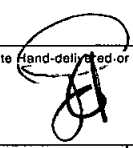


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

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: 11
3 COMMITTEE NAME Campaign to Elect Elton Mathis District Attorney		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address P O Box 443 Hempstead TX 77445		Date Received	
5 CAMPAIGN TREASURER NAME Mr. Gilbert Timothy Tim Junek		Date Hand-delivered or Date Postmarked 	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business) 18069 FM 359 Hempstead TX 77445		Receipt #	Amount
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address P O Box 443 Hempstead TX 77445		Date Processed	
8 CAMPAIGN TREASURER PHONE (979) 826-3860		Date Imaged	
9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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 2 / 28 / 2006 7 / 15 / 2006			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 13 / 2006			
GO TO PAGE 2			

**SPECIFIC-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

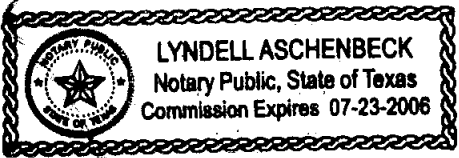
**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Campaign to Elect Elton Mathis District Attorney	ACCOUNT # (Ethics Commission filers)
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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	CANDIDATE / OFFICEHOLDER NAME Elton R Mathis
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Waller County Criminal District Attorney
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # <div style="text-align: right;"> ELECTION DATE Month Day Year / / / </div>
	DESCRIPTION	

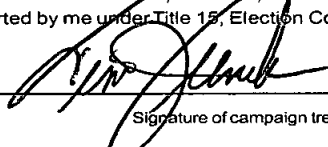
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,575.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,899.36
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	\$ 10,000.00

15 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

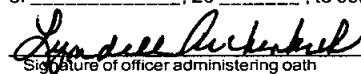
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct, and includes all information required to be reported by me under Title 15, Election Code.



 Signature of campaign treasurer

Tim Junek

Sworn to and subscribed before me, by the said _____, this the 15th day of July, 2006, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

LYNDELL ASCHENBECK

 Printed name of officer administering oath

NOTARY PUBLIC

 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 3/15/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas J McMinn	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 24280 Becker Road Hempstead TX 77445			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John B. Stokes Jr	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 37438 FM 2979 Hempstead TX 77445			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frierson Living Trust	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 93 Waller TX 77484			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W. M. Eplen	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 37184 Brumlow Road Hempstead TX 77445			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis A. Tsakiris	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2310 Baker Road Houston TX 77094			
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 4/21/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Magness	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5810 Diemer Road Brookshire TX 77423			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 6/28/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas G Mincy	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 757 Pattison TX 77466			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7/7/06	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arthur & Ann Davis	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P O Box 451 Katy TX 77492-0451			
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 (\$)	
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 (\$)	
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.

PLEGGED CONTRIBUTIONS				SCHEDULE B
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule B: 1	
2 FILER NAME Campaign to Elect Elton Mathis District Attorney			3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒				\$ NONE
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)	
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.				

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C: 1	
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission files)	
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PLEGGED CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE D

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule D:

1

2 FILER NAME
Campaign to Elect Elton Mathis District Attorney

3 ACCOUNT # (Ethics Commission filers)

Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	6 Corporation / Labor Organization address; City; State; Zip Code		
	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan 9-12-2005	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim & Jill Junek	9 Loan Amount (\$) 10,000.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 18069 FM 359 Hempstead TX 77445	10 Interest rate 5.75 %
		11 Maturity date 9-8-2006
12 Principal occupation / Job title (See Instructions) Chief Fianacial Officer		13 Employer (See Instructions) Bellville ISD
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor N/A 17 Guarantor address; City; State; Zip Code N/A	18 Amount Guaranteed (\$) NA
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?	Lender address; City; State; Zip Code	Interest rate
Y N		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 3/10/06	5 Payee name State Bank	7 Amount (\$) 326.81
6 Payee address; City; State; Zip Code P O Box 575 Hempstead TX 77445		

8 Purpose of payment (See instructions regarding type of information required.) Loan Interest	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/16/06	Payee name Waller County News Citizen	Amount (\$) 51.35
Payee address; City; State; Zip Code 705 12 St Hempstead TX 77445		

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
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Date 3/16/06	Payee name Good Signs	Amount (\$) 64.95
Payee address; City; State; Zip Code 2640 25th Street Hempstead TX 77445		

Purpose of payment (See instructions regarding type of information required.) Campaign Signs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/19/06	Payee name Elton Mathis	Amount (\$) 75.00
Payee address; City; State; Zip Code 1206 13th Street Hempstead TX 77445		

Purpose of payment (See instructions regarding type of information required.) Reimb for WC news citizen costs	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 6/19/06	5 Payee name Commercial Printing 6 Payee address; City; State; Zip Code P O Box 289 Clifton TX 76634	7 Amount (\$) 76.65
8 Purpose of payment (See instructions regarding type of information required.) Ad Campaign Graphics		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2/20/06	Payee name US Postmaster Payee address; City; State; Zip Code Hempstead TX 77445	Amount (\$) 83.60
Purpose of payment (See instructions regarding type of information required.) Box Rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/13/06	Payee name Elton Mathis Payee address; City; State; Zip Code 1206 13th Street Hempstead TX 77445	Amount (\$) 298.25
Purpose of payment (See instructions regarding type of information required.) Ad Expense Reimbursement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/26/06	Payee name Hempstead Chamber of Commerce Payee address; City; State; Zip Code P O Box 571 Hempstead TX 77445	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Watermelon Festival Sponsorship		** 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 6/19/06	5 Payee name Elton R Mathis	7 Amount (\$) 672.75
6 Payee address; City; State; Zip Code 1206 13th Street Hempstead TX 77445		
8 Purpose of payment (See instructions regarding type of information required.) Reimb for Campaign Exp - News Ads		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name 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 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 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		