

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.

1 Filer ID
(Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Denise

Mattox

OFFICE USE ONLY

Date Received

Waller Co. Elections

FEB 26 2024

RECEIVED

4 CANDIDATE
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

40904 FM 529 Rd
Hempstead, TX 77445

5 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 645-1664

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Denise

Mattox

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

40904 FM 529 Rd
Hempstead, TX 77445

Date Processed

Date Imaged

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979) 645-1664

9 REPORT TYPE

January 15

30th day before convention / election

Runoff

July 15

8th day before convention election

Final report (Attach SC C/OH - FR)

10 PERIOD
COVERED

Month Day Year

Month Day Year

1 / 26 / 2024

THROUGH

2 / 24 / 2024

11 CONVENTION /
ELECTION
DATE

Month Day Year

3 / 5 / 2024

12 OFFICE SOUGHT

Chair

STATE CHAIR

COUNTY CHAIR

13 POLITICAL
PARTY

COUNTY (If Applicable)

Waller County Democratic Party

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

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

15 CANDIDATE NAME <i>Denise Mattox</i>		16 Filer ID (Ethics Commission Filers) <i>N/A.</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>75.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>25.99</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1,485.24</i>

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.

Denise Mattox
Signature of Candidate

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Denise Mattox* this the *26* day of *February*, 20*24*, to certify which, witness my hand and seal of office.

J Dozier Signature of officer administering oath
Jessica Dozier Printed name of officer administering oath
Notary Public 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____.

Signature of Candidate (Declarant)

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

19. CANDIDATE NAME <i>Denise Mattox</i>		20. Filer ID (Ethics Commission Filers) <i>N/A.</i>
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>∅</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>50.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>75.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>∅</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>∅</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>∅</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>∅</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>∅</i>

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: ①
2 FILER NAME <i>Denise Mattox</i>		3 Filer ID (Ethics Commission Filers) N/A.
4 TOTAL OF UNITEMIZED LOANS		\$ \emptyset
5 Date of loan <i>1/31/2024</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Mattox</i>	9 Loan Amount (\$) <i>25.00</i>
6 Is lender a financial Institution? <i>Y (N)</i>	8 Lender address; City; State; Zip Code <i>40904 FM 509 Rd, Hempstead TX 77446</i>	10 Interest rate <i>\emptyset</i>
		11 Maturity date <i>\emptyset</i>
12 Principal occupation / Job title (See Instructions) <i>Waller County Field Rep</i>		13 Employer (See Instructions) <i>U.S. Department of Commerce</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) <i>N/A</i>		21 Employer (See Instructions)
Date of loan <i>2/20/2024</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Mattox</i>	Loan Amount (\$) <i>25.00</i>
Is lender a financial Institution? <i>Y (N)</i>	Lender address; City; State; Zip Code <i>40904 FM 519 Rd Hempstead TX 77445</i>	Interest rate <i>\emptyset</i>
		Maturity date <i>\emptyset</i>
Principal occupation / Job title (See Instructions) <i>Waller County Field Rep</i>		Employer (See Instructions) <i>U.S. Dept. of Commerce</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions) <i>N/A</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: ①	2 FILER NAME Denise Mattox	3 Filer ID (Ethics Commission Filers) N/A.
4 Date 2/9/2024	5 Payee name Jamie Branch.	
6 Amount (\$) 25.00	7 Payee address; City; State; Zip Code Prairie View, Texas 77446	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution Made by Office Holder	(b) Description Campaign Contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jamie Branch	Office sought Comm. Pet 3
		Office held None
Date 2/14/2024	Payee name Carla Richardson Foster	
Amount (\$) 25.00	Payee address; City; State; Zip Code Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Made By Office Holder	Description Campaign Contribution.
	<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 Carla Richardson Foster	Office sought Comm. Pet 3
		Office held None
Date 2/21/2024	Payee name St. Francis Mens Prayer Breakfast.	
Amount (\$) 25.00	Payee address; City; State; Zip Code Dobey St. Prairie View, TX 77446	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Office Holder	Description Charitable Donation.
	<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