## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed. The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST ME OFFICE USE ONLY **OFFICEHOLDER** Wendy NAME Date Received LAST NICKNAME SUFFIX Duncan 4 CANDIDATE / ADDRESS / PO BOX, APT / SUITE #; STATE; ZIP CODE OFFICEHOLDER 22914 Chaus Ct. Katv. TX 77494 RECVD VIA EMAIL MAILING **ADDRESS** 07/05/2025 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)628-7228 PHONE Receipt # Amount S MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER James** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Logan STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CAMPAIGN STATE ZIP CODE **TREASURER** 5122 Long Branch Bend Fulshear, TX 77441 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE TREASURER PHONE 830-5489 (281 9 REPORT TYPE 15th day other campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Altach C/OH . FR) Reporting Limit Day 10 PERIOD Month Dav Year Month Veer COVERED 30 / 25 1 / 1 / 25 6 THROUGH FLECTION TYPE **ELECTION DATE** 11 ELECTION Other Month Day Description General Special OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 12 OFFICE Director, Austin Point MUD 1 N/A 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES, COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Wendy Duncan  |  | 16 Filer                                | 16 Filer ID (Ethics Commission Filers) |                           |  |
|---|--|---|--|---------------------------|--|
| 17 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) |   | \$                                     | 0.00                      |  |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |   | \$                                     | 0.00                      |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | TOTAL UNITEMIZED POLITICAL EXPENDITURE. |  | 0.00                      |  |
|   | 4. TOTAL POLITICAL EXPENDITURES  |   | \$                                     | 0.00                      |  |
| CONTRIBUTION<br>BALANCE   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD   | ST DAY                                  | \$                                     | 6,084.21                  |  |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD   | FTHE                                    | \$                                     | 0.00                      |  |
| 18 SIGNATURE 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  |  |   |  |                           |  |
|   |  |   |  |                           |  |
| Please complete either option below:  |  |   |  |                           |  |
|   |  |   |  |                           |  |
|   |  |   |  |                           |  |
| (1) Affidavit   |  |   |  |                           |  |
| NOTARY STAMP/SEAL   |  |   |  |                           |  |
| Sworn to and subscribed before me by this the day of  |  |   |  |                           |  |
| 20, to certify which, witness my hand and seal of office,   |  |   |  |                           |  |
| Signature of officer administer   | ering oath Printed name of officer administering oath  | 25.0                                    | Title of o                             | fficer administering oath |  |
| OR OR   |  |   |  |                           |  |
| (2) Unsworn Declarati   | on   |   |  |                           |  |
| My name is Wendy Duncan , and my date of birth is 11/18/1969  |  |   |  |                           |  |
| My address is 22915 C   | Chaus Ct. Katy T   | X, 7                                    | 77494                                  | USA                       |  |
| Executed in Fort Bend   |  | state)                                  | (zip code<br>, 2025<br>(ye             |                           |  |
| Signature of Candidate/Officeholder (Declarant)   |  |   |  |                           |  |