# DUNCAN

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			2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

F			
The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 1210
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  MRS / MR  FIRST  NICKNAME  LAST	MI	OFFICE USE ONLY  Date Received
1	DUNCE	LV	CAMERON COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CONTRYS!	1000	DEPARTMENT OF ELECTIONS VOTER REGISTRATION  OCT 3 1 2016
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (954) 412-6526	EXTENSION EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  NICKNAME  MS / MRS / MR  FIRST  LAST	MI	Receipt # Amount \$  Date Processed
1	DUNCA	N	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	,	ZIP CODE
(Residence or Business)		HARLIN Ger	), TX 18552
8 CAMPAIGN TREASURER PHONE	1954) 412-6529 DON DUNCAN	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elect	ion Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH (O	Day Year  Supply to the control of t
11 ELECTION	Month Day Year Primary  11 / 08 / 14 Seneral	ELECTION TYPE  Runoff Other Description  Special	and the second second
12 OFFICE / 318	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) CAMERON CONSTABLE	County Det # 5
J. J. J. J. J.	Latt Motor	140.0	794
	GO TO P	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	N DU	11 (PAN)	Filer ID (Ethics Commission Filers)
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	
VTMUGO MORBIMA	GENERAL		
TMENT OF SUSCIONAS	SPECIFIC	COMMITTEE ADDRESS	,
att i P (Si)	SPECIFIC		\$ <b>)</b> -
QHMSJ SH		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
			26 1 6 th
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$ 1437,44
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1437,44
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 15000
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.  NOTARY PUBLIC Signature of Candidate or Officeholder			
AFFIX NOTARY <u>STAM</u> F	P/SEALAROVE		ž -
ALLIA NO TART STAMP	, JUNEABOVE		arc L
Sworn to and subscri	ibed before me, b	y the said On Um Can	, this the 3151
day of 1000	, 20, t	o certify which, witness my hand and seal of office.	
		Llesia Crafts	Moton Public
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath			

#### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILERNAME  DON DUNCAN  20 Filer ID (	(Ethics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 🕖
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
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 CONTRIBUTION	ons \$ C
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	F 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	2 FILER NAME  DON DUNCAN  3 Filer ID (Ethics Commission Filers)				
4 Date		(ID#:)	7 Amount of contribution (\$)		
	6 Contributor address; City; State		$\bigcirc$		
8 Principal occi	tions)				
Date •	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State;		0		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
			$\bigcirc$		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
			-		
	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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:	
2 FILER NAME DON DUNCAN	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$	
5 Date 6 Full name of contributor  out-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$ . description	
7 Contributor address; City; State; Zip Co	de	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor'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 Contributor	de	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	·	
ATTACH ADDITIONAL COPIES OF TH	HIS 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 form.	1 Total pages Sched	dule B:
2 FILER NAME	N Duncas	3 Filer ID (Ethics C	Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES	\$	
5 Date	6 Full name of pledgor ut-of-state PAC (ID#:	8 Amount of Pledge \$	. 9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code	0	· · ·
		Check if travel outs	side of Texas. Complete Schedule T
10 Principal occu	upation / 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 occup	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution     description
	Pledgor address; City; State; Zip Code	•	•
		Check if travel outsi	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)	
Date	Full name of pledgor	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		· · ·
		Check if travel outside	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions) Employer (See	Instructions)	·
			,
		•	
		· · · · · · · · · · · · · · · · · · ·	
lf c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE		aguiromonto

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District		
1 Total pages Schedule F1:	2 FILER NAME DUNCAN  3 Filer ID (Ethics Commission Filers)  CCC PUT US		
4 Date	6 Payee name CUSTOM SPORTS		
6 Amount (\$)	Chuy's Custom Sports (60 Stehger, Son Ben'to Texas 78586		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  CAMPAIGN SHIRTS  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Office holder name  Office sought  Office held  Constable Pct 15		
Date	Payee name		
10/12/16	Stripes 49112		
Amount (\$)	Payee address; City; State; Zip Code  1325 W. Tyler Harlinger Tx 78550		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FUEL EXPENSE  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holder name  Office sought  Office sought  Office held  Office held  Office held  Office held		
Date 10 31 116	UAlley MORNING Star News Paper		
Amount (\$) 00 350	Payee address; City; State; Zip Code 1310 S. Commerce St. HARLINGEN TX 18550		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CMM PATGN DD FOR  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 / Office holder name  Office sought  Office hold  Office hold  Office hold		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

LOANS			SCHEDULE <b>E</b>
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Don	Duncas		
4 TOTAL OF U	NITEMIZED LOANS		\$ &
5 Date of loan	7 Name of lender  ut-of-state	PAC (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	on / Job title (See Instructions)	13 Employer (See Instructions)	1
14 Description of Col	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🔲 out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N	-		Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		The second secon	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2\_FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 1310 S. Commerce HARUNGEN TEX 78550 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. News **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Advertisement 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 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 Complete ONLY if direct Office sought Office held 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 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE E LOANS 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Name of lender out-of-state PAC (ID#:\_ Date of loan 10 Interest rate Is lender State; Zip Code 8 Lender address; City; a financial Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION Zip Code 18 Guarantor address; City; State; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender ut-of-state PAC (ID#:\_ Interest rate Zip Code City; Is lender Lender address; a financial Institution? Maturity date Υ Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

#### **EXPENDITURE CATEGORIES FOR BOX 10(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
Others on the resulted line of the second of the sec

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 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 Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political 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

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

Ti	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	on Duncan	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	_ 0 -
	6 Address of person from whom investment is purchased; Ci	ty; 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; Cit	ty; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	,	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains frow to complete this form. 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code 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 Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political **EXPENDITURE** Political 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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#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense  Contributions/Donations Made B		Printing Expense Travel Out Of District	
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1-	2 FILER NAME DON DUNCA 5 Payee name	3 Filer ID (Ethics Commission Filers)	
4 Date	J rayee name		
Reimbursement from	<b>7</b> Payee address; City; State; Zip	Code	
political contributions intended	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
8 PURPOSE OF	CATEGORY (See Categories listed at the top of this sun	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)  (b) 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/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	edule)  (b) Description  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/O	Candidate / Officeholder name H	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

#### SCHEDULE H

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense 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. 1 Total pages Schedule H: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Business name 6 Amount (\$) Business address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business 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 omplete ONLY if direct Office sought Office held xpenditure to benefit C/OH

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

The Instruction Guide explains how to complete this form.			
<b>1</b> Total pages Schedule I:	2 FILER NAME 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.)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

#### SCHEDULE K

· .	The Instruction Guide explains how to complete this form.	1 Total pages Sched	lule K:
P FILER NAI	ME DON DUN (Ph)	3 Filer ID (Ethics	Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Stat	te; Zip Code	$\bigcirc$
	7 Purpose for which amount is received Check	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; Stat	ze; Zip Code	
	Purpose for which amount is received Check in	f political contribution re	sturned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State	; Zip Code	
	Purpose for which amount is received Check if	political contribution ret	urned 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 retu	rned to filer

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

#### SCHEDULE T

The Instru	ction Guide	explains	how to complete thi	s form.	1 Total pages Schedule T:		
2 FILER NAME	Dun	CA	<b>)</b>		3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation o	r Labor O	rganization / Pledgor /	Payee			
5 Contribution / Expendi	ture reported	on:					
Schedule A2	Sched		Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-S					
6 Dates of travel	7 Name of	person(s)	traveling				
	8 Departure	e city or n	ame of departure locati	ion .			
	9 Destination	on city or	name of destination loc	cation	·		
10 Means of transportation	on	<b>11</b> Purpo	ose of travel (including i	name of conference, s	eminar, or other event)		
	· O	ar Labor C	) rganization / Pledgor /	Pavee			
Name of Contributor /	Corporation	or Labor C	nganization/ Fleugot/	rayee			
Contribution / Expend		J.		F			
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Vel Name of person(s) traveling						
	Departur	e city or n	ame of departure locat	ion			
	Destinati	on city or	name of destination lo	cation			
Means of transportat	ion	Purpo	ose of travel (including	name of conference,	seminar, or other event)		
Name of Contributor /	Corporation (	or Labor C	Organization / Pledgor /	Payee			
			NAME OF TAXABLE PARTY.				
Contribution / Expend	liture reported —	on:					
Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	f person(s	s) traveling				
	Departure city or name of departure location						
	Destination city or name of destination location						
Means of transportat	ion	Purp	ose 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 comp  •• Complete only if "Report Type" on page 1 is m	plete this form. árked "Final Report" ⊶						
1 C/OH	C/OH NAME 2 Filer ID (Ethics Commission Filers)							
	DON DUNCAN							
3 SIGN	NATURE							
ing a	not expect any further political contributions or political expenditures in connect report as a final report terminates my campaign treasurer appointment. I al ibutions or make any campaign expenditures without a campaign treasurer a	so understand that I may not accept any campaign						
		Signature of Candidate / Officeholder						
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••							
A.	CAMPAIGN FUNDS							
Che	ck only one:							
K	I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of ununexpended contributions or unexpended interest or income earned on pothis final report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirement.	rest or income earned on political contributions to nexpended contributions and that I may not retain political contributions longer than six years after filing It political contributions and unexpended interest or						
В.	ASSETS							
Chec	ck only one:							
X	I do not retain assets purchased with political contributions or interest or of	other income from political contributions.						
	I do retain assets purchased with political contributions or interest or othe that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to						
	EHOLDER							
· Com	nplete this section <i>only</i> if you are an officeholder ••							
	I am aware that I remain subject to filing requirements applicable to an officehofile. I am also aware that I will be required to file reporte of unexpended contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as an						
		Signature of Officeholder						

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# DON DUNCAN

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# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Comr	nission Filers)  2 Total pages filed:	OFFICE USE ONLY					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI  MR DON  NICKNAME LAST SUFFIX	CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION					
ORIGINAL REPORT TYPE      ORIGINAL PERIOD COVERED	January 15 Runoff Other (specify)  July 15 Exceeded \$500 limit  30th day before election 15th day after treasurer appointment (officeholder only)  Sth day before election Final report  Month Day Year  THROUGH 10 31 / 6	Date Hand-delivered or Date Postmarked  BY:  Amount \$  Date Processed					
6 EXPLANATION OF CO	PRECTION DIHIONAL Expense Added						
	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  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.						
NOTARY State of Comm. Exp.	or affirm, that any error or omission in the was made in good faith.	y after the date I learned te or incomplete. I swear, e report as originally filed					
Signature of officer admi	nistering oath  Printed name of officer administering oath	day ofCtobey_ 					
Rem	nember To Attach Any Part Of The Campaign Finance Rep Needed To Report And Explain Corrections	oort Form					

#### 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. MOTION THOSE
- 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.

Llesica Miroslava Crafts

NOTARY PUBLIC

# DUNCAN

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  FIRST  NICKNAME  DON  LAST	OFFICE USE ONLY  Date ReceivedMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE  6 CAMPAIGN TREASURER NAME	417 Countrysio	STATE; ZIP CODE  OR WIN  18352  EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Dunca STREET ADDRESS (NO PO BOX PLEASE); APT / SU 417 COUNTRYSIT	JITE#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 412-6529	HARLING	en Tex 78552
9 REPORT TYPE	DON DUNCAN  January 15 30th day before elected at the state of the sta	2- 1- 1- 1- 1	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Day Year
11 ELECTION	ELECTION DATE  Month Day Year Primary  General	ELECTION TYPE  Runoff  Other  Description  Special	CONTRACT OF THE PROPERTY OF TH
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN)  CAMERON  CONSTABLE	Country PCT \$
les pr	GO TO P	PAGE 2	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	N Du	ncan 15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE INDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHO NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IN JRES.	UT THE CANDIDATE'S OR OFFICEHOLDER'S			
INT OF PLECTIONS 2	COMMITTEE TYPE	COMMITTEE NAME	,			
. Physiotic cutchin	GENERAL		8			
nawar da	SPECIFIC	COMMITTEE ADDRESS				
	253					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages			, ,			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
re .						
17 CONTRIBUTION TOTALS		POLITICAL 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)	\$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 639,40					
	4. TOTAL POLITICAL EXPENDITURES \$ 639,44					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY of REPORTING PERIOD \$ 545.					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$			
18 AFFIDAVIT						
Maribel Diaz NOTARY PUBLIC State of Texas My Comm. Exp. 05/19/2020 Notary ID: 13066868-7  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 STAMP / SEALABOVE						
		David Dunga	10.20			
Sworn to and subscr			, this the			
day of U	day of, 20, to certify which, witness my hand and seal of office.					
Mulle	3	Maribel DiAZ A	e poty Gerk.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ (5)
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
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	\$ 0
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

#### 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	0					
8 Principal occupation / Job title (See Instructions) 9 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 Instructions)						
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 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)					
	-					
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	m.	1 Total pages Schedule A2:		
2 FILER NAME DON 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 Cod		Check if travel outside of Texas. Complete Schedule T.		
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	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				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sched	lule B:
2 FILER NAME	N Duncas		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F 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; 2	0		
			Check if travel outs	ide of Texas. Complete Schedule T.
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;			:
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occu	upation / 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; 2			· · ·
			Check if travel outsi	· de of Texas. Complete Schedule T.
Principal occi	upation / 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; Z			· · · ·
				de of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
				,
	ATTACH ADDITIONAL COPIES OF			
if a	contributor is out-of-state PAC, please see instr	uction quide for ea	Iditional reporting r	aduiromente

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#### **LOANS**

#### SCHEDULE E

l			
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
DON	Duncon		
4 TOTAL OF UN	NITEMIZED LOANS		\$ &
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
	<u> </u>		10 Interest rate
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
none			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
·	19 Character address: City	Pata Zin Codo	
	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 landon		Loan Amount (\$)
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan inoant (4)
Is lender a financial	Lender address; City; S	State; Zip Code	Interest rate
Institution?			Maturity date
YN	*		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were o	deposited into political
none		account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; S	State; Zip Code	
not applicable			,
Principal Occupation	on (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ON 4 Date 8 Check if travel outside of Texas. Complete Schedule T. (CAMP AIgh **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held CONSTABLE POT 45 expenditure to benefit C/OH Duncon Payee name Date Amount (\$) HARLINGED TX W: Tarler Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. FORL Expense PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Gas Candidate / Officeholder name Office held Complete ONLY if direct CONSTABLE PCT 45 CC expenditure to benefit C/OH いんし Junean Pavee name Date Star MORNING News Paper UAlleu Payee address; City; State; Zip Code HARLINGEN TX 18550 S. Commence ST Category (See Categories listed at the top of this schedule) Description CAMpaign Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Advertisement Candidate / Officeholder name Office sought Complete ONLY if direct Office held Constable Pot #5 expenditure to benefit C/OH on Duncan ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **UNPAID INCURRED OBLIGATIONS**

		EXPEN	DITURE CATE	GORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Legal Services	Expense emorials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Tetal Ochodula FO	0 ELED			``		0 =1 10 (51)
1 Total pages Schedule F2:	2 FILERI	J D	Unca	7		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UN	PAID INCL	JRRED OBLI	GATIONS		\$ -0 -
5 Date	6 Payee r	ame				
7 Amount (\$)	8 Payee a	address;	City; State;	Zip Code		
9 TYPE OF EXPENDITURE	Р	olitical		Non-Political		
10	(a) Catego	y (See Categorie	es listed at the top of th	is schedule)	(b) Descriptio	n
PURPOSE					Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE					Check if	f Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oł		idate / Office	holder name	Office	sought	Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;	City; State;	Zip Code		
TYPE OF EXPENDITURE	Po	olitical		Non-Political		
PURPOSE OF EXPENDITURE	Categor	y (See Categorie:	s listed at the top of thi	s schedule)		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeh	nolder name	Office s	sought	Office held
	ATTACH	ADDITION	AL COPIES OI	THIS SCHE	DULE AS NEE	DED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	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	v; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	•	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

#### **EXPENDITURES MADE BY CREDIT CARD**

	EXPE	NDITURE CATEG	ORIES FOR BO	X 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		ge Expense /lemorials Expense	Loan Repayment/Re Office Overhead/Res Polling Expense Printing Expense Salaries/Wages/Cor	ntal Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instru	ction Guide explains	s Itow to complete	this form.	
1 Total pages Schedule F4:	2 FILER NAME	unca	x)		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITUR	ES CHARGED	TOACREDIT	CARD	\$
5 Date	6 Payee name				
<b>7</b> Amount (\$)	8 Payee address;	City; State; 2	Zip Code		,
9 TYPE OF EXPENDITURE	Political		Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Category	ries listed at the top of this	schedule) (b		n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office	eholder name	Office sou	ght	Office held
Date	Payee name				
Amount (\$)	Payee address;	City; State; Z	ip Code		·
TYPE OF EXPENDITURE	Political		Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categori	es listed at the top of this s	chedule)		n avel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name	Office sou(	ght	Office held
		,			
	ATTACH ADDITION	NAL COPIES OF	THIS SCHEDUI	LE AS NEE	DED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (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 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 Date Payee name City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended (b) Description 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE H

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Office Overhead/Rental Expense Tran Polling Expense Tran Printing Expense Tran Salaries/Wages/Contract Labor Other	citation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Out Of District er (enter a category not listed above)
1 Total pages Schedule H: 4 Date	2 FILER NAME  5 Business name	3 Fi	ler ID (Ethics Commission Filers)
6 Amount (\$)	7 Business address; City; State; Zip	Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school	edule)  (b) Description  Check if travel outside of Texas.  Check if Austin, TX, officeho	·
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheen	Description Check if travel outside of Texas. C	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip (	Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description  Check if travel outside of Texas. Co	4
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDED	

# 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 DUNCH  5 Payee name	3 Filer ID (Ethics Commission Filers)
· Date	<b>3</b> i syss manic	
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.)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	DONDUNCAN	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if 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 A	S NEEDED	

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

#### SCHEDULE T

Í					1			
	uction Guide	explains	how to complete thi	is form.	1 Total pages Schedule T:			
2 FILER NAME	Dur	1 CA			3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor	/ Corporation	or Labor C	rganization / Pledgor /	Payee				
5 Contribution / Expend	diture reported	l on:			<del></del>			
Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	Schedule COH-UC Schedule B	-SS					
6 Dates of travel	7 Name o	f person(s	) traveling			- **		
8 Departure city or name of departure location								
	9 Destination city or name of destination location							
10 Means of transportation  11 Purpose of travel (including name of conference, seminar, or other event)					eminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	organization / Pledgor /	Payee				
Contribution / Expend	diture reported	lon:						
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		
Dates of travel	Name o	f person(s	) traveling					
	Departu	re city or n	ame of departure locati	on				
	Destinat	ion city or	name of destination loc	eation				
Means of transportat	l tion	Purpose of travel (including name of conference, seminar, or other			eminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	liture 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					
	Departur	e city or na	ame of departure locati	on				
	Destinati	on city or	name of destination loc	eation				
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)						
	AT	TACH AE	DITIONAL COPIES (	OF THIS SCHEDULE	AS NEEDED			

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete only if "Report Type" on page 1 is man	ete this form. ked "Final Report" ••
1 C/OI	DON DUNCAN	2 Filer ID (Ethics Commission Filers)
3 SIGI	NATURE	
- 0.01		
ing a	not expect any further political contributions or political expenditures in connection report as a final report terminates my campaign treasurer appointment. I also ributions or make any campaign expenditures without a campaign treasurer appointment.	understand that I may not accept any campaign
	·	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER omplete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	eck only one:	
Z	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
	I have unexpended contributions or unexpended interest or income earner may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political report. Further, I understand that I must dispose of unexpended income earned on political contributions in accordance with the requirements.	st or income earned on political contributions to expended contributions and that I may not retain citizal contributions longer than six years after filing political contributions and unexpended interest or
B.	ASSETS	
Che	ck only one:	
X	I do not retain assets purchased with political contributions or interest or oth	ner income from political contributions.
	I do retain assets purchased with political contributions or interest or other i that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased we requirements of Election Code, § 254.204.	st or other income from political contributions to
		Signature of Candidate
	CEHOLDER	
•• Con	nplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	itions if, after filing the last required report as an
		Signature of Officeholder

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