

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:

18

3 COMMITTEE NAME

Campaign to Elect Trey Duhon Waller Co. Judge

OFFICE USE ONLY

Date Received

Received

JAN 16 2023

Waller County Elections

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Po Box 640
Waller Tx 77484

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr Matthew K
NICKNAME LAST SUFFIX
Menke

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

39838 Addie Gee Rd
Heampstead Tx 77445

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

Same as above

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

979) 921-9409

9 REPORT TYPE

- January 15 30th day before election Exceeded \$500 limit
 July 15 8th day before election Dissolution (Attach PAC-DR)
 Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

1 / 1 / 19 THROUGH 6 / 30 / 19

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description

General Special

GO TO PAGE 2

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

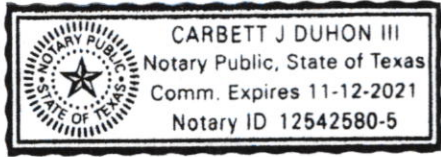
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Campaign to Elect Trey Duhon Walker Co. Judge 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME <u>Carbett "Trey" J Duhon III</u>
	<input checked="" type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) <u>Walker County Judge</u>
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # _____ ELECTION DATE _____ Month / Day / Year DESCRIPTION _____

15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7008.21</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>5777.83</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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 Code.

[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Menke, this the 15th day of January, 20 20, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Carbett J Duhon III Printed name of officer administering oath
Notary Title of officer administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1 of 15	Campaign to Elect Trey Dukhan Waller Co Judge	
4 Date	5 Payee name	
1/4/19	Old Washington Storage	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
140.00	31207 old Washington, Waller TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Storage Rental Expense	Storage
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
1/5/19	Waller Area Restoration Ministries	
Amount (\$)	Payee address; City; State; Zip Code	
1,000.00	40070 Bus. 290 Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Donation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
1/8/19	Bucees	
Amount (\$)	Payee address; City; State; Zip Code	
9.85	40900 US Hwy 290 Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	food / beverage	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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 how to complete this form.

1 Total pages Schedule F1: 2 of 15		2 FILER NAME Campaign to Elect Trey Duke Waller Co Judge		3 Filer ID (Ethics Commission Filers)	
4 Date 1/19/19		5 Payee name Priceline			
6 Amount (\$) 141.97		7 Payee address; City; State; Zip Code 800 Connecticut Ave Norwalk CT 06854			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel - legislative		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/19/19		Payee name AT&T Hotel + Conference Center			
Amount (\$) 28.00		Payee address; City; State; Zip Code 1900 University Ave Austin TX 78705			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Legislative trip		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1/15/19		Payee name Classics Cafe			
Amount (\$) 24.02		Payee address; City; State; Zip Code 615 US 290 Bus Hempstead TX 77445			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage		Description Lunch meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 15	2 FILER NAME Campaign to Elect Trey Duke Waller Co Judge	3 Filer ID (Ethics Commission Filers)
4 Date 1/9/19	5 Payee name Focusing Families	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code 641 10th St, Suite B Hempstead TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/16/19	Payee name Waller High School	3 Filer ID (Ethics Commission Filers)
Amount (\$) 100.00	Payee address; City; State; Zip Code 20950 Field Stone Rd Waller TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1/18/19	Payee name Houston Galveston Area Council	3 Filer ID (Ethics Commission Filers)
Amount (\$) 55.00	Payee address; City; State; Zip Code 3535 Timmons, #100 Houston TX 77027	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description Annual Dinner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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: 4 of 15	2 FILER NAME Campaign to Elect Tray Dulin Waller Co Judge	3 Filer ID (Ethics Commission Filers)
4 Date 1/24/19	5 Payee name Waller Area Chamber of Commerce	
6 Amount (\$) 460.00	7 Payee address; City; State; Zip Code 1110 Farr St Waller TX 77484	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 1/16/19	Payee name Hempstead FFA	
Amount (\$) 125.00	Payee address; City; State; Zip Code 801 Donoho St Hempstead TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/6/19	Payee name Omni Hotel Parking Garage	
Amount (\$) 10.00	Payee address; City; State; Zip Code 700 San Jacinto Blvd Austin TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Parking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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