

# 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: <b>4</b>  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br><i>Mr.</i>  | FIRST<br><i>Elton</i>                                 | MI<br><i>R.</i>  |
|  | NICKNAME   | LAST<br><i>MATHIS</i>                                 | SUFFIX   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>P.O. Box 438<br/>Hempstead, TX 77445</i>  |   |  |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><i>(979) 826-7718</i>  |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br><i>Mr.</i>  | FIRST<br><i>Elton</i>                                 | MI<br><i>R.</i>  |
|  | NICKNAME   | LAST<br><i>MATHIS</i>                                 | SUFFIX   |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>645 12th Street<br/>Hempstead, TX 77445</i>  |   |  |
|  | 8 CAMPAIGN TREASURER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><i>(979) 826-7718</i>  |   |  |
| 9 REPORT TYPE  | <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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |   |  |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br><i>7 / 1 / 2021    THROUGH    12 / 31 / 2021</i>  |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><i>3 / 1 / 2022</i>   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |
|  | 12 OFFICE<br>OFFICE HELD (if any)<br><i>WALLER CO. D.A.</i>  | 13 OFFICE SOUGHT (if known)<br><i>WALLER CO. D.A.</i> |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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  |  |
|  | <input type="checkbox"/> GENERAL   | <i>N/A</i>  |  |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE ADDRESS                                     |  |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME                     |  |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |  |

**OFFICE USE ONLY**

Date Received

Waller Co. Elections

**JAN 19 2022**

RECEIVED

Date Hand-delivered or Date Postmarked

|           |           |
|-----------|-----------|
| Receipt # | Amount \$ |
|           |           |

Date Processed

Date Imaged

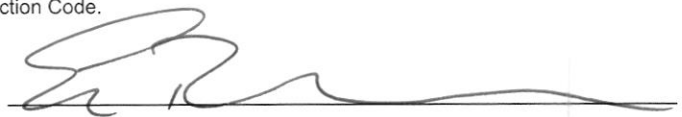
**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

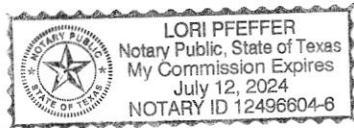
|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b> <u>Elton R. Mathis</u> |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>              | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$0.00  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$0.00  |
| <b>EXPENDITURE TOTALS</b>                  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$0.00  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$2,450.00                                    |
| <b>CONTRIBUTION BALANCE</b>                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$24.17                                       |
| <b>OUTSTANDING LOAN TOTALS</b>             | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$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 ELTON R. MATHIS this the 19<sup>th</sup> day of JANUARY, 2022, to certify which, witness my hand and seal of office.

Lori Pfeffer Lori Pfeffer NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Elton R. Mathis</i>   |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ N/A                                 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ N/A                                 |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ N/A                                 |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ N/A                                 |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ N/A                                 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ N/A                                 |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ N/A                                 |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ N/A                                 |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 2,450.00                            |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ N/A                                 |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ N/A                                 |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ N/A                                 |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule G:<br>1   | <b>2</b> FILER NAME<br>Hon R. MATHIS   | <b>3</b> Filer ID (Ethics Commission Filers)      |
| <b>4</b> Date<br>11-13-2021   | <b>5</b> Payee name<br>WALLER CO. REPUBLICAN PARTY   |   |
| <b>6</b> Amount (\$)<br>1,250.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address:<br>32623 FM 1488<br>Hempstead, TX 77445  | City: State: Zip Code                             |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>FEES  | <b>(b)</b> Description<br>Filing Fee for election |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate / Officeholder name  | Office sought Office held                         |
| Date<br>11-15-2021  | Payee name<br>WALLER CO. AFRICAN AMERICAN COMMITTEE HERITAGE   |   |
| Amount (\$)<br>1,000.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address:<br>31315 FM 2920 #14<br>WALLER, TX 77484  | City: State: Zip Code                             |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Memorial Expense   | Description<br>DONATION FOR MEMORIAL              |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought Office held                         |
| Date<br>9-2-21  | Payee name<br>WALLER CO. FAIR ASSOC.   |   |
| Amount (\$)<br>200.00<br><input checked="" type="checkbox"/> Reimbursement from political contributions intended            | Payee address:<br>P.O. Box 911<br>Hempstead, TX 77445  | City: State: Zip Code                             |
| <b>8</b> PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Event Expense  | Description<br>Senior Citizen Day                 |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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 NEEDED**