

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2018408

Received By Clerk:

7/12/2018

File Date:

July 12, 2018

Office:

County School Trustee, Position 4, Precinct 3

Candidate:

Duhon, Andrea L.

Treasurer:

Palomino Jr, Frank

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

-	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX Duhon	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	21511 Misty Isle G. Katy, TX 77449	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (757) 289-6333	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Mr. Frank NICKNAME LAST SUFFIX DOMINO JT.	Pate Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; 5579 Stranton Dr. Grange, TX Pesidence AREA CODE PHONE NUMBER EXTENSION (409) 332-4931	ZIP CODE 77630
9 REPORT TYPE	January 15 30th day before election Runotf July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month OI 18 THROUGH 06	30 / 18
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description General Special	
12 OFFICE	OFFICE HELD (IT any) 13 OFFICE SOUGHT (IT know) Harris Count Board of Tri Posit	y Department of Education ustees Precinct 3 non 9
	GO TO PAGE 2	

⁵age - 3

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	idrea Du	hon	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIG DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC	O O O O O O O O O O O O O O O O O O O		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
! !		COMMITTEE CAMPAIGN TREASURER ADDRESS		
**				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM!	AN S D	
	2. TOTAL	POLITICAL CONTRIBUTIONS	117, 02	
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1476.93	
EXPENDITURE				
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS. SITEMIZED	\$ Q	
			1 40 01	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,149.31	
CONTRIBUTION			^	
BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 97 1-62	
OUTSTANDING			THE	
LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	* O	
	<u> </u>			
18 AFFIDAVIT				
			perjury, that the accompanying report is formation required to be reported by me	
THE PARTY OF	ADINA AL	HRLFIT II	iormation required to be reported by me	
	Notary Public, S My Commissi	IDIE OLIEVOS II	,	
June 25, 2019				
		Signature of Cal	ndidate or Officeholder	
		Signature of Car		
AFFIX NOTARY STAN	MP/SEALABOVE	_	_	
Andron Duhon 12				
Sworn to and subsc	, 1X		this the	
day of, 20, to certify which, witness my hand and seal of office.				
	AH	Adina Ahrlett	Notary	
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	
1				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

18 FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)		
Indrea Duhon		SUBTOTAL		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1476.93		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ —		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$ 		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1, 14 9 . <u>31</u>		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ -		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$ —		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ ~		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FL	JNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	s 		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBURED TO FILER	*	\$		
The formed for the first of the				

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME Andrea Duhon	3 Filer ID (Ethics Commission Filers)
1/29/18 5 Full name of contributor Oliver Schrumpf 6 Contributor address; City; State; Zip Code 2237 Pete Seay Rd. Sulphur, La. 70/e/e3	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Curumof L	ay Firm
Date Full name of contributor out-of-state PAC (IDE: COO 401224) 1/29/18 Act Blue Contributor address; City: State: Zip Code P.O. Box 441146 Somerville, MA 02144	Amount of contribution (\$) 48.02
Principal occupation / Job title (See Instructions) Fundralsing Processor Website Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Oliver Schrumpf Contributor address: City: State: Zip Code 2237 Peter Sleay Rd. Sulphun, La. 70463	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Submpf	aw Firm
Date Full name of contributor Act Bive Contributor address; City; State; Zip Code Code Code Code Code Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation Job title (See Instructions) Employer (See Instru Fundaising Priceson Website	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED al reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME Hindred Duhon	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: CD0401224) 3/14/18 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Fundraising Processor Website Date Full name of contributor A /26/18 Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Detween Fi	ctions) MS Amount of contribution (\$)
Oliver Schrumpf Contributor address: City: State: Zip Code 2137 Pale Seay Rd. Sulphun, La. 70663 Principal occupation / Job title (See Instructions) Employer (See Instructions) Afterney	tions)
Date Full name of contributor out-of-state PAC (10#:) A 26 18 Contributor address; City: State: Zip Code 32715 Whit-burn Trail Fushear, TX 7744	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) EMAINEEY Self/Con	sultant
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	NEEDED al reporting requirements.

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5
2 FILER NAME	Andrea Duhon	3 Filer ID (Ethics Commission Filers)
4 Date 4 26 18	5 Full name of contributor out-of-state PAC (ID#:) Samantha Martin 6 Contributor address; City; State; Zip Code 20419 Amberlight Lane Katy, TX 77450	7 Amount of contribution (\$)
f.	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
6/18/18	Full name of contributor out-of-state PAC (ID#: LOO 40 224) HUBBLE Contributor address: City; State; Zip Code P.O. BOX 44 146 Commercial MA 02 44	Amount of contribution (\$)
	SING frocessor WebSite Employer (See Instructions). Employer (See Instructions).	tions)
Date (18/18	Full name of contributor out-of-state PAC (108: LOO-401224) ACT BIVE Contributor address; City: State: Zip Code P.D. BOX 441146 Somorville, MA 02144	Amount of contribution (\$)
Fundro	ising Prossor Website Employer (See Instructions)	cions)
Date (9/18/18	Full name of contributor out-of-state PAC (ID#: COO401224) Att Blve Contributor address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144	Amount of contribution (\$) QLO . 04
	pation / Job title (See Instructions) Employer (See Instru Of Color Website	ctions)
		JECOED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS Not contributor is out-of-state PAC, please see instruction guide for additional contributors.	NEEDED at reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1				
The instruction Guide explains how to complete this form.	1 Total pages Schedule A15			
2 FILER NAME ANCIPEU DUNON	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-displate PAC (ID#:) Karen White (0/18/18 6 Contributor address; City: State; Zip Code 11152 West human Houston, TX 77042	7 Amount of contribution (\$) 50			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)			
Date Full name of contributor O/18/18 Contributor address; City; State Zip Code	Amount of contribution (\$) 33.61			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ctions)			
Date Full name of contributor out-of-state PAC (IDE COO 401224) ACT Blue Contributor address; City: State; Zip Code P.O. Box 441146 Somewille, MA 02144	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) FUNCTAISING PROCESSOY WEDSITE Employer (See Instru	ctions)			
Date Full name of contributor out-of-state PAC (IDS COOLD 1224) HET BIVE Contributor address: City: State; Zip Code P.O. Box 441146 Somerville, MA 02144	12.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions) FUNCTAISING Processor Website	uctions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED al reporting requirements.			

The Instruction Guide explains how to complete this form. 2 FILER NAME Andrea Duhon	1 Total pages Schedule A1: 5
Hndrea Duhon	3 Filer ID (Ethics Commission Filers)
4 Date 6 Contributor address; City: State: Zip Code P.O. Box 441146 Comerville, MA 02144	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date U/29/18 Full name of contributor Att Blve Contributor address; City; State; Zip Code P.O. Box 44140 ShwWille, MA 02144	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru FUNCIALSING Website	
Date Full name of contributor Out-of-state PAC (ID#: LOOAU 122A)	Amount of contribution (\$)
Date Full name of contributor	T
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

	RIBUTIONS	JAL		SCHEDULE	A2
Th	e Instruction Guida explains how to complete this form.	,	1 Total pages Sched	dule A2:	
2 FILER NAMI			3 Filler ID (Ethics C	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:		Contribution \$. 9 In-kind contrib . description 	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	(FOR NON-JUDIC		
12 Contributor's	principal occupation (FOA JUDICIAL)		itor's job title (FOR J		
	employer/law firm (FOR JUDIO(AL)	15 Law firm	of contributor's spo	use (if any) (FOR J	UDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor) 	Amount of Contribution \$	In-kind contributed description	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR c	JUDICIAL) (See Inst	ructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spo	ouse (if any) (FOR J	UDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			`.		

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this form	n. 1	Total pages Schedu	ile B:
2 FILER NAME			Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Co	de	Check if travel outsi	
10 Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor	-	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Co	ode		
				ide of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip C	ode		·
			Check if travel outs	ide of Texas. Complete Schedule T
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip C	ode		•
			Check if travel outs	side of Texas. Complete Schedule 1
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
If	ATTACH ADDITIONAL COPIES OF TE contributor is out-of-state PAC, please see instruct			requirements.
				Revised 9/8/201

LOANS			SCHEDULE E
LUANS			
The li	nstruction Guide explains how to complete	te this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lander address; City; St	ate; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	iteral	Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; Gity; Si	tate; Zip Code	
not applicable			
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	AC (0#:)	Loan Amount (\$)
	w w		
ls lender a financial	Lender address; City; S	itale; Zip Code	Interestrate
Institution?			Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colle	ateral	Check if personal funds were	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; 5	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
	·		**
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			
L		Atta.	

2018408

age - 13

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Exponse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explai	ins how to complete this form.		
4	2 FILER NAME Andrea Duhon		3 Filer ID (Ethics Commission Filers)	
1/8/18	Campaign to elect Tam	i Walker		
6 Amount (\$)	7 Payee address; City; State; 1539 S. Mason Rd. 4		7450	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Confribution made by Confribution in the confribution of the category (and category) (ndidate Checkif travel of	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Andrew Duhon	HCDE Truste	e Pos. 4 Office held	
Date	Payee name			
1/17/18	O . IV OILD VIII	2		
Amount (\$) 292.28	Payee address; City; State; 2015 W. 34th St.	Houston, TX 77019	8	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Printing Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Andrea Dhon	Office sought HCDE Trustee	Pos.4 —	
7/01/18	Bank of American	· Cumpaign acct f.	ee	
Amount (\$)		ty, TX 77449		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Fees	Check if travel o	outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	e Pos.4 —	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EDED	

2018408

age - 14

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	•	EXPENDITURE	A LEGORIES F	J. 1 DOX 0(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	F F	vent Expense oos ood/Beverage Expenso iif/Awards/Memorials Exper egal Services	Office Over Polling Exp ase Penting Exp		Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide	explains how to co	implete this form.	
1 Total pages Schedule F1:	2 FILER NAM	a Dohon			3 Filer ID (Ethics Commission Filers)
4 Date 2/05/18	5 Payee nam		urats_		
6 Amount (\$)	7 Payee add	ess: City; Sta	ite; Zip Cade		
15000					
8 PURPOSE OF EXPENDITURE		See Categories listed at the top	38888		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	A 1	e / Officeholder name		Office sought COE Truste	e Pos.4 Office held
Date	Payee nam	le		7	
2/9/18	Camp	raign to elect	Gina Cala	nni	
Amount (\$)	Payee add	ress; City; St	ate; Zip Code		
10000	P.O. B	ox 6733	Katy,	X 7749	
	Category	See Categories listed at the to	p of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contribu	tion made by	cundidate	1 =	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	4 🐧	drea Duhan		Office sought HOE TW	Stee Pos. 4
Date	Payee nar	ne			
2/12/18	Face?	2 Face Prin	ting		
Amount (\$)	Payee add		•		
309.∞	1010	o Clay Rd.	Suite G.	touston, Tx	. 77080
	Category	(See Categories listed at the to	op of this schedule)	Description	
PURPOSE	Δ.			1 💳	outside of Texas, Complete Schedule T.
OF EXPENDITURE	Ynnt	ing EXPens	e	Cneck (I Aust	in, TX, officeholder living expense
Complete ONLY if direct	Qandida	te / Officeholder name		Office sought	Office held
expenditure to benefit C/O	7110	rea Duhan		tope Thist	ce Pos 4
	ATT	ACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NE	EDEU

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATE	GORIES FOR BOX 6(a)	İ
Advertising Expense Accounting Banking Consulting Expense Contributions Denations Made By	Event Exponse Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Rolated Expense Travel In District Travel Out Of District
Candidate/Officeholder/Political		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
4	Indrea Duhan		3 Filer ID (Ethics Commission Filers)
4/02/18	######################################	- Campaign occt	fee
6 Amount (\$)		zip Code zty, TX 77449	
8	(a) Category (See Categories listed at the top of this	1 [1	
PURPOSE	Fees		outside of Taxas. Complete Schedule T.
OF EXPENDITURE	100	Chlock it Addi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Andrea Duhan	HCDE Trustee	Y05.4
Date	Payee name		
5/1/18	Bank of America	- campaign occt	fee
Amount (\$)	Payee address; City; State;	Zip Code	
\$1600	6051 N. Fry Rd.	Katy, TX 77449	
	Category (See Categories listed at the top of thi		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF			nutside of Texas. Complete Schedule T. in, TX, officeholder living expense
EXPENDITURE	tees	E CHOCK II AUSI	in (X, oncorolog) living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	'Andrea Duhan	HCDE Trus	itee 165.9
Date	Рауее пате		
5/8/18	Postco		
סווטוכ	UUSICO		
Amount (\$)	Payee address; City; State;		-0-1
67.55	3836 Richmond Ave.	Houston, TX 77	0.7
	Category (See Categories listed at the top of th	. 1 —	
PURPOSE OF	Event Expense - fo	Chack if travel	outside of Texas. Complete Schedule T. tin, TX, officeholder living exponse
EXPENDITURE		Olleck it Aus	A STRONG TO STRO
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	Andrea Duhan	HUDE Trust	ee <u> </u>
		S OF THIS SCHEDULE AS N	EDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees C Food/Boverage Expense F Gift/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Andrea Duhon		3 Filer ID (Ethics Commission Filers)		
4 Date 5/9/18	5 Payon name Fiesta Mart #7				
6 Amount (\$)	7 Payee address; City; State; Zip		•		
\$11.40	<u> </u>	1, TX 77054			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch EVent Expense - Supplie	Check if travel or	utside of Texas. Complete Schedule T. 5. TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Andrea Duhon	HOFFice sought	lee Pos 4 Office held		
5/10/18 Amount (\$)	Payee name Tostee Pizza Payee address; City: State: Zig U 455 Hillcroft AV	le. Houston, T.	X 77031		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch EVEN+ EXPENSE - foo	75-1374	utside of Texas. Complete Schedule T. 1, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Hndrea Duhon	Office sought HCDE Trus	tee Pas. 4		
Date (2/1/18	Bank of America - 1	Campaign cect	fee		
Amount (\$)	Payee address; City; State; Zip	Katy, TX 77	149		
"IV		····	111		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Check if travel of	ultside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Phdrea Dihan	HOF Tru	Stee Pos.4		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

UNPAID INCURRED OBLIGATIONS

		EADEMULTI	RE CATEO	ORIES FOR E	3OX 10/a\	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidato/Officeholder/Political	Eve Fee Foo Gitz Committee Log	ent Expense es d/Beverage Expen /Awards/Memorials al Services	ise s Expense	Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Salaries/Wages/O	Reimbursement Rental Expense Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a catogory not listed above)
	TI	he instruction G	iuide explain:	s how to comple	te this form.	1
1 Total pages Schedule F2:	2 FILER NAM	1E				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED UNPAI	D INCURR	ED OBLIG	ATIONS		\$
5 Date	6 Payee name	Ө				
7 Amount (\$)	8 Payee add	ress; C	ity; State;			
TYPE OF EXPENDITURE	Politi	ical		Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Calegories liste	od at the top of thi	s schedule)		On If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officehold	er name	Office	sought	Office held
Date	Рауее пап	n o				
Amount (\$)	Payee add	dress; C	City; State;	Zip Code		70///
TYPE OF EXPENDITURE	Polit	lical		Non-Politica		
PURPOSE OF Expenditure	Category	(See Categories list	ed at the top of th	is schedule)		tion kil travel outside of Texas. Complete Schedule T. k 1 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		ate / Officehold	der name	Office	sought	Office held
					,	
	ATTACH	ADDITIONAL	L COPIES (OF THIS SCH	EDULE AS N	EEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

TI	ne instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased 6 Address of person from whom investment is purchased;	City; State; Zip Code
!	7 Description of investment	
	8 Amount of investment (\$)	7-1-1-01
Date	Name of person from whom investment is purchased Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
		•
	ATTACH ADDITIONAL COPIES OF THIS SCHED	DULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

		CATEGORIES FOR B		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/f Office Overhoad/f Polling Expense spense Printing Expense Salarles/Wages/C de explains how to comple	Renial Expense Transport Travel In I Travel Ou Contract Labor Other (en	n/Fundralsing Expense ation Equipment & Related Expense District it Of District ler a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHA	ARGED TO A CREDI	TCARD \$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address; City;	State; Zip Code		
				
9 TYPE OF EXPENDITURE	Political	Non-Political		
10	(a) Category (See Categories Visted at	the top of this schedule)	(b) Description	Tayon Complete Cabadilla T
PURPOSE OF			=	1 Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX,	officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder i	name Office	sought	Office held
expenditure to benefit C/Oh				
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
	<u></u>	<u></u>		
TYPE OF EXPENDITURE	Political	Non-Politica		
	Category (See Categories listed at	t the top of this schedule)	Description	
PURPOSE			_ ` `	of Texas, Complete Schedule T.
OF EXPENDITURE			Check if Austin, TX,	oliceholder living expense
Complete ONLY if direct	Candidate / Officeholder	name Office	sought	Office held
expenditure to benefit C/O	Н			
<u> </u>				
	ATTACH ADDITIONAL C	OPIES OF THIS SCHE	DULE AS NEEDED	
<u></u>				Pavisad 9/9/201

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURI	E CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidato/Offcoholder/Politica Credit Card Payment	Feet Fooi By Gift/ al Committee Legi	1/Beverage Expense Awards/Memorials Ex al Services	Office O Polling E Printing Salaries	payment/Reimbursement verhead/Rental Expense expense Expense Wages/Contract Labor 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 Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			,	
6 Amount (\$)	7 Payee address	; City; S	itate; Zlp Code		
Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See C	sategories listed at the t	op of this schedule)		de of Texas. Complete Schedule T. 'X, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/C		Officeholder nar		Office sought	Office held
Date	Payee name				
Amount (\$)	Payee address	s; City; §	State; Zip Code		
Roimbursement from political contributions intended		000			
PURPOSE OF	Category (See	Categories listed at the	(op of this schedule)		de of Texas. Complete Schedule T.
EXPENDITURE	<u></u>				X, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	•	Officeholder na	me 	Office sought	Office held
Date	Payee name				
Amount (\$)	Payee addres	s; City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF	Category (See	Categories listed at the	top of this schedule)	(b) Description Check if travel outs	ide of Texas. Complete Schedule T.
EXPENDITURE				Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		/ Officeholder na	me	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

⊃agĕ - 21

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expenso Accounting/Banking Consulting Expenso Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor le explains 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 Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 lotal pages contours in	T ILLI HAME				
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; S	State; Zip Code			
8	(a) Category (See Categories listed at the	top of this schedule) (b) Description			
PURPOSE OF		Check if travel outside	s of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, T	C, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam	Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel outsid	e of Texas. Complete Schedule T. X. officehalder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder nam DH	ne Office sought	Office held		
Date	Business name				
Amount (\$)	Business address; City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel outsid	le of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder nam DH	ne Office sought	Office held		
	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS NE	EDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.) (b) Description (See instructions regarding type of information required.)						
EXPENDITURE							
Date	Payee name						
Amount (\$)	Payee address; City; Stare. Zip Code						
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; Clty; State; Zip Code						
PURPOSE OF Expenditure	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.)						
Date	Payee name						
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF	Category (See instructions for examples of acceptable pescription (See instructions regarding type of information required.)						
EXPENDITURE							
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	e Instruction Guide explains how to complete this form.	1 Total pages Schee	dule K:
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
-	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
			1
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code	
	Purpose for which amount is received Check in	f political contribution	returned to filer
		<u> </u>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	· ·
	Section 1970	*	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	ction Guide	explains	how to complete thi	is form.	1 Total pages Schedule T:	
2 FILER NAME		*			3 Filer ID (Ethics Commi	ssion Filers)
4 Name of Contributor /	Corporation	or Labor C	rganization / Pledgor /	Payee		
5 Contribution / Expendi	iture reported	on:				
Schedule A2	Sche	~ 4	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS
6 Dates of travel	7 Name o	i persen(s) traveling			
	8 Departur	e city or n	ame of departure locati	ion		
	9 Destinati	ion city or	name of destination loc	cation	· · · · · · · · · · · · · · · · · · ·	
10 Means of transportati	on	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)	
Name of Contributor /	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	liture reported	l on:				
Schedule A2	_	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-U	C Schedule B-SS
Dates of travel	Name o	f person(s	s) traveling	`		
	Departu	re city or r	name of departure loca	lion		
	Destinat	_	name of destination to			
Means of transportat	lion	Purp	ose of travel (including	name of conference, a	seminar, or other event)	
Name of Contributor	/ Corporation	or Labor (Organization / Pledgor	/ Payee		
Contribution / Expend	diture reported	:no t				\
Schedule A2	_	dule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-U	Schedule B-SS
Dates of travel	Name o	of person(s	s) traveling			
	Departure city or name of departure location					
	Destina		name of destination lo			
Means of transporta	tion	Purp	ose of travel (including	name of conference,	seminar, or other event)	
	A	TTACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED	
			.4.1			Boyland 9/9/201

'age - 25

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The instruction Guide explains how to complete this for Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Report Type" on page 1 is marked "Final Complete only if "Final	m. al Report" ••
1 C/OH N/	ME ,	2 Filer ID (Ethics Commission Filers)
A	ndrea Duhan	
3 SIGNAT	URE	
		,
ing a rep	expect any further political contributions or political expenditures in connection with my cort as a final report terminates my campaign treasurer appointment. I also understations or make any campaign expenditures without a campaign treasurer appointment. Signatu	nd that I may not accept any campaign
·· Comp	CAMPAIGN FUNDS found to be in reproduction photo copy, control additions and additions and additions are	CORDER'S MEMORANDUM: of recordation, this instrument was ladequate for the best photographic because of illegibility, carbon or discolored paper, etc. All blockouts, i changes were present at the time t was filed and recorded.
	I do not have unexpended contributions or unexpended interest or income earned fr	and and tecolaga
	I have unexpended contributions or unexpended interest or income earned from pormay not convert unexpended political contributions or unexpended interest or incorpersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions in accordance with the requirements of Electric Contributions in accordance with the requirements of	litical contributions. I understand that I one earned on political contributions to contributions and that I may not retain ibutions longer than six years after filing ontributions and unexpended interest or
B.	ASSETS	
Check	only one:	
	I do not retain assets purchased with political contributions or interest or other incor	ne from political contributions.
	I do retain assets purchased with political contributions or interest or other income for that I may not convert assets purchased with political contributions or interest or oth personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	rom political contributions. I understand her income from political contributions to
	HOLDER blete this section <i>only</i> if you are an officeholder ··	
	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if, officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an
	<u></u>	Signature of Officeholder