

**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: 8
3 COMMITTEE NAME Campaign to Elect Elton Mathis District Attorney		OFFICE USE ONLY Date Received <i>Recd. 11/10/07 at 1:25 PM</i> CHERYL PETERS, COUNTY CLERK WALLER COUNTY, TEXAS BY <i>Louise Perry</i> DEPUTY Date Hand-delivered or Date Postmarked	
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	Receipt # Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gilbert Timothy NICKNAME LAST SUFFIX Tim Junek	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18069 FM 359 Hempstead TX 77445	Date Hand-delivered or Date Postmarked	
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 443 Hempstead TX 77445	Date Hand-delivered or Date Postmarked	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3860	Date Hand-delivered or Date Postmarked	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 30 / 2006 THROUGH 1 / 15 / 2007		
11 ELECTION	ELECTION DATE 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**

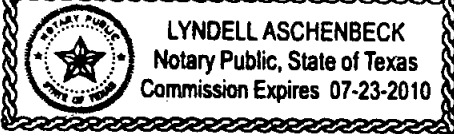
**FORM SPAC
COVER SHEET PG 2**

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 <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME Elton R Mathis	
		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	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,674.10
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	\$ 0.00

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 Juneke
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Juneke, this the 9th day of January, 2007, to certify which, witness my hand and seal of office.

Lyndell Aschenbeck **LYNDELL ASCHENBECK** **NOTARY PUBLIC**
Signature of officer administering oath Printed name of officer administering oath 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: 2	
2 FILER NAME Campaign to Elect Elton Mathis District Attorney			3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Trey Duhon 6 Contributor address; City; State; Zip Code 2611 Washington Suite A Waller, TX 77484	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
11/13/06	C A Menke Contributor address; City; State; Zip Code 17430 Cochran Road Hempstead TX 77445	100.00		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
11/13/06	Turner Partners Architects Contributor address; City; State; Zip Code 333 Cypress Run Suite 350 Houston TX 77094	500.00		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
11/13/06	Thomas Dupont Sr Contributor address; City; State; Zip Code 1900 North Loop West #430 Houston Tx 77018	1,000.00		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
11/13/06	Travers & Travers Contributor address; City; State; Zip Code 20501 Katy Freeway Katy Tx 77454	100.00		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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

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

4 Date 10/29/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Turner	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3333 Cypress Run Ste 350 Houston Tx 77094			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

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)
TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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: 3
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/2/06	5 Payee name West I-10 Chamber of Commerce 6 Payee address; City; State; Zip Code P O Box 100 Pattison TX 77466	7 Amount (\$) 70.00
8 Purpose of payment (See instructions regarding type of information required.) Banquet Tickets		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/9/06	Payee name Holly Mathis Payee address; City; State; Zip Code 1206 13th Street Hempstead TX 77445	Amount (\$) 15.53
Purpose of payment (See instructions regarding type of information required.) Reimb for Sign Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/14/06	Payee name Times Tribune Payee address; City; State; Zip Code P O Box 1548 Brookshire Tx 77423	Amount (\$) 44.00
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
Date 11/15/06	Payee name Hotline Press Payee address; City; State; Zip Code 1116 Austin Hempstead Tx 77445	Amount (\$) 24.00
Purpose of payment (See instructions regarding type of information required.) Ad exp		** 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: **3**

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

4 Date 11/15/06	5 Payee name Waller Times	7 Amount (\$) 34.00
6 Payee address; City; State; Zip Code P O Box 1548 Brookshire Tx 77423		

8 Purpose of payment (See instructions regarding type of information required.) Ad Expense	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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11/22/06	Texas Dist & Cty Attorneys Assn	375.00
1210 Nueces Austin Tx 78701		

Purpose of payment (See instructions regarding type of information required.) Conference Fees & Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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12/7/06	State Bank	10,253.40
P O Box B La Grange Tx 78945		

Purpose of payment (See instructions regarding type of information required.) Campaign Loan Pay-off	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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12/7/06	Turners Partners Architects	500.00
333 Cypress Run Suite 350 Houston Tx 77094		

Purpose of payment (See instructions regarding type of information required.) Contribution Return - Non Qualified Contribution	** 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

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/30/06	5 Payee name Elton Mathis <hr/> 6 Payee address; City; State; Zip Code 1206 13th Street Hempstead Tx 77445	7 Amount (\$) 232.87
8 Purpose of payment (See instructions regarding type of information required.) Reception Expenses - Reimb for Supplies		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/2/06	Payee name Copy Corner <hr/> Payee address; City; State; Zip Code 1401 Texas Avenue College Station Tx 77486	Amount (\$) 125.30
Purpose of payment (See instructions regarding type of information required.) Campaign Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name <hr/> Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		