

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) <b>NIA</b>	2 Total pages filed: <b>3</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Elton</b>	MI <b>R.</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>2008 JAN 11 PM 4:51</b> <b>FILED</b> <b>WALLER COUNTY CLERK</b> <b>ELECTIONS DIVISION</b>
	NICKNAME <b>Mathis</b>	LAST	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>1206 13th</b>	APT / SUITE #;	CITY; <b>Hempstead, TX</b>	STATE; <b>TX</b>	ZIP CODE <b>77445</b>	Date Hand-delivered or Date Postmarked  Receipt #  Date Processed  Date Imaged
<input type="checkbox"/> Change of Address						

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(979)</b>	PHONE NUMBER <b>826-6707</b>	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Tim</b>	MI	Date Processed  Date Imaged
	NICKNAME <b>Junek</b>	LAST	SUFFIX	

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <b>18069 FM 359 Hempstead, TX</b>	APT / SUITE #;	CITY; <b>TX</b>	STATE; <b>TX</b>	ZIP CODE <b>77445</b>
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8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(979)</b>	PHONE NUMBER <b>826-3860</b>	EXTENSION
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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)			
	<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)			

10 PERIOD COVERED	Month Day Year <b>7 / 15 / 07</b>	THROUGH	Month Day Year <b>12 / 31 / 08</b>
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11 ELECTION	ELECTION DATE Month Day Year <b>11 / 2 / 2010</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any) <b>Waller Co. Criminal D.A.</b>	13 OFFICE SOUGHT (if known)
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14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

15 C/OH NAME Elton R. Mathis 16 ACCOUNT # (Ethics Commission Filers) N/A.

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

GENERAL  
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME Campaign to Elect Elton R. Mathis District Attorney

COMMITTEE ADDRESS 18069 FM 359 Hempstead, TX 77445

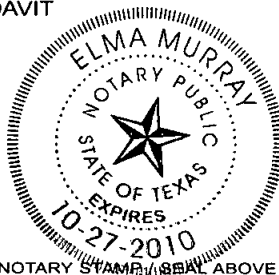
COMMITTEE CAMPAIGN TREASURER NAME Tim Junk

COMMITTEE CAMPAIGN TREASURER ADDRESS 18069 FM 359 Hempstead, TX 77445

additional pages

18 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 \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 125.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY 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]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elton R. Mathis, this the 10<sup>th</sup> day of JAN, 20 08, to certify which, witness my hand and seal of office.

[Signature] Elma Murray Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:  
1

2 FILER NAME

*Elton R. Mathis*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*1/7/2008*

5 Payee name

*Waller Co. Republican Party*

6 Payee address; City; State; Zip Code

*P.O. Box 451 Katy, TX 77492*

8 Amount (\$)

*\$125.00*

7 Purpose of expenditure (See instructions regarding type of information required.)

*Sponsorship of Lincoln Day Dinner*  
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

(If travel outside of Texas, complete Schedule T)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED