# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM SPAC COVER SHEET PG 1

Т	he SPAC Instruction Gui	2 Total pages filed:					
3	COMMITTEE NAME		OFFICE USE ONLY				
	Campaign to Ele	Date Received					
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	Waller Co. Elections			
	Change of Address	PO Box 640, Waller, Texas 77484		JUL 17 2023			
				RECEIVED			
				Date Hand-delivered or Date Postmarked			
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST MR Matthew	МІ	Receipt # Amount \$			
	NAME	NICKNAME LAST	SUFFIX	Date Processed			
		Menke	22	Date Imaged			
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	E #; CITY; STATE;	ZIP CODE			
٠	TREASURER STREET ADDRESS (Residence or Business)	39838 Addie Gee Rd, Hempstead		ZIF GODE			
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUIT	E#; CITY; STATE;	ZIP CODE			
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 979 ) 921-9409	EXTENSION				
9	REPORT TYPE	July 15 8th	th day before election day before election	Exceeded Modified Reporting Limit  Dissolution Report (Attached PAC-FR)  10th day after campaign treasurer termination			
10	PERIOD COVERED	Month Day Year		Month Day Year			
		10/30/2022	THROUGH	12/31/2022			
11	ELECTION	ELECTION DATE	ELECTION TYPE				
		Month Day Year Primary	Runoff Ot	her			
		General	Special De	escription ————			
		GO TO PA	AGE 2				

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME	=	aign to Elect Trey Duhor		13 Filer	ID (Ethics Commission Filers)		
	ID (Ethics Commission Flicts)						
14 COMMITTEE PURPOSE (Attach lists on plain pape complete this report if	er to	X CANDIDATE	Carbett "Trey" J. Duhon III				
necessary.)		OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  Waller County Judge				
(Candidate or Measur  OPPOSE (Candidate or Measur		MEASURE	BALLOT IDENTIFICATION / # Mon	ELECTION nth Day	I DATE Year		
ASSIST (Officeholder)			DESCRIPTION				
15 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS, OF	POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$	}		
	2.	TOTAL POLITICAL C	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$	0		
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES			i		
	4.	TOTAL POLITICAL EXPENDITURES			6315.29		
CONTRIBUTION BALANCE	5. 6.	OF THE REPORTING P		\$	6315.29		
OUTSTANDING LOAN TOTALS	THE \$						
SIGNATURE  SUPPLIFICATION  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Signature of Campaign Treasurer (Declarant)  Please complete either option below:  (1) Affidavit  AFFIX NOTARY STANDING FOR 1900 VE							
Sworn to and subscrib			matthe Menk	e_, th	his the 16		
day of Lud	1,20	55, to certify which	ch, witness my hand and seal of office.	11	1000		
Signature of officer admir	nisterin	g oath Printed na	ame of officer administering oath	Title of	officer administering oath		
(0) 11			OR				
(2) Unsworn Declaration							
			, and my date of birth is		·		
My address is (street) (city) (state) (zip code   county, State of, on the day of, 20 (month) (year)							
			Signature of Camp	paign Treas	surer (Declarant)		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica	Filling Ex		trict egory not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Campaign to Elect Trey Duhon Waller Co	ounty Judge 3 Filer ID (Eth	nics Commission Filers)
4 Date	5 Payee name Joe's Italian	-	
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
144.92	200 Cottonwood St	- Hempstead	TX 77445
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	6 110		
OF EXPENDITURE	Food (Beverage		
EXI ENDITORE	·		·
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/8/22	Go Daddy. Com		
Amount (\$)	Payee address;	City; State;	Zip Code
120.64		*	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	1 1 . 1 . 5	1 valacit	
OF EXPENDITURE	Advertising	website regis	tration
EXPERDITORE		12913	Trairon
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date ,	Payee name		
11/9/22	Old Washington		
Amount (\$)	Payee address;	City; State;	Zip Code
0-	31207 Old Washir	actor 10 Aller TX	21p code
85.00	31201 01000.300	19.000 000 17	17489
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Dontal	Storage	
EXPENDITURE	received	2 .0149	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		-	
-	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		rinting Expense alaries/Wages/Contract Labor  ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Campaign to Elect Trey Duhon Wa	3 Filer ID (Ethics Commission Filers)		
4 Date 11/14/22	5 Payee name Houston Astro	s Foundation		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
1,000.00	501 Crawford	HOSTOC 1K ~7002		
8	(a) Category (See Categories listed at the top of this school	(b) Description		
PURPOSE OF	Donat			
EXPENDITURE	V 87-2-Con			
	(c) Check if travel outside of Texas. Complete Sched	ule 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 /	Payee name			
11/15/22	Darios			
Amount (\$)	Payee address;	City: State; Zip Code		
1,241.84	14315 CyprassPord	rule Rd. Ceppress TX 77429		
	Category (See Categories listed at the top of this sched	Description Dinner for		
PURPOSE OF	Food/Beverage	Appreciation Dinner for Volunteers		
EXPENDITURE				
	Check if travel outside of Texas. Complete Sched	Lile T. 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	- 1 · 0		
11/23/22	Prairie View Retired	Teacheri Association		
Amount (\$)	Payee address;	City; State; Zip Code		
100.00	3139. 121954. Suite o	200 Audm tx 78701		
	Category (See Categories listed at the top of this sched	ule) Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (see a set see a part of the total above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing	Travel Out Of District  S/Wages/Contract Labor  Other (enter a category not listed above)  o complete this form.
1 Total pages Schedule F1:	2 FILER NAME Campaign to Elect Trey Duhon Waller (	County Judge 3 Filer ID (Ethics Commission Filers)
4 Date 12/7/22	5 Payee name Waller High	School
6 Amount (\$)	7 Payee address;	City; State; Zip Code
200.00	31213 Walter Sp	WAller Th 17484
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Don't	Girlis Soccer Team
OF EXPENDITURE	Donation	O 11 18 2 3 5 5 5 1
	(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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	C .
12/9/22	Old Washingto	on Storage
Amount (\$)	Payee address;	City; State; Zip Code
85.00	31201 ald Washing	5 to 12 benler. Tx 77484
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Rental	Storage
OF EXPENDITURE	Storage	
	Check if travel outside of Texas. Complete Schedule T.	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	2.0
12/9/22	Classic Events	Cate
Amount (\$)	Payee address;	City; State; Zip Code
33.77	615 WS 290	Hempstead TK 77445
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Food Beverage	
EXPENDITURE	Mai Jeverage	
	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
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

If the requested information	ation is not ap	plicable, <b>DO NO</b>	Tinclude this	page	in the report.				
		EXPENDITUR	E CATEGORI	ES FOI	R BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	F Fy (	Event Expense Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Loan Office Pollin xpense Printin Salari	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Sofiedule F1:	2 FILER NAM Cam	ME paign to Elect Tre	y Duhon Walle	Count	y Judge	3 Filer ID	) (Ethics	Commission File	ers)
4 Date 12/12/22	5 Payee nam	appa sito	Restau	ırav	t				
6 Amount (\$)	7 Payee add				City;	St	tate;	Zip Code	
602.74	1307	0 US 20	05	14.	ouston	T	X	77040	)
8		(See Categories listed at the		e) (b	Description T	it Pa	Ker	Tourna	wen
PURPOSE OF EXPENDITURE	Food	l Bevera	ge		•	_		Charitie	
	(c) C	neck if travel outside of Texas	s. Complete Schedule 1		Check if Austin	n, TX, officeho	Ider living	expense	
9 Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder nam	ne		Office sought		(	Office held	
Date 12(16(22	Payee nam	ath + B	Body wo	orks					
Amount (\$)	Payee add	ess;			City;	St	ate;	Zip Code	
142.35	1201 6	ake Woodlo	wds Dr	u	lood land:	s T	X	77380	5
	Category (S	See Categories listed at the	e top of this schedule)		Description		- (	C -	
PURPOSE		Sifts			Christ	was	9itt	s Tor	
OF EXPENDITURE		)17 (5			Christ Cou	aty s	stat	tnewbe	rs
	Cr	neck if travel outside of Texas	s. Complete Schedule T		Check if Austin	California (New York)	5.77a 2505.731.1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder nam	е		Office sought		C	Office held	
Date	Payee nam	e							
12/19/22		ostco							
Amount (\$)	Payee addr	ess;			City;	Sta	ate;	Zip Code	
159.97	4321	Texas 6 F	vontage !	Colle	ege Statio	n T	X	77484	5
PURPOSE OF	Category (S	ee Categories listed at the	top of this schedule)		Description				
EXPENDITURE									
	Ch	eck if travel outside of Texas.	. Complete Schedule T.		Check if Austin	TX officehold	der living e	ynense	

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	gy Giff al Committee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services	Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	y not listed above)	
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME Campa	eign to Elect Trey Duh	on Waller Cou	nty Judge	3 Filer ID (Ethics	Commission Filers)	
4 Date 12 (19/22	5 Payee name	inights o	f Colu	umbus			
6 Amount (\$)	7 Payee addres	nights or 892 Mack	Washi	ngton Itan	State; psfcad Tx	Zip Code 77445	
8	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b) Description		.520	
PURPOSE OF EXPENDITURE	Y	Cental		County	Christan	as Luncheo	
	(c) Chec	ck if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	(	Office held	
12/19/22	Payee name	)algreens	5				
Amount (\$)	Payee addres	ss;		City;	State;	Zip Code	
299.32	1808	& Meyer S	st.	Sealy	Texas	_,p	
PURPOSE OF EXPENDITURE		e Categories listed at the top of the	his schedule)	Description Gift County C	Cards hristmas	for (uncheon	
	Chec	k if travel outside of Texas. Comple	ete Schedule T.	Check if Austin	, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought	C	Office held	
12 30 22	Payee name	elinda t	tashau	S			
Amount (\$)	Payee address			City;	State;	Zip Code	
2000.00	31	949 Porte	erln	Hempster	ad Tx	77445	
PURPOSE OF EXPENDITURE		Categories listed at the top of the	nis schedule)	Description Caw	gaign		
	Check	if travel outside of Texas. Complet	te Schedule T.	Check if Austin	TX, officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held	
	ATTACI	H ADDITIONAL COPIE	ES OF THIS SO	CHEDULE AS NEED	DED		