CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 20 MS / MRS / MR CANDIDATE / М OFFICE USE ONLY **OFFICEHOLDER** Mrs, Brenda G NAME NICKNAME LAST SUFFIX Duhon 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY; ZIP CODE OFFICEHOLDER 3120 Labrador Ln, Port Neches, s TX 77651 MAILING **ADDRESS** PORT NECHES-GROVES ISD Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (409 719-1681 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN TREASURER Mrs. Laura Jill Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Carriere STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE **TREASURER** 3136 Labrador Ln, Port Neches, TX 77651 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE 409 656-4652 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day COVERED 14 23 9 28 23 **THROUGH** 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Day Year Description General 11 23 Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) PNGISD Board of Trustees, Place 6 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMITAIGI	TINANCEREPORT	
15 C/OH NAME Brenda Gail Goates D	Ouhon 16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,811.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50.00
	Please complete either option below: CHERYL JOURDAN Notary Public, State of Texas Comm. Expires 08-19-2027 Notary ID 6193772	luhon
Signature of officer administer (2) Unsworn Declaration My name is My address is	which, witness my hand and seal of office. Level Jourdan Printed name of fficer administering oath OR	day of October, Kec. Secretary Title of officer administering oath (zip code) (country) , 20
	Signature of Candidate/Offi	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Brenda Gail Goates Duhon 20 Filer ID (Ethics Cor			ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	75.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	50.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1,100.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,057.06
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0.00
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,257.06
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	397.08
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	-14.27

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii ine reques	sted information is not applicable, DO NOT include t	nis page in the i	•
The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
² FILER NAME Brenda G	ail Goates Duhon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Dale & Portia Kinney		7 Amount of contribution (\$)
08/22/2023		Zip Code	250.00
	11919 Legend Manor Dr., Houston,	TX 77082	
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
08/24/2023	Keith & Glenda Goates		050 00
00/24/2023	Contributor address; City; State;	Zip Code	250.00
	PO Box 5183, Sam Rayburn, TX 759	951	
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructi	ions)
Date	ate Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
00 <i>10E 1</i> 0000	Rusty & Nancy Goates		
08/25/2023	Contributor address; City; State; Zip Code		500.00
	570 CR 2793, Shelbyville, TX 75973		
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
09/01/2023	Pat Briggs		400 00
00/01/2020	Contributor address; City; State;		100.00
	842 Texas Ave, Port Neches, TX 770	651	
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

··· · · · · · · · · · · · · · · · · ·			
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
² FILER NAME Brenda G	ail Goates Duhon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-	of-state PAC (ID#:)	7 Amount of contribution (\$)
09/15/2023	6 Contributor address; Cit 3162 Jamestown, Port No	. , , , , , , , , , , , , , , , , , , ,	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
09/15/2023		· · · · · · · · · · · · · · · · · · ·	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
09/18/2023	Contributor address; City 502 Barbara Court, Port N		50.00
Principal occup	ation / Job title (See Instructions)	Employer (See instruct	lons)
Date	Full name of contributor out-o	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City	; State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL C	COPIES OF THIS SCHEDULE AS NE	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	ne Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
² FILER NAMI Brenda G	ail Goates Duhon		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date 09/08/2023	6 Full name of contributor □ out-of-state PAC (ID#: Debbie LaRue 7 Contributor address; City; State; 2209 7th St., Port Neches, TX 7765	Contribution \$	Bakery items for thank you/signs do of Texes. Complete Schedule T.	
10 Principal occ Baker	supation / Job title (FOR NON-JUDICIAL)(See Instructions)		r (FOR NON-JUDICI) Delights Baker	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's Job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
j	ATTACH ADDITIONAL COPIES OF T f contributor is out-of-state PAC, please see Instruction	HIS SCHEDU on guide for	LEAS NEEDED additional reporting	requirements.

LOANS SCHEDULE E

ii tile requestet	a information is not applicable, DO NO	include this page in the re	port.
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brenda Gail (Goates Duhon		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
08/17/2023	Brenda G. Duhon		50.00
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	3120 Labrador Ln., Port Neche	• •	0.00
YIN	, , , , , , , , , , , , , , , , , , , ,	, · · · · · · · · · · · · · · · · · ·	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	4
Retired		Retired - PNGISD	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	49 Cuprentor address City		
	18 Guarantor address; City;	State; Zip Code	
■ not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
		,,,,,	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
□ y □ N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		
none		Check if personal func account (See Instructi	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zlp Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

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 Lebor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Gard Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Brenda Gail Goates Duhon		3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name		J	
09/05/2023	Alphabet Soup			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,100.00	2494 Broadway, Beaumont, TX 7770	12		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	1 expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F2

		EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonations Made Book Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel in District Travel Out Of District Other (enter a category	ent & Related Expense
d 7-4-1	6 F. F.	The Instruction Guide explai	ns now to c	omplete this form.	<u> </u>	
1 Total pages Schedule F2:	2 FILER I Brenda	Gail Goates Duhon			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER	IIZED UN	PAID INCURRED OBLI	GATION	S	\$	
5 Date	6 Payee					
08/16/2023	Go Dad	dy Website Hosting				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
119.88	2155 E.	GoDaddyWay, Temp	oe, AZ 8	5284		
9 TYPE OF EXPENDITURE	[-	Political	Non-Pol	itical		
10	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE	Advertis	sing Expense		Website Host	ing for Campai	gn
OF EXPENDITURE						•
	(c)	Check if travel outside of Texas. Complete \$	Schedule T.	Check if Aus	tin, TX, officeholder living e	xpense
11 Complete ONLY if direct	Can	ildate / Officeholder name	O	ffice sought	Office he	-
expenditure to benefit C/OF						
Date	Payee i	name				
09/06/2023	Alphabei	Soup				
Amount (\$)	Payee	address;	***	City;	State;	Zip Code
377.61	2494 Bro	oadway, Beaumont, T	X 7770;	2		
TYPE OF EXPENDITURE	[F	olitical [Non-Pol	ítical		о до шо в се шо в богу се се на воса на брого прима во се се до до
	Categor	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF	Advertis	ing Expense		Signs		
EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder tiving	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ildate / Officeholder name	O	ffice sought	Office he	id
	ATTAC	H ADDITIONAL COPIES C	F THIS S	CHEDULE AS NE	EDED	Makanin ang Kanada ang

SCHEDULE F2

								
		EXPENDITURE	CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	xpens e	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ayment/Reimbursement erhead/Rental Expense opense xpense Vages/Contract Labor	Transpo Travel II Travel C	In District Out Of District	g Expense ent & Related Expense not listed above)
Control Co.		The Instruction Guid	le explains	a how to c	omplete this form.			
1 Total pages Schedule F2:		NAME a Gail Goates Di	uhon			3 Filer I	ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITER) OBLIG	SATION	S	\$	*	
5 Date	6 Payee			** ***********************************		<u> </u>	gan . seryperal parameter	
09/07/2023	Ritter Lu	umber						
7 Amount (\$)	8 Payee	•	***************************************		City;		State;	Zlp Code
0.95	2004 FN	M 365, Nederlan	d, TX 7	77627				
9 TYPE OF EXPENDITURE		Political		Non-Poli	litical		14 1. ************************************	**************************************
10	1	ry (See Categories listed at the	e top of this s	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense			Unpaid baland of \$96.22 to F	ce on c Ritter	redit car	d purchase
	(c)	Check if travel outside of Texas. (Complete Sch	nedule T.			eholder living ex	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Cano	didate / Officeholder na	ame	Of	ffice sought		Office held	
Date 09/08/2023	Payee r Party Cit							
Amount (\$)	 	address;		 ,	City;		Ctata:	***I *** - Al -
15.46	1 -	/ 365, Port Arthu	ır, TX 7	77640	Ony,		State;	Zip Code
TYPE OF EXPENDITURE	Р	Political		Non-Poli	itical			
	1	y (See Categories listed at the			Description			· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Gift/Awa	ards/Memorials E	Expens	e	Thank you gif	fts for s	signs	
	l	Check if travel outside of Texas.	. Complete Sci	hedule T.	Check if Aus	atin, TX, offir	iceholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Cand	didate / Officeholder na	ime	Off	ffice sought		Office held	1
					Action to the second se			
	ATTAC	H ADDITIONAL COP	PIES OF	THIS SC	CHEDULE AS NEF	EDED		

SCHEDULE F2

				oldac til	is hade in the lef	901t.	
		EXPENDIT	URE CATE	ORIES F	OR BOX 10(a)		
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Egal Services Salaries/Wages/Contract Lebor The Instruction Guide 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 F2:	2 FILER				 	3 Filer ID (Ethics (Commission Filers)
5	Brend	a Gail Goate	s Duhon	· · · · · · · · · · · · · · · · · · ·			
4 TOTAL OF UNITER	AIZED UN	IPAID INCURI	RED OBLIG	GATION	s	\$	
5 Date	6 Payee						
09/11/2023	Alphabe	et Soup					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
292.28	2494 B	roadway, Bea	aumont, T	X 7770)2		
9 TYPE OF EXPENDITURE	Te -	Political	-	Non-Po	litical		
10	(a) Catego	ry (See Categories liste	d at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense	9		Signs		
	(c)	Check if travel outside of	Texas, Complete So	chedule T.	Check if Ausl	lin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/Oł	Can	didate / Officehok	der name	C	ffice sought	Office he	eld
Date	Payee	name					
09/14/2023	Kustom	Koozies					
Amount (\$)	Payee	address;			City;	State;	Zip Code
104.75	3125 Gr	esham Lake	Rd., Suite	e 105, l	Raleigh, NC 27	,	any words
TYPE OF EXPENDITURE	Ţwi:	Political	ſ	Non-Po	litical		
	Catego	y (See Calegories liste	d at the top of this :	schedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense			Campaign ko	oozies for para	ıde
		Check if travel outside o	f Texas. Complete S	Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate / Officeholo	ler name	0	ffice sought	Office he	· · · · · · · · · · · · · · · · · · ·
	ATTAC	H ADDITIONAL	. COPIES OI	F THIS S	CHEDULE AS NE	EDED	
							

SCHEDULE F2

								
		EXPENDIT	TURE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Ex Gill/Awards/Memo Legal Services The Instructio	rials Expense	Office Over Polling Exp Printing Ex Salaries/W		Trans Trave Trave	l In District I Out Of District	nent & Related Expense
1 Total pages Schedule F2:	2 FILER			· · · · · · · · · · · · · · · · · · ·		3 Filer	ID (Ethics C	Commission Filers)
4	Brenda	a Gail Goate	s Duhon			• , ,,,,,,	io (Edilos C	ommission File(s)
4 TOTAL OF UNITER	MIZED UN	PAID INCUR	RED OBLIC	ATION:	3	\$	1,057	.06
5 Date	6 Payeeı						*****	· · · · · · · · · · · · · · · · · · ·
09/11/2023	Comple	e Athlete						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
97.42	1401 M	agnolia Ave	., Port Nec	hes, TX	(77651			
9 TYPE OF EXPENDITURE		Political		Nan-Pol	itical			
10		y (See Categories list		schedule)	(b) Description			
PURPOSE	Advertis	sing Expens	e		Campaign t-s	hirts		
OF EXPENDITURE								
	(c)	Check if travel outside o	of Texas, Complete Sc	hedule T.	Check if Aus	tin, TX, off	ficeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Can	lidate / Officeho	der name	O	fice sought		Office he	eld
Date	Payee i	name	······································					
09/25/2023	Dollar G	eneral						
Amount (\$)	The second secon	address;			Clty:	·;	Clata:	
48.71		rt Neches A	ve., Port N	leches,	• •		State;	Zlp Code
TYPE OF EXPENDITURE	P P	olitical		Non-Pol	itical		······································	
	Category	/ (See Calegories list	ed at the top of this s	chedule)	Description			
PURPOSE OF	Event E	kpense			Parade cand	У		
EXPENDITURE						-		
		Check if travel outside	of Texas. Complete S	chedule T.	Check if Au	stin, TX, o	fficeholder living	9xpense
Complete <u>ONLY</u> if direct expenditure to banefit C/OH		lidate / Officehol	der name	Of	fice sought		Office he	
							······································	
	ATTAC	H ADDITIONAL	L COPIES OF	THIS SC	HEDULE AS NE	EDED		

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Office Over Polling Exp Printing Exp		Solicitation/Fundraising Ex Transportation Equipment & Travel in District Travel Out Of District Other (enter a category not	k Related Expense
	The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F4: 5	2 FILER NAME Brenda Gail Goates Duhon			3 Filer ID (Ethics Comm	nission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$ 1,257.06	
5 Date	6 Payee name		 		
08/16/2023	Go Daddy Website Hosting				
7 Amount (\$)	8 Payee address;	····	City;	State; Z	p Code
119.88	2155 E. GoDaddyWay, Tempe), AZ 85	5284		•
9 TYPE OF EXPENDITURE	Political	Non-Pal	litical		
10	(a) Category (See Categories listed at the top of this s	ichedule)	(b) Description	······································	
PURPOSE	Advertising Expense		Website Host	ting - Campaign	
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Se	chedule T.	Check if Au	ıstin, TX, officeholder living expe	nse
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	ffice sought	Office held	-
Date	Payee name				
09/06/2023	Alphabet Soup				
Amount (\$)	Payee address;		City;	State; Zi	p Code
377.61	2494 Broadway, Beaumont, T	X 77702	•		,
TYPE OF EXPENDITURE	Political	Non-Po	lítical		
	Category (See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF Expenditure	Advertising Expense		Signs		
	Check If travel outside of Texas. Complete S	ichedule T.	Check if Au	ıstin, TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	ffice sought	Office held	**************************************
			ve posenile vi e de la pris		
	ATTACH ADDITIONAL COPIES OF	F THIS SC	CHEDULE AS NE	EDED	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement

Solicitation/Fundralsing Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Exp		Travel in I Travel Ou	District ut Of District	ent & Related Expense
And a self state and the self state and and self-self-self-self-self-self-self-self-		The Instruction Guide exp			Other (em	ter a category	not listed above)
1 Total pages Schedule F4:	2 FILERN				3 Filer ID	(Ethics Co	mmission Filers)
5	Brenda G	ail Goates Duhon		41···		·····	
4 TOTAL OF UNITEM	IZED EXPE	ENDITURES CHARGE	EDTOACR	EDIT CARD	\$	_	
5 Date	6 Payee n						
09/06/2023	Drago's	Copy & Print				····	
7 Amount (\$) 104.73	8 Payee a 3538 FM	ddress; 365, Nederland, T	X 77627	City;		State;	Zip Code
9 TYPE OF EXPENDITURE	р Р	olítical [Non-Pol	itical	***************************************		
10 PURPOSE OF EXPENDITURE		(See Categories listed at the top of Expense	this schedule)	(b) Description Flyers			
	(c)	Check if travel outside of Texas, Comp	lete Schedule T.	Check if Aus	stin, TX, office	holder living e	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholder name	Of	fice sought		Office hel	d
Date	Payee n	ame					
09/07/2023	Ritter Lui	mber					
Amount (\$)	Payee a	ddress;		City;	5	State;	Zip Code
96.22	2004 FM	365, Nederland, T	X 77627				
TYPE OF EXPENDITURE	a Po	plitical	Non-Pol	litical			
PURPOSE OF EXPENDITURE		(See Categories listed at the top of ing Expense	this schedule)	Description Sign supplies			
		Check if travel outside of Texas. Comp	lete Schedule T.	Check if Au-	stin, TX, office	eholder living (expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	ldate / Officeholder name	Of	fice sought		Office hel	d

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SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Evpense

Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Food/Beverage Expense by Gift/Awards/Memorials Expense	Loan Repayment/Rembursement Office Overhead/Rental Expense Polling Expense Printing Expense		Solicitation/Fundralising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District	
Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wa	ages/Contract Labor	Other (enter a categor	y not listed above)
	The Instruction Guide explai	ns how to co	omplete this form.	· · · · · · · · · · · · · · · · · · ·	·
1 Total pages Schedule F4: 5	2 FILER NAME Brenda Gail Goates Duhon			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TOACR	EDIT CARD	\$	
5 Date	6 Payee name				
09/08/2023	Party City				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
15.46	2770 FM 365, Port Arthur, TX	77640			
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10	(a) Category (See Categories listed at the top of this	schedule)	(b) Description	. **	
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expe	nse	Thank you git	ft ribbon - signs	3
	(c) Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	iid
Date	Payee name				
09/11/2023	Alphabet Soup				
Amount (\$)	Payee address;		City;	State;	Zip Code
292.28	2494 Broadway, Beaumont, T	X 77702	2		
TYPE OF EXPENDITURE	Political	Non-Po	litical		
	Category (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Signs		
	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	slin, TX, officeholder living	expanse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office he	id
errell from the first of the second section sectio	ATTACH ADDITIONAL COPIES O	F THIS SC	CHEDULE AS NE	EDED	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) **Brenda Gail Goates Duhon** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Kustom Koozies 09/14/2023 7 Amount (\$) 8 Payee address; City; State; Zip Code 3125 Gresham Lake Rd., Suite 105, Raleigh, NC 27615 104.75 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description Event Expense Campaign koozies for parade **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/14/2023 Complete Athlete Amount (\$) Payee address; City; State: Zip Code 1401 Magnolia Ave., Port Neches, TX 77651 97.42 TYPE OF 100 Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description Advertising Expense Campaign t-shirts **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder flying expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contribulions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (entry a personal set light decrease)

Contributions/Donations Made E Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Printing Ex Salaries/W	pense ages/Contract Labor	Travel 0	Dut Of District enter a categor	y not listed above)
		The Instruction Guide explain	s how to co	omplete this form.			
1 Total pages Schedule F4: 5	2 FILER	NAME Bail Goates Duhon		***************************************	3 Filer	ID (Ethics C	ommission Filers)
		**************************************	,			·····	·
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACR	EDIT CARD	\$		
5 Date	6 Payee					······································	······································
09/25/2023	Dollar G	eneral					
7 Amount (\$)	8 Payee	· ·		City;		State;	Zip Code
48.71	1850 Po	rt Neches Ave., Port N	leches,	TX 77651			
9 TYPE OF EXPENDITURE	Partners	Political	Non-Pol	itical	· · · · · · · · · · · · · · · · · · ·		
10		y (See Categories listed at the top of this s	chedule)	(b) Description	- M, - J		
PURPOSE	Event E	xpense		Candy for par	ade		
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete Se	chedule T.	Check if Aus	itin, TX, offi	ceholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought		Office he	ld
Date	Payee	name				***************************************	
Amount (\$)	Payee	address;		City;		State;	Zip Code
TYPE OF					······································		
TYPE OF EXPENDITURE	■ F	Political	Non-Pol	itical			
	Categor	y (See Categories listed at the top of this s	chedule)	Description			
PURPOSE							
OF EXPENDITURE				İ			
		Check if travel outside of Texas. Complete S	chedule T.	Check If Aus	itin, TX, offi	caholder living	expense
	Cano	lidate / Officeholder name	Of	fice sought		Office he	ld
Complete <u>QNLY</u> if direct expenditure to benefit C/OH				-			_
				1, · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	····						
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Trayel in District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Brenda Gail Goates Duhon** 4 Date 5 Payee name 09/25/2023 American Airlines Advantage Mastercard 6 Amount (\$) 7 Payee address; City; State; Zip Code 200.00 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Credit Card Payment Payment of Credit Card for sign supplies EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (C) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/26/2023 Amazon Amount (\$) Payee address; City; State; Zip Code 58.44 410 Terry Ave. N, Seattle, WA 98109 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Expense Costumes for parade EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/26/2023 Amazon Amount (\$) Payee address; City; State; Zip Code 77.22 410 Terry Ave. N., Seattle, WA 98109 Reimbursement from political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE Event Expense Decorations for parade OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brenda Gail Goates Duhon 4 Date 5 Payee name 09/08/2023 Ritter Lumber 6 Amount (\$) 7 Payee address; City; State; Zip Code 19.03 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense Sign supplies OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/14/2023 Ritter Lumber Amount (\$) Pavee address: City; State; Zip Code 28.33 2004 FM 365, Nederland, TX 77627 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Sign Supplies OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Date Pavee name 09/15/2023 Ritter Lumber Amount (\$) Payee address; City; State; Zip Code 14.06 M2004 FN 365, Nederland, TX 77627 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Cable ties for signs **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
² FILER NAME Brenda Ga	il Goates Duhon	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received	<u></u>	
T Date			8 Amount (\$)
	Ritter Lumber		
09/15/2023	6 Address of person from whom amount is received; City; Sta 2004 FM 365, Nederland, TX 77627	te; Zip Code	-14.27
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Adverting Expense (Returned unused sign supplies		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whorn amount is received; City; Sta	ite; Zip Code	
		no, zip couc	
	Purpose for which amount is received Check if	**** - * * - Th. All	
	r dipose 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; Stat	e; Zip Code	
	Purpose for which amount is received Check to		
	Check if p	political contribution (returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom are suit is seen but to 200		
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if p	political contribution i	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE.	AS NEEDED	

CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR Mrs.	FIRST Brenda	мі G	OFFICE USE ONLY
	NICKNAME	LAST Duhon	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	dor Ln, Port Neches	CITY; STATE; ZIP CODE S,S TX 77651	COT S (2023
Change of Address				EUF I. OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	719-1681	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs.	Laura Jill		Date Processed
	NICKNAME	Carriere	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI dor Ln, Port Neches		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(409)	PHONE NUMBER 656-4652	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year / 29 / 23	THROUGH 10	Day Year / 28 / 23
11 ELECTION	ELECTION DA	TE .	ELECTION TYP	
	Month Day 11 / 7	Year Primary 23 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SOUGHT (if know PNGISD Board	of Trustees, Place 6
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	- III III III III III III III III III I	GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

CAMPAIG	N FINANCE REPORT	COVER	SHEET PG 2
15 C/OH NAME Brenda Gail Goates I	Duhon	16 Filer ID (Ethic	es Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN \$	0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	LOANS) \$	0.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,077.70
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TOTAL OF REPORTING PERIOD		0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	S AS OF THE \$	0.00
	Signature Please complete either option be	of Candidate or Officel	
20 23 , to certify Signature of officer administra	which witness my hand and seal of office. Dery Jourd Printed name of officer administering oath OR	an Eye	October, C. Secreta ficer administering oath
2) Unsworn Declaration	on		
	, and my date of I	birth is	
My address is	A SEC. O		
Executed in	(street) (city) County, State of , on the day of _	(state) (zip code), 20 (month) (yea	
	Signature of	Candidate/Officeholder (F)eclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

•	19 FILER NAME Brenda Gail Goates Duhon 20 Filer ID (Ethics Cor					
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$	0.00			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	243.48			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	1,083.04			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	ISINESS OF C/OH \$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	0.00			
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	EGORIES I	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor		erhead/Rental Expense pense kpense	Solicitation/Fundraising 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 explain	ins how to c	omplete this form.		
1 Total pages Schedule F1:	1	AME Gail Goates Duhon		,	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
09/05/2023	Alphabe	t Soup				
6 Amount (\$)	7 Payee ac	dress;		City;	State;	Zlp Code
400.53	2494 Bro	oadway, Beaumont, T	TX 7770	2		4 222
8	(a) Categor	/ (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Signs		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				-
10/06/2023	Complet	e Athlete				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
133.15	1401 Ma	gnolia, Port Neches,	TX 776	51		
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Campaign T-s	shirts	
		Check if travel outside of Texas. Complete \$	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee na	тө				10 May 2
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description		
	•	Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
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SCHEDULE F2

		· · · · · · · · · · · · · · · · · · ·					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		EXPENDITURI Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials E Legal Services	xpense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	nyment/Reimbursement rhead/Rental Expense pense opense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense t
		The Instruction Gui	de explains	how to c	omplete this form.		
1 Total pages Schedule F2:	1	NAME a Gail Goates D	Ouhon			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED UN	PAID INCURRED	D OBLIG	ATION	s	\$	
5 Date	6 Payee	name		1			
10/23/2023	Kustom	Koozies					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
177.50	3125 G	resham Lake R	d., Suite	∍ 105,	Raleigh, NC 2	7615	
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical		
10	(a) Categor	y (See Categories listed at th	he top of this se	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event B	Expense			Campaign ko	ozies for Art V	/alk event
•	(c)	Check if travel outside of Texas	s. Complete Sch	edule T.	Check if Aus	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder r	name	0	ffice sought	Office h	eld
Date	Payee	name					
10/25/2023	Kustom	Koozies					
Amount (\$)	Payee	address;			City;	State;	Zip Code
40.00	3125 Gr	esham Lake Ro	d., Suite	105, F	Raleigh, NC 27	7615	
TYPE OF EXPENDITURE	∫ ■ F	'olitical		Non-Pol	itical		
	Categor	y (See Categories listed at th	e top of this so	hedule)	Description		
PURPOSE OF EXPENDITURE	Event E	xpense			Campaign ko	oozies for Art V	Valk
		Check if travel outside of Texas	s. Complete Sc	hedule T.	Check If Au	stin, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		lidate / Officeholder n	name	Of	ffice sought	Office h	əld
	ATTAC	H ADDITIONAL CO	PIES OF	THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorlals Expense Consulting Expense Contributions/Donations Made By Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) **Brenda Gail Goates Duhon** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name 10/05/2023 Party City 7 Amount (\$) 8 Payee address; City; State; Zip Code 2770 FM 365, Port Arthur, TX 77640 25.98 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE **Events** Parade candy OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date **Kustom Koozies** 10/23/2023 Amount (\$) Payee address; City; State; Zip Code 177.50 3125 Gresham Lake Rd., Suite 105, Raleigh, NC 27615 TYPE OF Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE **Events** Koozies for Art Walk event OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDNIE F4

EXPENDITURES MADE BY CREDIT CARD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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	Describtion	the top of this schedule)	VIV (See Categories listed at	Catego			
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State; Zip Code	CHA!	· · · · · · · · · · · · · · · · · · ·	saddress;	8 Payee	(\$) JnuomA T		
			seizooy r	r	10/25/2023		
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3 Filer ID (Ethics Commission Filers)		uo	Gail Goates Duh	,	5		
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exnegy2 Expense Solicitation/Fundralsing & Related Expens Travel In District Travel Out Of District Travel (enter a category not listed above)	hemerndinie Mynemers eare Street Expense eare eare sonse Tode Labor	Loan Repsy Oritio Expense e Expense Expense Salandes Salandes	Event Expense Fees Giff/Awards/Memortals Giff/Awards/Memortals	y Y Sommlitee	Advərtising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Benking Consulting Expense	. D	Event Expense Fees Food/Beverage Expense	Loan Rep Office Ov Polling E		Solicitation/Fundrals Transportation Equip Travel in District	ng Expense ment & Related Expense
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Credit Card Payment		The Instruction Guide explai	ns how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
1	Brend	a Gail Goates Duho	on		,	
4 Date	5 Payee nar	ne				
09/29/2023	Americ	an Airlines Advantage	∍ Maste	ercard		
6 Amount (\$)	7 Payee add	lress;		City;	State;	Zip Code
937.18						•
Reimbursement from political contributions Intended						
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
PURPOSE OF		•		Payment of Credit Card	l for signs, campaign t	shirts, parade supplies
EXPENDITURE		Credit Card Payment Payment of Credit Card				
		heck if travel outside of Texas. Complete Sc	hedule T,	Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee nam	ne				
10/24/2023	Americ	an Airlines Advantage	Maste	ercard		
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
25.98 Reimbursement from political contributions intended	PO Box	60507, City of Indus	try, CA	91716	·	
PURPOSE	Category	(See Calegories listed at the top of this s	chedule)	Description		· · · · · · · · · · · · · · · · · · ·
OF EXPENDITURE	Credit Card Payment Payment for parade suppl					3
	C	heck if travel outside of Texas. Complete Sci	nedule T,	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		rte / Officeholder name		Office sought		Office held
Date	Payee nam	Θ				
09/28/2023	MCTCU	J				
Amount (\$)	Payee add	ess;		City;	State;	Zip Code
119.88 Reimbursement from political contributions intended	PO BOX	K 660493, Dallas, TX	75266		,	_,p
PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description		
OF EXPENDITURE	Credit Ca	rd Payment		Payment for w	eb hosting (G	oDaddy)
··-	Cł	neck if travel cutside of Texas, Complete Sch	edule T.	Check if Austin,	TX, officeholder living ex	pense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
	ATTAC	H ADDITIONAL COPIES OF	THIS SO	CHEDULE AS NEEDI	ED	**************************************

	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				ORM C/OH HEET PG 1
The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Elhics Commission Filers)	2 Total pages file	led: 6
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mrs.	FIRST Brenda	мі 	OFFICE	USE ONLY
: INVIVIE	NICKNAME	LAST Duhon	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	x; APT / SUITE #; dor Ln, Port Neche	CITY; STATE; ZIP CODE 98, TX 77651		
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	PHONE NUMBER 719-1681	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mrs.	Laura Jill	SUFFIX	Date Processed	
		Carriere		Date Imaged	į
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S dor Ln, Port Neche	•	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 656-4652	EXTENSION		300,000
9 REPORT TYPE	January 15	30th day before o	election Runoff	15th day after treasurer ap (Officeholder	pointment
	July 15	8th day before ele	Reporting Limit	Processing .	t (Áttach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 29 / 23	THROUGH 12	Day Year / 1 / 23	
11 ELECTION	ELECTION DA Month Day	ATE Year Primary	ELECTION TYPE Runoff Other Description		
	11 / 7	✓ 23 General	•	<u> </u>	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (# known) PNGISD Board	•	, Place 6
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	B ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND BIRED TO REPORT THIS INFORMATION ONLY IF TH	ADE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO ТО	PAGE 2		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Brenda Gail Goates Duhon 20 Filer ID (Ethics Co			mmlssio	on Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	166.32
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	217.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00

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 Giff/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)

Credit Certa Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	² FILER NAME Brenda Gail Goates Duhon		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
11/17/2023	Brenda Duhon				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
166.32	3120 Labrador Ln, Port Neches, TX	77651			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other	Reimbursement for allowed previous expense from personal funds (Aviator Mastercard on 11/14/23) to close out account.			
ļ	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name -I	Office sought	Office held		
Date	Payee name		The second secon		
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	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/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check If travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 complete this form, 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Brenda Gail Goates Duhon 4 Date 5 Payee name 11/14/2023 American Airlines Advantage Mastercard 6 Amount (\$) 7 Payee address; City; State; Zip Code 217.50 PO Box 60507, City of Industry, CA 91716 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Payment of Credit Card for koozies for Art Walk on the Avenue Credit Card Payment OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State; Zip Code Relmbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only If "Report Type" on page 1 is marked "Final Report" •• 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) Brenda Gail Goates Duhon SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. •• **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions, I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** В. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** · Complete this section only if you are an officeholder · I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions If, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

				and the last	
This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.		OFFICE USE ONLY	OFFICE USE ONLY		
government officer	to the appropriate local government has become aware of facts that requi	ire the officer to file this stater	II Date Deceived		
	Chapter 176, Local Government Cod	e.			
	Sovernment Officer				
	da G. Duhon				
2 Office Held					
	Board of True				
3 Name of vendor of Code	described by Sections 176.001(7) an	id 176.003(a), Local Governi	ment		
	n David 110				
	A ONE LLC				
with vendor nan	ne nature and extent of each employr ned in item 3.		ionship and each family relationshi	p	
Contr	act Employee - 1	Part time			
5 List gifts accept	ed by the local government officer	and any family member, if a		ed	
from vendor nar	med in item 3 exceeds \$100 during t	he 12-month period describ	ed by Section 176.003(a)(2)(B).		
Date Gift Accent	ted Description of (⊋ift			
Date Gift Accept	red Description of C	Gift			
Date Gift Accept	ed Description of Gif	t			
	(attach additio	nal forms as necessary)			
6 SIGNATURE	I swear under penalty of perjury that the a to each family member (as defined by Sealso acknowledge that this statement cover Government Code.	ction 176.001(2), Local Governme	ont Code) of this local government officer. by Section 176.003(a)(2)(B), Local		
		Signature of	Local Government Officer		
(1) Affidavit NOTARY STAMP/SE	Notary Public, State of Texas Comm. Expires 08-19-2027 Notary ID 6193772	plete either option belo	ow:		
Sworn to and subscribe	ed before me by <u>Drenda</u>	Juhon this th	he 5 day of Jecem he	[
02	ify which, witness my hand and seal of office.	1 Tourdan	he 5 day of December		
Signature of officer admini	1000	I (IV) (IV)	Title of officer administration		
organizate of onlight admitted	Printed name of o		Title of officer administering oat	tn	
(2) Unsworn Declara	tion	OR	and the second of the second of the second		
My name is		, and my date of birth	ı is		
My address is				eto.	
	(street)	(city)	(state) (zip code) (country)	100	
Executed in	County, State of	, on the day of	, 20		
		(mo	(year)		
		Signature of Local	Government Officer (Declarant)		