

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: <div style="text-align: center; font-size: 24px; color: blue;">4</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:30%; font-size: 8px;">FIRST</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Elton</td> <td style="text-align: center;">R.</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 18px;">MATHIS</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mr. Elton	R.		NICKNAME	LAST	SUFFIX			MATHIS			OFFICE USE ONLY Date Received <div style="font-size: 18px; color: blue; font-weight: bold;">Waller County Elections</div> <div style="font-size: 24px; color: red; font-weight: bold;">JAN 15 2019</div> <div style="font-size: 18px; color: blue; font-weight: bold;">Received</div> Date Hand-delivered or Date Postmarked						
MS / MRS / MR	FIRST	MI																						
	Mr. Elton	R.																						
NICKNAME	LAST	SUFFIX																						
	MATHIS																							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 23316 MARK WASHINGTON Hempstead, TX 77445																							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-7718																							
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:30%; font-size: 8px;">FIRST</td> <td style="width:10%; font-size: 8px;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Elton</td> <td style="text-align: center;">R.</td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: 18px;">MATHIS</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mr. Elton	R.		NICKNAME	LAST	SUFFIX			MATHIS			Receipt # Amount \$ Date Processed Date Imaged						
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	Mr. Elton	R.																						
NICKNAME	LAST	SUFFIX																						
	MATHIS																							
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23316 MARK WASHINGTON Hempstead, TX 77445																							
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)													
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Year</td> <td style="width: 20%;"></td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">7</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">1</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">12</td> <td style="text-align: center; font-size: 24px;">/</td> <td style="text-align: center; font-size: 24px;">15</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">18</td> <td colspan="2" style="text-align: center; font-size: 18px;">THROUGH</td> <td></td> <td style="text-align: center; font-size: 24px;">19</td> <td colspan="2"></td> </tr> </table>			Month	Day	Year		Month	Day	Year	7	/	1	/	12	/	15	18	THROUGH			19		
Month	Day	Year		Month	Day	Year																		
7	/	1	/	12	/	15																		
18	THROUGH			19																				
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																						
12 OFFICE	OFFICE HELD (if any) WALLER CO CRIMINAL D.A.	13 OFFICE SOUGHT (if known) SAME																						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

ELTON R. MATHIS

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

N/A

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 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)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 100.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 48.66

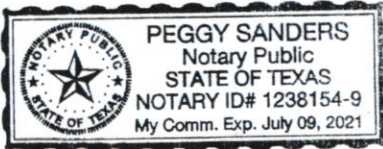
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ELTON R. MATHIS, this the 15th day of JANUARY, 20 19, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Peggy Sanders
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>ELTON R. MATHIS</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u> </u>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <u> </u>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <u> </u>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <u> </u>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <u> </u>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <u> </u>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <u>100.00</u>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u> </u>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u> </u>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <u> </u>

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
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 G: <u>1</u>	2 FILER NAME <u>ELTON R. MATHIS</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>10-1-18</u>	5 Payee name <u>WALLER CO. FAIR ASSOC.</u>	
6 Amount (\$) <u>100.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>P.O. Box 911</u> <u>Hempstead, TX 77445</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name <u>N/A</u>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED