

**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: 5
3 COMMITTEE NAME Campaign to Elect Elton Mathis District Attorney		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 443 Hempstead TX 77445	Date Received 2008 JAN 15 PM 4:38	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Gilbert Timothy NICKNAME LAST SUFFIX Tim Junek	Receipt #	Amount
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18069 FM 359 Hempstead TX 77445	Date Processed	Date Imaged
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 443 Hempstead TX 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3860		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input 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 7 / 15 / 2007 1 / 15 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 2006	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

**RECEIVED
WALLER COUNTY CLERK
ELECTIONS DIVISION**

**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)

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 / #
	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)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	100.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	111.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

15 AFFIDAVIT

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 campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Junek, this the 15th day of January, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Dena Nolan
Printed name of officer administering oath

Notary
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: 1	
2 FILER NAME Campaign to Elect Elton Mathis District Attorney		3 ACCOUNT # (Ethics Commission filers)	
Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:.....)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
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.

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)
TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address: City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
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? Y N	Lender address: City; State; Zip Code	Interest rate
		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:
1

2 FILER NAME **Campaign to Elect Elton Mathis District Attorney** **3** ACCOUNT # (Ethics Commission filers)

4 Date 8/20/07	5 Payee name Waller County Peace Officers Association	7 Amount (\$) 100.00
6 Payee address; City; State; Zip Code 833 Taylor Lane Waller, Texas 77484		

8 Purpose of payment (See instructions regarding type of information required.) Benov Support	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

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	Amount (\$)
	Payee address; City; State; Zip Code	

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	Amount (\$)
	Payee address; City; State; Zip Code	

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