

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |   |
|--|---|---|---|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:<br><span style="font-size: 2em; color: blue;">5</span> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR: _____ FIRST: <span style="font-size: 1.5em;">Carbett</span> MI: <span style="font-size: 1.5em;">J</span><br>NICKNAME: <span style="font-size: 1.5em;">Trey</span> LAST: <span style="font-size: 1.5em;">Dulson</span> SUFFIX: <span style="font-size: 1.5em;">III</span>   | <b>OFFICE USE ONLY</b><br>Date Received<br><div style="text-align: center; color: blue; font-weight: bold;">                     Received<br/>                     JAN 16 2020<br/>                     Waller County Elections                 </div> Date Hand-delivered or Date Postmarked |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: <span style="font-size: 1.5em;">Po Box 640</span> CITY: <span style="font-size: 1.5em;">Waller TX</span> STATE: _____ ZIP CODE: <span style="font-size: 1.5em;">77484</span>  |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE: <span style="font-size: 1.5em;">936</span> PHONE NUMBER: <span style="font-size: 1.5em;">931-9627</span> EXTENSION: _____  |   |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: _____ FIRST: <span style="font-size: 1.5em;">Matthew</span> MI: <span style="font-size: 1.5em;">K</span><br>NICKNAME: _____ LAST: <span style="font-size: 1.5em;">Menke</span> SUFFIX: _____   | Receipt #   | Amount \$   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <span style="font-size: 1.5em;">39838 Addie Gee Rd</span> CITY: <span style="font-size: 1.5em;">Hempstead TX</span> STATE: _____ ZIP CODE: <span style="font-size: 1.5em;">77445</span>   |   |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE: <span style="font-size: 1.5em;">979</span> PHONE NUMBER: <span style="font-size: 1.5em;">921-9409</span> EXTENSION: _____  |   |   |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |   |
| 10 PERIOD COVERED  | Month / Day / Year: <span style="font-size: 1.5em;">7 / 1 / 19</span> THROUGH <span style="font-size: 1.5em;">12 / 31 / 19</span>   |   |   |
| 11 ELECTION  | ELECTION DATE<br>Month / Day / Year: _____ / _____ / _____  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><span style="font-size: 1.5em; color: blue;">County Judge</span>  | 13 OFFICE SOUGHT (if known)   |   |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Carbett "Trey" J Duhon III*

15 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

*Campaign to Elect Trey Duhon Waller Co. Judge*

COMMITTEE ADDRESS

*Po Box 640  
Waller Tx 77484*

COMMITTEE CAMPAIGN TREASURER NAME

*Matthew Menke*

COMMITTEE CAMPAIGN TREASURER ADDRESS

*39838 Addic Gee Rd Hempstead Tx 77445*

Additional Pages

17 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

\$ *2656.50*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

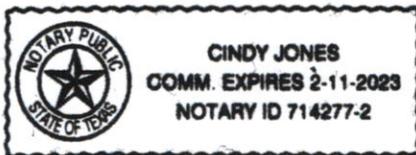
\$

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 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 Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *CARBETT "TREY" J DUHON III*, this the *15* day of *JANUARY*, 20 *20*, to certify which, witness my hand and seal of office.

*Cindy Jones*  
Signature of officer administering oath

*CINDY JONES*  
Printed name of officer administering oath

*NOTARY PUBLIC*  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>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 E: LOANS   | \$                 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$                 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS              | \$ 2,656.50        |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. <input type="checkbox"/> 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                        | 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br>1 of 1   | <b>2</b> FILER NAME<br>Carbett "Trey" J Duhon III   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br>7/1/19 - 12/31/19   | <b>5</b> Payee name<br>Carbett "Trey" J Duhon III   |   |
| <b>6</b> Amount (\$)<br>1500.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 640 Waller TX 77484   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>office overhead reimbursement of 25% office rent | <b>(b)</b> Description  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                                  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held   |
| Date<br>7/1/19 - 12/31/19  | Payee name<br>Carbett "Trey" J Duhon III  |   |
| Amount (\$)<br>600<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended              | Payee address; City; State; Zip Code<br>Po Box 640 Waller TX 77484  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>office overhead reimbursement of 50% cell phone expense     | 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<br>7/1/19 - 12/31/19  | Payee name<br>Carbett "Trey" J Duhon III  |   |
| Amount (\$)<br>206.50<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended           | Payee address; City; State; Zip Code<br>Po Box 640 Waller TX 77484  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Travel in district mileage                                  | 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   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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.

|  |  |                             |   |                  |              |
|--|--|-----------------------------|---|------------------|--------------|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>Carbett "Trey" J Dubon III</i>   |                             | <b>3</b> Filer ID (Ethics Commission Filers)                              |                  |              |
| <b>4</b> Date<br><i>8/1/19-12/1/19</i>   | <b>5</b> Payee name<br><i>Old Washington Storage</i>   |                             |   |                  |              |
| <b>6</b> Amount (\$)<br><i>350.00</i><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;  |                             | City;   | State;           | Zip Code     |
|  |  | <i>31207 Old Washington</i> |   | <i>Waller TX</i> | <i>77484</i> |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Storage Rental Expense</i> |                             | <b>(b)</b> Description<br><i>Storage \$70/mo</i>                          |                  |              |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                          |                             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                  |              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |                             |   |                  |              |
| Candidate / Officeholder name  |  | Office sought               |   | Office held      |              |
| Date   | Payee name   |                             |   |                  |              |
| Amount (\$)  | Payee address;   |                             | City;   | State;           | Zip Code     |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |                             |   |                  |              |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)   |                             | 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   | Payee name   |                             |   |                  |              |
| Amount (\$)  | Payee address;   |                             | City;   | State;           | Zip Code     |
| <input type="checkbox"/> Reimbursement from political contributions intended   |  |                             |   |                  |              |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)   |                             | 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      |              |

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