

**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) <i>N/A</i>	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i> NICKNAME	FIRST <i>Elton</i> LAST	MI <i>R.</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			OFFICE USE ONLY Date Received 2009 DEC 31 AM 10:24 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged FILED WALLER COUNTY CLERK ELECTIONS DIVISION
5 CANDIDATE / OFFICEHOLDER PHONE			
6 CAMPAIGN TREASURER NAME			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)			
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS			

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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 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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

\$115.00

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

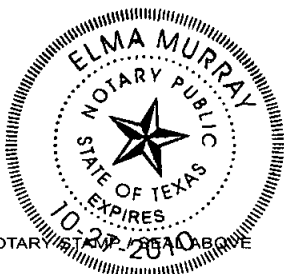
\$0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$0.00

19 AFFIDAVIT



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

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said *Elton R. Mathis*, this the *7th* day of *Jan.*, 20 *09*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Elma Murray
Printed name of officer administering oath

Notary Public
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)

N/A

4 Date

7/7/08

5 Payee name

Times Tribune

6 Payee address; City; State; Zip Code

921 Cooper Brookshire, TX 77423

8 Amount (\$)

\$10.00

7 Purpose of expenditure (See instructions regarding type of information required.)
Fourth of July Advertisement
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/29/08

Payee name

Times Tribune

Payee address; City; State; Zip Code

921 Cooper Brookshire, TX 77423

Amount (\$)

\$15.00

Purpose of expenditure (See instructions regarding type of information required.)
labor Day Advertisement
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/29/08

Payee name

Times Tribune

Payee address; City; State; Zip Code

921 Cooper Brookshire, TX 77423

Amount (\$)

\$30.00

Purpose of expenditure (See instructions regarding type of information required.)
Back to school advertisement
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

Date

9/20/08

Payee name

Pattison Volunteer Fire Dept.

Payee address; City; State; Zip Code

2950 FM 359 N. Pattison, TX 77466

Amount (\$)

\$60.00

Purpose of expenditure (See instructions regarding type of information required.)
Auction purchase to support VFD
(If travel outside of Texas, complete Schedule T)

Reimbursement from political contributions intended

~~Date~~

~~Payee name~~

~~Payee address; City; State; Zip Code~~

~~Amount (\$)~~

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

~~(If travel outside of Texas, complete Schedule T)~~

~~Reimbursement from political contributions intended~~

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED