# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Denise		МІ	OFFICE USE ONLY
IVAIVIE	NICKNAME	Mattox,	am.	SUFFIX	Waller Co. Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		APT / SUITE #; C	CITY; STA	ATE; ZIP CODE	JUL 1 5 2021 RECEIVED
Change of Address	Hemps	HEad, TX T	7445		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	TENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Denise		МІ	Receipt # Amount \$  Date Processed
17.10	NICKNAME	Mattox	(	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #;	CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE SOLME	PHONE NUMBER	EXT	ENSION	
9 REPORT TYPE	January 15	30th day before el	lection	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Day Year / O\ / 2021.	THROUGH	Month O V	Day Year / 30 / 202 \
11 ELECTION	*ELECTION DA	Year Primary General	Runoff	Other Description	
12 OFFICE	OFFICE HELD (if any)		<b>13</b> OFF	FICE SOUGHT (if known)	-
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MA	ADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT NOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	SS	
		GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Denise	Matox, m.D.	16 Filer ID (Eth	ics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	$\varnothing$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	$\phi$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	48.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	48.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	er.O	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	245.00	
1	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct an	d includes all information	
re	quired to be reported by me under Title 15, Election Code	1 1		
Signature of Candidate or Officeholder				
	Please complete either option below	<i>/</i> :		
(1) Affidavit  NOTARY STAMP/SEA	Sharon Boothe-Smith My Commission Expires 07/16/2023 1D No. 132088122			
Sworn to and subscribed	before me by A. Devise Matrox this the	14 day (	of July,	
20 31 , to certify	which, witness my hand and seal of office.  SHARON BOOKE- Smith	NOTATY	1	
Signature of officer administ			officer administering oath	
	OR		De la jeun jeun je	
(2) Unsworn Declarat	on			
My name is	, and my date of birth is			
My address is				
,		state) (zip cod	le) (country)	
Executed in	County, State of, on the day of	, 20 <u>(y</u>	rear)	
	Signature of Candid	date/Officeholder	(Declarant)	

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	ommission File	ers)
	Denise Mattox, m.D.		013)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBT	OTAL OUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$ 4	8,00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4	8,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	4
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED FLORELER	\$	

## LOANS

## SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	1 Total pages Schedule E:				
2 FILER NAME De	rise Mattox, 18	3 Filer ID (Ethics Commission Filers)			
	NITEMIZED LOANS	\$ 49.00			
5 Date of loan	7 Name of lender out-of-state	\$ 48,00 9 Loan Amount (\$)			
6 Is lender a financial Institution? Y N	8 Lender address; City;	State; Zip Code	10 Interest rate		
12 Deinsing assumpti	/ John Miller (Constructions)	13 Employer (See Instructions)	$\varphi$		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	Each.		
14 Description of Coll	ateral	Check if personal fur account (See Instruc	nds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion : (See :Instructions)	. 21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate Maturity date		
Y N					
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fun	nds were deposited into political		
none		account (See Instruc			
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address, City;	State; Zip Code			
not applicable					
Principal Occupation	on (See Instructions)	Employer (See Instructions)			
If Is	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NE estruction guide for additional re			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B : Candidate/Officeholder/Politica		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 Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explain	is how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Desise Mattox Mi	5	3 Filer ID (Ethics Commission Filers)	
4 Date 201 01-06 38 +h	5 Payee name First National Bank	L of Benvine		
6 Amount (\$) 48.00	7 Payee address; Bellville, TX	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Fees	WONTH ?	Service Fee	
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	· Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	chedule) Description		
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	7		
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description		
	Check if travel outside of Texas, Complete Sc	chedule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED	