DUNCAN

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed: <u>QN</u> 18 19
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION
MAILING ADDRESS Change of Address	HARLINGEN TOVAS 18552	2.100 OCT 3 I 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 417 - 4570	By: MECEWED By: Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt # Amount \$
NAME	NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
(Residence or Business)	HARLINGE.	J, TX 18552
8 CAMPAIGN TREASURER PHONE	area code phone number extension $(954) 412 - 6529$	
14 **	DON Puncan	
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before election Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month	Day Year Strate of Strate (1) Strate of Strate (1) Strate of Strate (1) Strate of Strate (1)
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other	SANTO ANTO CARTO CARTO ANTO CARTO CA
	Description Description	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) CAMERON CONSTABLE	County
	CONSTABLE	- PcT # 5
Î	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	N Du	10 CAN	iler ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL		•			
·	SPECIFIC	COMMITTEE ADDRESS ,				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	* O			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 1437,44				
, ,	4. TOTAL POLITICAL EXPENDITURES \$ 1437.					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 150					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
AFFIX NOTARY STAME	/SEALABOVE					
Sworn to and subscri	Sworn to and subscribed before me, by the said Don Dun Can , this the 315+					
day of 1000 , 20 , to certify which, witness my hand and seal of office.						
() An	Hosica Crafts Motor Public					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

19 FILER NAME DON DUNCAN 20 Filer ID (Ethics C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	* O
4. SCHEDULE E: LOANS	\$ O
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1437.44
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	* O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ ()
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	* O
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ ()
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	· · · · · · · · · · · · · · · · · · ·		
The	Instruction Guide explains how to complete this	1 Total pages, Schedule A1:	
2 FILER NAME	on Duncan		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
· ·	6 Contributor address; City; State		\bigcirc
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date .	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	\bigcirc
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	,		-
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
2 FILER NAM	on Duncar	3 Filer ID (Ethics Commission Filers)			
i i	F UNITEMIZED IN-KIND POLITICAL CONTRI	\$			
5 Date	6 Full name of contributor		8 Amount of . 9 In-kind contribution Contribution \$. description		
	7 Contributor address; City; State; Zip Cod	 de			
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of . In-kind contribution Contribution \$. description		
	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		·		
j					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	lule B:
2 FILER NAME			3 Filer ID (Ethics C	Commission Filers)
Do	N Duncan			
	UNITEMIZED PLEDGES		ф.	
· IOIAL Or	- UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$. 9 In-kind contribution description
	7 Pledgor address; City; State; Z	îp Code		
			Check if travel outs	ide of Texas. Complete Schedule T
10 Principal occi	upation / Job title (See Instructions)	11 Employer (See	_!	
		, -	,	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Distance delication of the state of the stat			
	Pledgor address; City; State; Z	ïp Code		•
				•
			·	de of Texas. Complete Schedule T.
Principal occup	oation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contributiondescription
	Pledgor address; City; State; Z	. <i>, , [·] , , , .</i>		· · · · · · · · · · · · · · · · · · ·
		- ,	Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zi	p Code		· ·
			Check if travel outsic	le of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	-
				1
	•			
If co	ATTACH ADDITIONAL COPIES OF ontributor is out-of-state PAC, please see instru			equirements.

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	E	(PENDITURE CATE	GORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa al Committee Legal S	everage Expense ards/Memorials Expense	Loan Repayment/ Office Overhead/ Polling Expense Printing Expense Salaries/Wages/Oss how to comple	Rental Expense Contract Labor	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 F1	2 FILER NAME DON	Dunca	<u>n</u>		3 Filer ID (Ethics Commission Filers) CCC PCT US
4 Date 1 1 1 6 Amount (\$)	5 Payee name Onus 7 Payee address;	CUSTON City; State; Z		RTS	
189,44	Chuy!	Custom	S. Por	TELAS Description	78586
8 PURPOSE OF EXPENDITURE	111	an Shirt	.	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
,					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ncon	Con	Office sought STABLE PC	「到り」 Office held
Date _,	Payee name				
10/12/14	Stri	pes to	SIIF		
Amount (\$)	Payee address;	City; State; Zi	ip Code		
100.00	1325 W	ityLen	Janlin	ified tx	78550
PURPOSE OF EXPENDITURE		egories listed at the top of this s EXPENSE	chedule) [ide of Texas. Complete Schedule T. TX, officeholder living expense
O L DANKY S June	Candidate / Offi	ceholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		incov	CONS	TAPLE PC	THS CC
Date 10 31 16	Payee name UNILLY	MORNING S	Stor	Newspa	per
Amount (\$) 00 350	Payee address;	City; State; Zi COM M& RC	p Code	HARLI	NGEN TX 18550
PURPOSE OF EXPENDITURE	Category (See Cate CAM PAL'G ADVERTIS		· r		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Off	iceholder name UN CON		office sought	Per #5 Office held
	ATTACHA	DDITIONAL COPIES (OF THIS SCHE	DULE AS NEED	ED

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
DOK	Duncon		
TOTAL OF U	NITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender ☐ out-of-state	PAG (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
6 GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>	19 Amount Guaranteed (\$)
not applicable		State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	Interest rate
Y N	-		Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	iteral .	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor	·	Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable	(0 - 1 - 1 - 1 - 1 - 1 - 1	Condition (Condition)	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2_FILER NAME 7 Payee address; S. COMMERC. ARLINGEN TEX 78550 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** News Check if Austin, TX, officeholder living expense ΩF EXPENDITURE Advertisement Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category '(See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS			SCHEDULE E
Th	e Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	INITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ☐ out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
ΥN			11 Maturity date
12 Principal occupa	Lition / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Co	ollateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code	
20 Рапсіраі Оссыр	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan		21 Employer (See Instructions) ate PAC (ID#:)	Loan Amount (\$)
Date of loan Is lender a financial			Loan Amount (\$) Interest rate
Date of loan	Name of lender out-of-sta	ate PAC (ID#:)	
Date of loan Is lender a financial Institution? Y N	Name of lender out-of-sta	ate PAC (ID#:)	Interest rate
Date of loan Is lender a financial Institution? Y N	Name of lender ☐ out-of-sta Lender address; City; tion / Job title (See Instructions)	ate PAC (ID#:)	Interest rate Maturity date
Is lender a financial Institution? Y N Principal occupat	Name of lender ☐ out-of-sta Lender address; City; tion / Job title (See Instructions)	ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds were	Interest rate Maturity date
Is lender a financial Institution? Y N Principal occupation of Co In none GUARANTOR	Name of lender out-of-sta Lender address; City; tion / Job title (See Instructions)	ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds were	Interest rate Maturity date deposited into political
Is lender a financial Institution? Y N Principal occupation of Co In none GUARANTOR	Name of lender out-of-sta Lender address; City; tion / Job title (See Instructions) Illateral Name of guarantor Guarantor address; City;	ate PAC (ID#:) State; Zip Code Employer (See Instructions) Check if personal funds were account (See Instructions)	Interest rate Maturity date deposited into political

Forms provided by Texas Ethics Commission

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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Revised 9/8/2015

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	on Duncan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	()
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	/; State; Ζip Code
	Description of investment	
	Amount of investment (\$)	
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 PHERNAME DUNCA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	s ?
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 listed at the top of this	Checki	on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Z	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if t	n ravel cutside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF	THE COUPOUR AS NO	
	ATTACH ADDITIONAL COPIES OF	I III S SCHEDULE AS NEE	DED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule G:

Event Expense Fees

Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code 6 Amount (\$) Reimbursement from political contributions (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE 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 Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

SCHEDULE H

	EXPENDIT	JRE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Pol Credit Card Payment	litical Committee Legal Services		Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule H: 4 Date	2 FILER NAME 5 Business name) UN CAN	3 Filer ID (Ethics Commission Filers)
6 Amount (\$)	7 Business address; City;	; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at		side of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder na DH	arne Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the	Check if travel outside	de of Texas. Complete Schedule T. FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na H	me Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	Check if travel outside	le of Texas. Complete Schedule T. X, officeholder living expense
omplete ONLY if direct on the contract of the	Candidate / Officeholder nar	me Office sought	Office held
	ATTACH ADDITIONAL (COPIES OF THIS SCHEDULE AS NEE	:DED

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Revised 9/8/2015

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule I:	2 FILER NAME DON DUNCAU	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information 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.)
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.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	. <u>.</u> .
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

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

SCHEDULE K

, Τ	The Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
2 FILER NAM	DONDUNGA	3 Filer ID (Ethica	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; S		
	7 Purpose for which amount is received Che	ck 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; S	State; Zip Code	
	Purpose for which amount is received Chec	ck if political contribution r	eturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Chec	k if political contribution re	eiurned to filer
Date	Name of person from whom amount is received	·	Amount (\$)
	Address of person from whom amount is received; City; St	ate; Zip Code	
	Purpose for which amount is received Check	t if political contribution re	turned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED	

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

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.						
2 FILER NAME (IN CIA) 3 Filer ID (Ethics Commission Filers)					3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	Corporation (or Labor C	organization / Pledgor /	Payee			
5 Contribution / Expendi	ture reported	on:					
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	6 Dates of travel 7 Name of person(s) traveling						
	8 Departur	e city or n	ame of departure locat	ion			
	9 Destinati	on city or	name of destination lo	cation			
10 Means of transportation	on	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor /	Corporation	or Labor (/ Prganization / Pledgor /	Payee			
Contribution / Expendi	ture reported	l on:					
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling						
	Departui	re city or n	ame of departure locat	ion			
	Destinati	ion city or	name of destination lo	cation			
Means of transportation	on	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		-			,		
Name of Contributor /	Corporation	or Labor C	Organization / Pledgor /	Payee			
Contribution / Expendi	ture reported	l on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	f person(s) traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
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)				
		DONDUNCAN					
3	SIGN	ATURE					
	ing a r	t expect any further political contributions or political expenditures in connection of eport as a final report terminates my campaign treasurer appointment. I also ur utions or make any campaign expenditures without a campaign treasurer appoin	derstand that I may not accept any campaign				
		S	gnature of Candidate / Officeholder				
4 !		WHO IS NOT AN OFFICEHOLDER Inplete A & B below only if you are not an officeholder. ••					
Å	4 .	CAMPAIGN FUNDS					
	Chec	k only one:					
	Ŕ	I do not have unexpended contributions or unexpended interest or income ear	ned from political contributions.				
		I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest of personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of the property	r income earned on political contributions to nded contributions and that I may not retain contributions longer than six years after filing ical contributions and unexpended interest or				
₽	.	ASSETS					
	Check	conly one:	i i				
•	X	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 that I may not convert assets purchased with political contributions or interest of personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	or other income from political contributions to				
o		HOLDER					
••	Comp	plete this section only if you are an officeholder					
[1	am aware that I remain subject to filing requirements applicable to an officeholder file. I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political coal contributions or interest or other income from political contributions.	is if, after filing the last required report as an				
			Signature of Officeholder				

			·			*
					÷	(
	·					
	•					
•						
				•		
		·				
		•				

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE HEE ONLY			
DON D	OFFICE USE ONLY					
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST M	SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION			
4 ORIGINAL REPORT TYPE	30th day before election 15th app	off : Other (specify) eeded \$500 limit a day after freasurer oointment (officeholder only) al report	Date Hand-delivered of Bare Postfierked BY: Receipt # Amount \$			
5 ORIGINAL PERIOD COVERED	Month Day Year	ROUGH 10/31/16	Date Processed Date Imaged			
6 EXPLANATION OF CORRECTION DE EXPENSE Added						
7 AFFIDAVIT		or affirm, under penalty of perjury, t true and correct.	hat this corrected			
Check ONLY if applicable:						
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.						
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder						
Sworm to and subscribed before me, by the said						
20 to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election or a special report near election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: Effective September 1, 2011, a semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- **4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

Litera Micorlaya Charles

NOTARY MITTER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

L				
The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MR DON LAST DUNCA	SUFFIX	Date Rece RAM ERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	417 Countrysio		OCT 2 8 2016 RECEIVED BY:	
Change of Address	HARLINGEN TEXT	783SZ		
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 412-6529	EXTENSION	Date Hand-delivered or Date Postmarked .	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	MC DON	SUFFIX	Date Processed	
·	Dunca	\	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE	
TREASURER ADDRESS	417 Country sic			
(Residence or Business)	411 60011169311		1	
		HARLING	ed Tex 78552	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 412-6529	EXTENSION		
	DON DUNCAN			
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elect	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
00121125	10/11/16	THROUGH 10	28/16	
11 ELECTION	ELECTION DATE	ELECTION TYPE	e e e e e e e e e e e e e e e e e e e	
	Month Day Year Primary	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known)	0 0014	
	. *	CONSTABLE	Country PCT\$	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		,				
14 C/OH NAME	14 C/OH NAME DON DUNCAN 15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 5			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL F UNLESS	\$ 639,44				
	4. TOTAL	\$ 639,44				
CONTRIBUTION BALANCE	5. TOTAL P OF REP	\$ 545.31				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 0			
18 AFFIDAVIT						
Maribel Diaz NOTARY PUBLIC State of Texas My Comm. Exp. 05/19/2020 Notary ID: 13066868-7 Notary ID: 13066868-7						
AFFIX NOTARY STAME	P/SEALABOVE					
Sworn to and subser	ibed before me. b	y the said DONALD JUNCA	_, this the <u>10-28</u>			
day of OCT		o certify which, witness my hand and seal of office.	, 4110 110			
Maribelliaz Depoty Clerk.						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

19 FILER NAME DON DUNCAN 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 💍
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 6
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 63944
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ O`
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME DON DUNCON	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	O
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	0
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	0
Principal occupation / Job title (See Instructions) Employer (See Instruct	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	0
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
	-
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM	on Duncan		3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description			
	7 Contributor address; City; State; Zip Coo					
10 Principal occ	cupation / Job 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)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$. description			
	Contributor address; City; State; Zip Cod					
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	aw firm of contributor's spouse (if any) (FOR JUDICIAL)			
lf contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
		·				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED			

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

Th	ne Instruction Guide explains how to complete t	his form.	1 Total pages Sche	duie B:
2 FILER NAM	E ~	3 Filer ID (Ethics (Commission Filers)	
Dc	N Duncas	·	,	
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Fuil name of pledgor ☐ out-of-state PAC (ID#) 8 Amount of Pledge \$. 9 In-kind contribution description	
	7 Pledgor address; City; State;	Zip Code	Ô	· · ·
			Check if travel outs	side of Texas. Complete Schedule
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor	:)	Amount of Pledge \$	· In-kind contribution description
	Pledgor address; City; State;	Zip Code	•	•
			Check if travel outs	; ide of Texas. Complete Schedule T
Principal occi	upation / Job title (See Instructions)	Employer (See	<u> </u>	
Date	Full name of pledgor ut-of-state PAC (ID#:		Amount of	· In the state of
	Tull Hame of pleagor of out-of-state PAC (ID#:		Pledge \$	In-kind contributiondescription
	Pledgor address; City; State;	Zip Code		•
			Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;			· · · ·
			Check if travel outside	de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
				'
				<u> </u>
lf <i>i</i>	ATTACH ADDITIONAL COPIES C			

LOANS

SCHEDULE E

•						
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
DON	Duncas					
4 TOTAL OF UN	NITEMIZED LOANS		\$ 💍			
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)			
6 Is lender a financial Institution?	8 Lender address; City; S	State; Zip Code	10 Interest rate			
Y N			11 Maturity date			
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)						
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City; S	State; Zip Code				
not applicable						
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	•			
Date of loan	Name of lender 🔲 out-of-state	PAC (ID#:)	Loan Amount (\$)			
ls lender a financial	Lender address; City; S	State; Zip Code	Interest rate			
Institution?			Maturity date			
Y N			- AND ROBERT AND ROBER			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	ateral	Check if personal funds were of account (See Instructions)	deposited into political			
none						
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)				
Guarantor address; City; State; Zip Code						
not applicable						
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
		1				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (only the Control of the Control

Candidate/Officeholder/Politic	, in this g 2 (50)	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 F1		3 Filer ID (Ethics Commission Filers)
	DON Duncan	CCC PET 45
4 Date	5 Payee name	
10/7/14	Chuy's COSTOM SPOR	275
6 Amount (\$)	7 Payee address; City; State; Zip Code	
189,44	Chuy's Custom Sport	TS TEXAS 78586
8		escription
PURPOSE	CAMPAIGN SHIRTS	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	CHI A LIGHT SHIELD	Check if Austin, TX, officeholder living expense
- AT LIBITOTE		
9 Complete ONLY if direct expenditure to benefit C/O	resident to the second of the	ice sought Office held
experience to serious 5.5	F DON DUNCON CONST	TABLE POT #5
Date	Payee name	
10/12/16	Stripes 4 9112	
Amount (\$)	Payee address; City; State; Zip Code	
100.00	1325 WITHLER HARLING	ed tx 78550
	Category (See Categories listed at the top of this schedule) Des	scription
PURPOSE	FUEL EXPENSE	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	903	
Committee OND Vite disease		
Complete ONLY if direct expenditure to benefit C/Ot	Candidate / Officeholder name Officeholder name Officeholder name Officeholder name	obsolution Per 45 CC
Date	Payee name	
Date		ews paper
10/21/16	Onney invitority	
Amount (\$)	Payee address; City; State; Zip Code	
350	1310 S. Commence ST.	HARLINGEN TX 18550
and the same	•	, , , , , , , , , , , , , , , , , , , ,
	Category (See Categories listed at the top of this schedule) Des	ecription
PURPOSE	CAMPAign DD FOR	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
	Advertisomens	
Complete ONLY if direct expenditure to benefit C/OH	~	ce sought Office held
experiental e to beliefit G/O/1	DON DUNCAN CONST	TABLE POT #5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEC	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor his 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:			3 Filer ID (Ethics Commission Filers)			
Tibiai pagos contouis	DON DUNCA	7	o i noi in finance committee,			
4 TOTAL OF UNITED	MIZED UNPAID INCURRED OBLIC	GATIONS	\$ -0 -			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address; City; State;	Zip Code				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	is schedule) (b) Description	on			
PURPOSE	1	Check i	if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State;	Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of this					
PURPOSE O F	I		travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Слеск і	if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

T	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	on Duncan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 THERNAME DUNCE	by)	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEN	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
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 listed at the top of th	Check	on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OI	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 this	Checkil	on travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OI	THIS SCHEDIU E AS ME	EDED		
	ATTACH ADDITIONAL CUPIES OF	- Imio ouncuule AS NE	ENED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	By Gift/Awards/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel out of District Other (enter a category not listed above)
Candidate/Officeriolder/Politi Credit Card Payment	The Instruction Guide explains	_	Other (ether a category normated aporto)
1 Total pages Schedule G: 4 Date	2 FILER NAME 5 Payee name DUNCA		3 Filer ID (Ethics Commission Filers)
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip (Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	Check if travel outside	le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/G		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip (Code	
political contributions intended	Constitution of the consti	Ith Desiration	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip C	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside	e of Texas. Complete Schedule T. K, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEED!	ED

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

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	Fees Ol Food/Beverage Expense Po By Gift/Awards/Memorlais Expense Pr	an Repayment/Reimbursement fice Overhead/Rental Expense ulting Expense inting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H: 4 Date	2 FILER NAME 5 Business name	97	3 Filer ID (Ethics Commission Filers)			
6 Amount (\$)	7 Business address; City; State; Zip C	ode				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outside	of Texas. Complete Schedule T. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held			
Date	Business name	,				
Amount (\$)	Business address; City; State; Zip Co	ode	·			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Check if travel outside o	of Texas. Complete Schedule T. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held			
Date	Business name					
Amount (\$)	Business address; City; State; Zip Co	de				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Check if travel outside or	f Texas. Complete Schedule T. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEED)ED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule I:	DON DUNCAN	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information 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.)
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.)
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.)

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:				
2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	DON DUNCAN		/				
4 Date	5 Name of person from whom amount is received		8 Amount (\$)				
	6 Address of person from whom amount is received; City; State;	Zip Code					
	7 Purpose for which amount is received Check if p	political contribution	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code					
	Purpose for which amount is received Check if p	political contribution i	returned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code					
	Purpose for which amount is received Check if p	olitical contribution r	eturned to filer				
Date	Name of person from whom amount is received		Amount (\$)				
	Address of person from whom amount is received; City; State;	Zip Code					
	Purpose for which amount is received Check if po	olitical contribution re	eturned to filer				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.						
2 FILER NAME	Dur		3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expend	diture reported	l on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2 Schedule F4 Schedule G Schedule H					Schedule COH-UC Schedule B-S	3S	
6 Dates of travel 7 Name of person(s) traveling							
	8 Departu	re city or n	ame of departure locati	gh .	1	•	
	9 Destinat	ion city or	name of destination loc	ation			
10 Means of transportat	ion	11 Purpo	se of travel (including n	name of conference, s	eminar, or other event)		
Name of Contributor	/ Corporation	or Labor C	organization / Pledgor /	Payee			
Contribution / Expend	diture reported	l on:					
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2 Sche		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	38	
Dates of travel Name of person(s) traveling							
Departu		re city or n	ame of departure locati	on			
	Destinat	ion city or	name of destination loc	ation			
Means of transportat	l ion	Purpose of travel (including name of conference, seminar, or other event)			eminar, or other event)		
					·		
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgor / I	Payee			
Contribution / Expend	liture reported	on:					
Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-S	S	
Dates of travel Name of person(s) traveling							
Departu		re city or name of departure location					
Destinat		ation city or name of destination location					
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)					
						╝	
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 0	C/OH	NAME	2 Filer ID (Ethics Commission Filers)				
		DON DUNCAN					
3 9	SIGN	ATURE					
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				
		R WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••					
A.		CAMPAIGN FUNDS					
	Chec	ck only one:	·				
*	X	I do not have unexpended contributions or unexpended interest or inco	me earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended interest or unexpended interest unexpended contributions or unexpended interest or income earned on pathis final report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirements.	erest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after filing and political contributions and unexpended interest or				
В.		ASSETS					
(Check	k only one:					
)	ZĮ.	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 oth that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	terest or other income from political contributions to				
			Signature of Candidate				
		HOLDER plete this section <i>only</i> if you are an officeholder ··	·				
	f	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reporte of unexpended cont officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ributions if, after filing the last required report as an				
		-	Signature of Officeholder				

				i.
	•			