan, IX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	D 4	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
OF EXPENDITURE	Vonation	Donation	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Revised 9/8/2015

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 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 5 Payee 6 Amount (\$) 7 Payee address; 200.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Pavee name Date Amount Payee address; State: Zip Code 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 Pavee name Date Amount (\$ 31250 FM 2920, 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 **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to-benefit C/OH