SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT**

FORM SPAC **COVER SHEET PG 1**

1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
The SPAC Instruction Guide explains how to complete this form.	2 Total pages lifet.		
3 COMMITTEE NAME	OFFICE USE ONLY		
Campaign to sledt Trey Dutton Walke Co. Judge	Date Received		
4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE ADDRESS D. D. D. C.	Waller County JAN 18 Recei		
Change of Address Wallek TY 17484	Date Hand-Rivered Date Planmarked		
5 CAMPAIGN TREASURER NAME MS/MRS/MR MS/MRS/MR FIRST MI MA H WA MS/MRS/MR MS/MR MS/MRS/MR MS/MRS/MR MS/MRS/MR MS/MR MS/MRS/MR MS/MR	Receipt # Amount Date Processed		
NICKNAME LAST SUFFIX Wenke	Date, Imaged		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; 4 Add u Cull Rd.	ZIP CODE		
Hempstad TX 772	145		
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; Change of Address	ZIP CODE		
8 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION (979) 921 - 9409			
9 REPORT TYPE January 15 July 15 Sth day before election Runoff	Exceeded \$500 limit Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination		
10 PERIOD COVERED Month Day Year 10 / 27 / 18 THROUGH	Month Day Year 12/31/18		
## ELECTION DATE Month Day Year Primary Runoff Other Description	E		
GO TO PAGE 2			
	Paying 0/9/201		

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	elect Trey I	Dutton Waller Co. Auda 13 Filer II	D (Ethics Commission Filers)	
14 COMMITTEE PURPOSE		CANDIDATE/OFFICEHOLDER NAME	_	
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CARbett TRy"J.	Dutton III	
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
OPPOSE (Candidate or Measure)	·	WATTER Co. Judge		
		BALLOT IDENTIFICATION /# ELECTION I Month Day	OATE Year	
ASSIST (Officeholder)	MEASURE	DESCRIPTION		
15 CONTRIBUTION TOTALS		CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 5, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 47.12	
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 61.97	
	4. TOTAL POLITICA	AL EXPENDITURES	\$ 6610.85	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 12786.04	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS 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. Signature of Campaign Treasurer				
		Signature of Campaign 110as		
AFFIX NOTARY STAMP/SEA		Matthew Menke	nis the 15+C	
day or		certify which, witness my hand and seal of office.	Notany	
Signature of office adminis	tering oath Printed	name of officer administering oath Title of of	ficer administering oath	

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

CAMPAIGN to lect Tray Dutton Walker Co Judy	nmission Filers)
19 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 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	\$ 6610.85
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)

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Advertising Expense Accounting/Banking	Event Expense Fees	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District	
Canaliting Evpense	Git/Awards/Memorials Expense Printing Expense Other (enter a category not listed above Calarica Managa/Contract Labor			
Contributions/Donations Made By Candidate/Officeholder/Political Con				
Credit Card Payment	The Instruction Guide explain	ns now to complete this form	3 Filer ID (Ethics Commission Filers)	
Total pages 5.18	FILER NAME AMPAIGN TO ELEF Payee name	TRUY DUHON WALLERGY	dg	
1//2/18	WAIHR Imes Payee address; City; State;	Zip Code	1 1	
6 Amount (\$) 1	2323 Main St.	1201100	tk 77484	
400) Category (See Categories listed at the top of this	Clieck ii travo	outside of Texas. Complete Schedule T.	
PURPOSE OF EXPENDITURE	Advertigns	Check if Au	stin, TX, officeholder living expense	
		Office sought	Office held	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Cilico delgini		
Data	Payee name	0		
Date	WATTER AREA	CHamber		
Amount (\$)	Payee address; City; State;	Zip Code	100 Tr 7711016	
300.00	1018 Shunder	SSE. WALL	er TK 77484	
PURPOSE	Category (See Categories listed at the top of	. Check if tran	vel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Sponsorship) Greek in A		
	Candidate / Officeholder name	Office sough	t Office held	
Complete ONLY if direct expenditure to benefit C/OH				
	Payee name *		Henry	
	Payee name HKSt United	Methodist C.	Naker	
Amount (\$)	Payee address; City; State	e; Zip Code	77484	
50.00	120Ce Smith S	St. Walle	RTX 77484	
	Category (See Categories listed at the top	of this schedule) Description		
PURPOSE OF EXPENDITURE	Donation		f Austin, TX, officeholder living expense	
	La de la composición de la com	Office sou	ight Office held	
Complete ONLY if direct	Candidate / Officeholder name			
expenditure to benefit C/C				
	TARGET ADDITIONAL CO	PIES OF THIS SCHEDULE	AS NEEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Event Expense Office Overhead/Rental Expense Advertising Expense Accounting/Banking Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Consulting Expense Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: 5 Payee name 4 Date City; State; Zip Code KAty IT MAY94 6 Amount (\$) KATY FRWY 136.15 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense PURPOSE EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH City; State; Zip Code 'sm way KA+ 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** OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date FM 2900 Rd. WAlter TK Description 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 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Event Expense Office Overhead/Rental Expense Advertising Expense Accounting/Banking Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Consulting Expense Salaries/Wages/Contract Labor 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) 2 FILER NAME 1 Total pages (AMODIC 4 Date Zip Code WAY KATYTX 6 Amount (\$) (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense rection Water PURPOSE EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 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** OF EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PURPOSE 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Event Expense

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political Col Credit Card Payment	The Instruction Guide expla	ains how to complete this form.	3 Filer ID (Ethics Commission Filers)
4 Date 5	Payee address; City; State;	CH ICC	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Conception)	Olicon ii da	ustin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
Date 11/21/18 Amount (\$) 168.51	Payee address; City; State 250 N · Di Vi Category (See Categories listed at the top	of this schedule) Description	H13 Holly Wood, Flordy 33000 avel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Service AWARD Country Employ	Jee Check if	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office soug	ht Office field
Date	Tayoo accept	ate; Zip Code	Foundation
250.00	Category (See Categories listed at the to	Datt Sou, T	on
PURPOSE OF EXPENDITURE	Donation	Check	f travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		ugni
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	Revised 9/8/2015

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense **Event Expense** Advertising Expense Accounting/Banking Office Overhead/Rental Expense Travel In District Polling Expense Travel Out Of District Food/Beverage Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Consulting Expense Gift/Awards/Memorials 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 S 4 Date 6 Amount (\$) 600.00 (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. 8 Check if Austin, TX, officeholder living expense PURPOSE EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date las Store Rd. WATTER Amount (\$) 50.00 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 City; State; Zip Code FM 2920 Rd. WAlter TA Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PURPOSE 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

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)

Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages S 3 Filer ID (Ethics Commission Filers) 4 Date (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 **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date City; State; Zip Code Payee address; 2920 WAller Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 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

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/V	Wages/Contract Labor	Other (enter a category not listed above)
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121118	ord stroms	2	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
173.20	5192 Hidalgo St	Houston	TX 77056
8	(a) Category (See Categories listed at the pop of this schedule)	(b) Description	
PURPOSE OF	_ V		
EXPENDITURE	Co. employees	,	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/18	Verizon Wirele	223	
Amount (\$)	Payee address;	City;	State; Zip Code
489.36	25705 Vaty Freew	ray Kuty	Tx 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office over head Communications	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date _	Payee name		
10/31/18	Asurion lasura	vee	
Amount (\$)	Payee address;	City;	State; Zip Code
149.00	648 Grassmere Va	rk Nash	uille TN 37211
DUDDC 27	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	- communications		
EXPENDITURE			TV officeholder living august
	Check if travel outside of Texas. Complete Schedule T.		n, 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 NEE	EDED
			B. J. J. 6100104

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/W	dages/Contract Labor Other (enter a category not listed above))
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedure F1:	angen to Elect Tray Du	3 Filer ID (Ethics Commission File	ers)
4 Date 17 18	5 Payer parte		
250.60	502 Ellen Powell	Prairie View TX 7744	16
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation		
7	(c) 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		
12/31/18	Carbett "Trey"	J Dubon In	
Amount (\$)	Payee address;	City; State; Zip Code	
1270.00	Po Box 640 U	Jaller TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reinburse next to Cardidato	Description Overhead expenses	
	Check if travel outside 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	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	1		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	