

Official Public Records of Harris County Stan Stanart County Clerk

Campaign Finance Report



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:

2018119

Received By Clerk:

1/18/2018

File Date:

January 16, 2018

Office:

County School Trustee, Position 4, Precinct 3

X

Duhon, Andrea L.

Treasurer:

Candidate:

Palomino Jr, Frank

Category:

Contributions And Expenditures

Delivered By:

Electronically Filed

Type:

COR

Harris County No Fee

-	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1	
The C/OH instruction G	uide explains how to complete this form.	1 Filer ID (Ethice Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Andrea NICHONAME LAST	SUFPIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: 21511 Misty Isle Ct.	Katy, TX 77949		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (757) 289-633	EXTENSION .	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Frank NICHOLAME LAST Palomin	Buffix	Pate Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5579 Stanton T Residence	A. Orange,	TX 77030	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (409) 332 - 493	EXTENSION		
9 REPORT TYPE	January 15 S0th day before e		18th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 11 / 21 / 17	THROUGH Month	3\$ /2019	
H ELECTION	Month Day Year Primary 03/06/18 General	Flunoff Cither Description Special		
12 OFFICE	OFFICE HELD (1 any)	Harris County Board of T	Department of Education Existees Precinct3	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Filer	(Ethics Commission Filers)
18 NOTICE FROM POLITICAL COMMITTEE(8)	BUPPORT THE CANE	COTIDE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES IN MALTE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE SEEN MADE WITHOUT TO MISSIVE, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.	HE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	L_ISPECIFIC		·
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14 7 5
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 750°°
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	* 725
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury, true and correct and includes all information under Title 15. Election Code.	
		Signature of Candidate	or Officeholder
AFFIX NOTARY STAN	AP/SEALABOVE		,
Sworn to and subst	oribed before me,	by the said	_, this the
day of		to certify which, witness my hand and seal of office.	,
Signature of officer	administering oath	Printed name of officer administering oath Ti	itle of officer administering oath

BUDIUIALS WWN	FORM C/OH SHEET PG 3
19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUSTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1475
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	8 —
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	• +
4. SCHEDULE E: LOANS	• —
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	• 750
8. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	8
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	8 —
10. BCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	nstruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME	ndrea Duhon		3 Filer ID (Ethice Commission Filers)
4 · Date	5 Full name of contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$)
11/27/17	Oliver Schrumpf B Contributor address. City: State: 2237 Pete Seay Rd. Sviphun.	zip codo La. 70663	\$200.00
8 Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	Lawfirm
Date	Full name of contributor oul-of-state PAC (Amount of contribution (\$)
12/1/17	Contributor address: City: State; 103 Amn Avenue Sulph		\$500.00
Principal occup	ation / Job title (See frastructions)	Employer (See Instruct	dens)
Date 12/3/17	Sydney Hargroder Collection address; City: State; 8119 Paddle Rock Ln. Rosenb	20p Code erg , TX. 774/	Amount of contribution (8)
	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/1/17	Full name of contributor aut-of-state PAC So hin Bergeron Contributor address: City; State; 7411 Songwind Ln. Spring	Zip Cods	Amount of contribution (6)
Principal cocup	ation / Job title (See Instructions)	Semployer (See Instruction Selve Insu	ry Solutions
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see instru	rotion guide for additional	reporting requirements.

MONET	ARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	instruction Guide explains how to complete this	form.	1 Total pages Schadule A1:
2 PILER NAME Andre	A DUHON		3 Filer ID (Ethios Commission Filers)
4 Date	5 Full name of contributor Court-of-state PAC SETH HOPKINS 6 Contributor address; City: State 1318 EMANCIPATION AVE, HOU	7 Amount of contribution (6) #250.99	
, ,	pation / Job title (See Instructions)	9 Employer (See Instruc HARRIS C	tions)
	Full name of contributor Qui-of-state PAC	; Zip Code	Amount of contribution (8)
Principal cocup	20007 MONA CA MANOS CL., Spr eation / Job title (See Instructions) WOT KEP	Employer (See Instruc	
Date 12/01/2017	Full name of contributor out-of-state from ERIK MANNING City; State Contributor address; City; State 7803 BAKKENDN DHVE, HOUSTON	; zip Codo , Tr. 77036	Amount of contribution (\$)
i '	pation / Job title (See Instructions) いいてんいて	Employer (See Instruc	otions)
Date 12/01/2017	Full name of contributor out-of-state PAC Alycia Wells Contributor address; City; State 8334 Cape Royal Dr., Cypres.); Zip Code	Amount of contribution (\$)
1	pation / Job title (See Instructions)	Employer (See Instruc	zions)
MARK	ETING COORDINATER	Wpromote	
	ATTACH ADDITIONAL COPIES C		

MONET	TARY POLITICAL CONTRI	SCHEDULE A1	
The	Instruction Guide explains how to complete this	torm.	1 Total pages Schedule A1:
2 FILER NAME	LEA DUHON		3 Filer ID (Ethice Commission Filers)
4 Date	6 Full name of contributorout-of-state PAC	(IDs:)	7 Amount of contribution (\$)
12/01/2017	JEMMARIE GARE THOMPSON 8 Contributor address: City; State	\$100.00	
	5938 Brookway Willow Dr., Sp	xing, TX 77379	
		9 Employer (See Instruc	· ·
RED A	COUNTING DEPARTMENT	<u>Proportional</u>	Technologies, INC.
Date	Full name of contributor	(ID#:)	Amount of contribution (5)
12/01/2017	MAURI LUCAS Contributor address; City; State	: Zip Code	# ₅₀ .92
,	1409 PATTERSON Street, Houst	.	
	patien / Job title (See Instructions) MPLOYE >	Employer (See Instruction NOT EMPLOY	
1401 6			
12/04/2013	Full name of contributor Coul-of-state PAC AShley Waxter Contributor address; City: State 3040 SAN Rocendo Street APt 30:	; Zip Code	Amount of contribution (8) 150.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	ations)
RN		Texas Health	- Huguley
Date	Full name of contributor out-of-state PM	(fD#;)	Amount of contribution (\$)
12/04/2017	Michael McHale Contributor address; City: State 631 KIRby Street, Lake Char	s: Zip Code rles, LA 70691	4100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
ATTO	RNEY	SEIF	
	ATTACH ADDITIONAL COPIES O		

MONET	TARY POLITICAL CONTRI	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
ANDRI	EA Duhon		
	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
17 104 1-0-	Ashley Puckett 6 Contributor address; City; State		\$100. <u>00</u>
1404/2011	906 A BirdsAll Street, House	to Ty 7707	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	E Anesthetut	USAP	
14010	E UNESTRUCTO	VONT	
Date	Full name of contributor	C (ID#:)	Amount of contribution (5)
	Contributor address; City; State	e; Zīp Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA	c) (IDF:); Zip Code	Amount of contribution (8)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Oul-of-state PM	C (LD#:)	Amount of contribution (8)
	Contributor address; City; State	e; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see ins		

NON-MONETARY (IN-KIND) POLITICONTRIBUTIONS	CAL	SCHEDULE A2
The Instruction Guide explains how to complete this form	۸.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethios Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
8 Pull name of contributor out-of-state PAC (IDE:		8 Amount of . 9 In-kind contribution Contribution 5 . description
7 Comributor address; City; State; Zip Cod	 le	Constant if annual constant of Tours
10 Principal occupation / Jeb title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	16 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
18 # contributor is a child, law firm of parent(a) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (IDF:	<u> </u>	Amount of In-Idad contribution Contribution \$. description
Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law fire	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF 1 if contributor is out-of-state PAC, please see instructio		

	PLEDGED CONTRIBUTIONS						SCHEDULE B
	riebd	ED CONTRIB	SHONS				
-	The	Instruction Quide explain	s how to con	aplete this	form.	1 Total pages School	ule B:
2	FILER NAME					3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLED	GES			\$	
5	Date	6 Full name of pledgor	Dout-of-state	PAG (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address;	City;	State; Zh) Code	Check if travel outs	
10	Principal occu	pation / Job title (See Instr.	ıctions)		11 Employer (See		
-			<u> </u>	1			
	Date	Full name of pledger	Out-of-state	PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City;	Sialo; 21	Code	•	:
						Check II travel outs	ide of Taxas, Complete Schedule 1.
	Principal occup	eation / Job title (See instru	ctions)		Employer (See	Instructions)	
	Date	Full name of pledgor	Out-of-state	PAC (IDF:	000000	Amount of Piedge \$	In-kind contribution description
		Pledger address;	City;	State; Zi	Code		•
!						Check If travel outs	lide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instru	ictions)		Employer (See	Instructions)	
	Date	Full name of ptedgor	Out-of-state	e PAC (IDS:		Amount of Pledge \$	in-idad contribution description
		Pledgor address;	City;	State; Zi	p Code	·	•
						Check If travel outs	side of Texas. Complete Schedule T.
	Principal occur	estion / Job title (See Instru	ctions)		Employer (See	instructions)	
	lf (ATTACH /			THIS SCHEDULE action guide for a		requirements.

	LOANS			SCHEDULE E
	The	instruction Guide explains how to comple	ete this form.	1 Total pages Schedule 5:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UNITEMIZED LOANS			\$
8	Date of loan	7 Name of lender 📋 out-of-state P	PAC (IDE:)	B Loan Amount (\$)
в	is lender a financial Institution?	8 Lender address; City; 8	itate; Zip Code	10 Interest rate 11 Maturity date
	Y N			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (Sea instructions)	
14	Description of Coll	atoral	15 Check if personal funds were account (See instructions)	deposited into political
16	GUARANTOR INFORMATION	17 Name of guaranter		19 Amount Guaranteed (\$)
	İ	18 Guarantor address; City; 6		
	not applicable			
20	Principal Occupat	ilon (See instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender Qui-of-states (PAC (IDE:)	Loan Amount (\$)
	ls lender a financial	Lender address; City; 8	State; Zip Code	Interest rate
	Institution? Y N		·	Maturity date
	Principal occupati	on / Job title (See trastructions)	Employer (See Instructions)	
	Description of Coli	ateral .	Check if personal funds were account (See Instructions)	deposited into political
Г	GUARANTOR INFORMATION	Name of guaranter		Amount Guaranteed (\$)
	net applicable		State; Zip Code	
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	- H (ATTACH ADDITIONAL CO lander is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NI struction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CAT	EGORIES FO	R BOX 8(a)			
Advertising Expense Accounting/Banding Consulting Expense Constitutions/Constitutes Made By Candidate/Officeholder/Political Credit Card Payment	Fe Fo Git Committee Le	ent Expense se od/Beverage Expense od/Severas/Memorials Expense gai Sevices The Instruction Guide exp	Office Overhoe Polling Expens Printing Expens Seturion/Wage	sa s/Contract Labor	Travel in District Travel Out Of Distric Other (enter a categ	oment à Raisted Expens of ory not listed above)	
1 Total pages Schedule F1:	2 FACER NAM	rea Duna	<u> </u>	,	3 Filer ID (Ethic	s Commission Filers)	
4 Dato 12/6/17	5 Рауро пато	is Count	1 Demo	crotic B	arty		
Arnount (8)	7 Payee addre	SS: City; State.	Jzip Godi	110 Hou	ston. TX	800TT	
PUHPOSE OP EXPENDITURE		e Gasegories listed at the top of t	his achadule) (I	_	utside of Taxass. Complete (
9 Complete ONLY if direct expenditure to benefit C/O	# 1 -00000000A	Opposition	Hci	Office sought DE Trusk	ee Pos. 4	Office held	
Date	Payee name					·	
Amount (\$)	Payee addre	es; City; State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (8	se Categories listed at the top of (his schedule)		staide of Texas. Completes i n, TX, officeholder (Wing	<i></i>	
Complete QNLY If direct expenditure to benefit C/O)		/ Officeholder name		Office sought		Office held	
Date	Payee name			<u></u>			
Amount (8)	Payee addr	oss; City; State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (8	se Categories listed at the top of	trias schedule)	_	utside of Texas. Complete in, YX, officeholder living		
Complete ONLY If direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COP	IES OF THIS SC	HEDULE AS NE	EDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	—				SCHEDULE I Z
		EXPENDITURE CAT	EGORIES POR E	OX 10(a)	
	Accounting/Banking Fees Office Overhead/Rental Exponse Consulting Exponse Pooling Exponse Pooling Exponse Pooling Exponse Poling Exponse Poli				Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel Out Of District Travel Out Of District Other (enter a category not listed above)
		The instruction Guide exp	ains how to comple	te this form.	
1 Total pages Schedule F2:	2 FILER N	AME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	AIZED UNF	PAID INCURRED OB	LIGATIONS		\$
5 Date	6 Payee n	ame			
7 Amount (8)	8 Payee a	ddress; City; State	e; Zip Code		
9 TYPE OF EXPENDITURE	P	elitical	Non-Political		
10	(a) Catego	ry (See Calegories Ested at the top o	ol this schedule)	(b) Description	on and an analysis of the same analysis of the same and an
PURPOSE OF				Check II	travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check	Il Austin, TX, officeholder (Ming expense
11 Complete ONLY If direct expenditure to benefit C/O		ildate / Officeholder name	Office	sought	Office held
Date	Payee r	name			
Amount (8)	Payoo	address; City; Stat	e; Zip Code		
TYPE OF EXPENDITURE	F	olitical .	Non-Political		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top	of this schedule)		Orl If travel outside of Toxas. Complete Schedule T. If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name	Office	sought	Office held
	ATTAC	CH ADDITIONAL COPIE	8 of this schi	DULE AS NI	EEDED

	ASE OF INVESTMENTS MADE POLITICAL CONTRIBUTIONS	SCHEDULE F3
Ţ	he instruction Guida explains how to complete this form.	1 Total pages Schedule F3:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date	8 Name of person from whom investment is purchased 8 Address of person from whom investment is purchased;	ity; State; Zip Code
	7 Description of Investment	
	8 Amount of investment (8)	
Date	Name of person from whom investment is purchased: Actiress of person from whom investment is purchased;	ity; State; Zip Code
	Description of investment	
	Amount of investment (8)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED
orms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 9/8/20

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting Expense

Event Expense Poss

Loan Repayment/Retintsureament Office Overhead/Rental Exponse

Solicitation/Fundralaing Expense
Transportation Equipment & Related Expe

Consulting Expense Contributions/Donations Made By Gandidate/Officeholder/Politica	Gommittee Legal Services	Politry Expense Printing Expense Salariss/Wages/Contract Labor	Travel in District Travel Out Ol District Other (enter a category not listed above)			
<u>.</u>	The instruction Guide expli	ins how to complete this form.				
1 Total pages Schedulo F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	DTOACREDIT CARD	8			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State	Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories Sated at the top of	Creak	ON It travel outside of Texas. Complete Schedule T. It Austin, TX, officeholder (Wing expense			
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State	Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	Check	ion Il travel outside of Tures. Complete Schedule T. It Austin, TX, officehalder living expense			
Complete QNLY If direct expenditure to benefit C/O	Complete QNLY If direct Candidate / Officeholder name Office acught Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED			

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

1	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banting Consulting Expense Contributions/Constions Made I Candidate/Officeholder/Politic Oradi Card Payment		Legal Service	ge Expense Memorials Expanso es	Office O Politing i Printing Salaries	payment/Reinbursement weeksat/Reinbi Experse Expense Expense Wagos/Contract Labor complete this form.	Solicitation/Pundratising Expense Travel out Of District Travel Out Of District Other (enter a catagory not issed above)		
1 Total pages Schedule G:	2 FILER NA				The second	3 Filer ID (Ethics Commission Filers)		
. The pulled delegated of		— र १ कर्ण						
4 Date	5 Payee nan	ne						
6 Amount (\$)	7 Payee add	tress;	City; State;	Zip Code				
Reimbursement from political contributions intended								
8 PURPOSE	(A) Category	(Bee Categories	listed at the top of this	schedule)	(b) Description	ikia ol Thomas Chomalain Orbanisia V		
OF EXPENDITURE	Eth					side al Texas. Complete Schedule T. TX, officeholder living expense		
8 Complete <u>DNY</u> if direct expenditure to benefit C/C		ate / Officel	holder name		Office sought	Office held		
Date	Payee nar	ne						
Amount (\$) Reimbursement from political contributions intended	Payee add	dress;	City: State:	Zip Code				
PURPOSE	Category	(See Categories	listed at the top of this	s schedule)	(b) Description			
PURPOSE OF EXPENDITURE	1				. =	uide of Taxes. Complete Schedule T. , TX, officeholder Bulng expense		
Complete ONLY if direct	Candid	ate / Office	holder name		Office sought	Office held		
expenditure to benefit C/0			_,					
Date	Payee ner	me						
Amount (\$)	Payee ad	dress;	City; State;	Zip Code				
Reimburgament from political contributions intended								
PURPOSE	Category	(See Categories	s listed at the top of thi	s schedule)	(b) Description	taide of Taxas. Complete Schedule T.		
OF EXPENDITURE						taide of Taxas. Complete Schedule 1. , TX, officeholder living expense		
Complete <u>CNLY</u> if direct expenditure to benefit C/I		tate / Office	holder name		Office sought	Office held		
	ATTA	ACH ADDIT	TONAL COPIES	3 OF THIS	SCHEDULE AS NEE	EDED		

⁻age - 17

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

SCHEDULE H

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting Expense Constitute Expense Contributions/Constitute By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loss Repr Face Otto Otto Otto Pool/Beverage Expense Pulling Ex Gitt/Awardz/Memorists Expense Printing E		payment/Retribursement Solicitation/Provents			ited Expense		
1 Total pages Schedule H:	2 FILER N	AME		· · · · ·			3 Filer ID	(Ethics Commiss	ion Filers)
4 Date	5 Business	name							
6 Amount (\$)	7 Business	address;	City; State;	Zip Code					, .
8 PURPOSE OF EXPENDITURE	(x) Category	(Bee Categories	listed at the top of ti	nis schedule) (b) Des	Check II travel outside	e of Texas. Complete i C, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeho	oman teblo		Office	sought		Office he	ald
Date	Business	пала							
Amount (8)	Businese	address;	City; State;	Zip Code					
PURPOSE OF EXPENDITURE	Calegory	(See Categories	listed at the top of t	his schedule)	Des		a of Taxas. Complete K, officeholder (Ivin)		
Complete QNI Y if direct expenditure to benefit C/C		ate / Officeho	xder name		Office	sought		Office he	ald
Date	Business	name							
Amount (\$)	Business	address;	City; State	Zip Code	l				
PURPOSE OF EXPENDITURE	Category	(See Categories	s Reted at the top of t	his scheduls)	Der		le of Taxas. Complete X, officeholder (Ivin		
Complete ONLY If direct expenditure to benefit CK		ate / Officahi	older name		Office	e saught		Office h	ald
	АТТ	ACH ADDIT	TONAL COPI	E8 OF THI	8 SCHI	EDULE AS NE	EDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

INTERE CONTR	ST, CREDITS, GAINS, REFUNDS, A	MD	SCHEDULE K
The	instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAME		3 Filer ID (Ethler	a Commission Filters)
4 Dute	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	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (6)
	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
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (8)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED	

	IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T							
		ation Guide	explains	how to complete t	his form.	1 Total pages Schedule T	:	
2	FILER NAME			- 		3 Filter ID (Ethios Comm	ulasion Filers)	
4	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
8	Contribution / Expendi	Ċ					_	
	Schedule A2	☐ Sched		Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
L	Schedule F2		dule F4	Schedule G	Schedule H	Schedute COH-L	JC . Schedule B-86	
8	Dates of travel		person(s)					
				ame of departure loca				
		9 Destinati	on alty or r	name of destination is	ocation			
1	0 Means of transportation	on	11 Purpor	se of travel (Including	name of conterence, so	aminar, or other event)		
	Name of Contributor /	Corporation (or Labor C	rganization / Pladgor	/Payee			
	Contribution / Expend						—	
	Schedule A2	L∐ Scher	dule 8	∐ Schedule B(J)	☐ Bahadula C2	☐ Schedute D	Schedule F1	
L	Schedule F2,		dule F4	Schedule G	Bahedule H	Schedule COH-L	C Schedule B-88	
	Dates of travel	Name of	f person(s)	traveling	**************************************	·		
		Departui	e alty or n	ame of departure loca	ation			
		Destinat	on alty or (name of destination I	ocation			
-	Means of transportat	ion	Purpo	ise of travel (including	g name of conference, a	eminar, or other event)		
F	Name of Contributor	Corporation	or Labor O	Irganization / Pledgo	r / Payoe			
	Contribution / Expend	liture reported	on:			<u> </u>		
	Schedule A2	Bohe		Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
and the same of th	Schedule F2		edule F4	Schedule 3	Schedule H	Schedule COH-I	UC Schodule B-88	
	Dates of travel	Name of person(s) traveling						
	Departure city or name of departure location							
		Destination city or name of destination location						
	Means of transportat	tion	Рипре	nibulani) levent to eac	ig name of conference, (seminar, or other event)		
F		A	ITACH AI	DDITIONAL COPIE	S OF THIS SCHEDUL	E AS NEEDED		
_							Raylsed 9/8/201	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	 		
		The instruction Guide explains how to Complete only if "Report Type" on page 1	
1	C/OH N	Andrea Duhon	2 Filer ID (Ethics Commission Filers)
3	SIGNA		
	Ing a rep	expect any further political contributions or political expenditures in coort as a final report terminates my campaign treasurer appointmentions or make any campaign expenditures without a campaign treas	it. I also understand that I may not accept any campaign
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder	RECORDER'S MEMORANDUM: At the time of recordation, this instrument was found to be inadequate for the best photographic carbon or
	A. Chaci	CAMPAIGN FUNDS	found to be inadequate of the designify, carbon or reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blockouts, additions and changes were present at the time the instrument was filed and recorded.
		I do not have unexpended contributions or unexpended interest of	,
	E. Check	I have unexpended contributions or unexpended interest or income may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earner this final report. Further, I understand that I must dispose of unexpended earned on political contributions in accordance with the research of the contributions in accordance with the contribution	ed interest or income earned on political contributions to it of unexpended contributions and that I may not retain id on political contributions longer than six years after filling pended political contributions and unexpended interest or
		I do not retain assets purchased with political contributions or inte	rest or other income from political contributions.
		i do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contribution personal use. I also understand that I must dispose of assets purrequirements of Election Code, § 254.204.	s or interest or other income from political contributions to
5		EHOLDER plate this section only if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable to a file. I am also aware that I will be required to file reports of unexpend officeholder, I retain political contributions, interest or other income for cal contributions or interest or other income from political contribut	ad contributions if, after filing the last required report as an rom political contributions, or assets purchased with politi-
			Signature of Officeholder