

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
3 COMMITTEE NAME Campaign to Elect Elton Mathis District Attorney		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O Box 443 Hempstead TX 77445	Date Received
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Gilbert Timothy	Date Hand-delivered or Date Postmarked 10/31/06
		NICKNAME LAST SUFFIX Tim Junek	Receipt # Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		Date Processed	
		Date imaged	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 18069 FM 359 Hempstead TX 77445	
8 CAMPAIGN TREASURER PHONE		STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P O Box 443 Hempstead TX 77445	
9 REPORT TYPE		AREA CODE PHONE NUMBER EXTENSION (979) 826-3860	
10 PERIOD COVERED		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
11 ELECTION		Month Day Year 11 / 7 / 2006 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

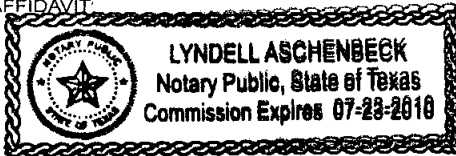
FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **Campaign to Elect Elton Mathis District Attorney** ACCOUNT # (Ethics Commission filers)

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Elton R Mathis
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Waller County Criminal District Attorney
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month / Day / Year / /
		DESCRIPTION

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,350.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,068.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

15 AFFIDAVIT



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.

Tim Junek
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Tim Junek**, this the **30th** day of **October**, 20 **06**, to certify which, witness my hand and seal of office.

Lyndell Aschenbeck
Signature of officer administering oath

LYNDELL ASCHENBECK
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1	
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/23/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James & Jennifer Hoffpauir	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1545 Tenth Street Hempstead TX 77445			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will K & Crista Adams	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 127 Katy TX 77492-0127			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D. J. Paris	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 147 Hempstead TX 77445			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas B Dupont Sr	Amount of contribution (\$) 2,203.99	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24546 Riley Road Plantersville TX 77363			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/23/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Junek	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18069 FM 359 Hempstead TX 77445			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

LOANS		SCHEDULE E
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 9-12-2005	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim & Jill Junek	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 18069 FM 359 Hempstead TX 77445	10 Interest rate 10.25 %
		11 Maturity date 9-8-2006
12 Principal occupation / Job title (See Instructions) Chief Financial Officer		13 Employer (See Instructions) Bellville ISD
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor N/A 17 Guarantor address; City; State; Zip Code N/A	18 Amount Guaranteed (\$) NA
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/11/06	5 Payee name Waller County Fair Assn 6 Payee address; City; State; Zip Code P O Box 911 Hempstead TX 77445	7 Amount (\$) 800.00
8 Purpose of payment (See instructions regarding type of information required.) fair support advertising		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/06	Payee name The Times Tribune Payee address; City; State; Zip Code P O Box 1548 Brookshire TX 77423	Amount (\$) 668.25
Purpose of payment (See instructions regarding type of information required.) Campaign Ads		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/06	Payee name Johnson Graphics - Waller Times Ad Payee address; City; State; Zip Code P O Box 509 Waller TX 77484	Amount (\$) 401.63
Purpose of payment (See instructions regarding type of information required.) Ad Exp - Waller Times		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/12/06	Payee name US Postmaster - Hempstead Payee address; City; State; Zip Code Hempstead TX 77445	Amount (\$) 15.60
Purpose of payment (See instructions regarding type of information required.) Postage & Mailing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **Campaign to Elect Elton Mathis District Attorney** 3 ACCOUNT # (Ethics Commission filers)

4 Date 10/17/06	5 Payee name Holly Mathis	7 Amount (\$) 101.66
6 Payee address; City; State; Zip Code 1206 13th Street Hempstead TX 77445		

8 Purpose of payment (See instructions regarding type of information required.) Reimb for campaign meeting 10-21-06	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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10/11/06	Hotline Press	234.00
1116 Austin Hempstead TX 77445		

Purpose of payment (See instructions regarding type of information required.) Ad Expense	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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10/20/06	US Postmaster Hempstead	557.70
Hempstead TX 77445		

Purpose of payment (See instructions regarding type of information required.) Postage / Mailing Exp	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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10/27/06	White Dove of Hope	290.00
30628 FM 1488 Waller TX 77484		

Purpose of payment (See instructions regarding type of information required.) Booth and Banners	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED