

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) N/A	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Elton MI: R. NICKNAME: _____ LAST: MATHIS SUFFIX: _____	<div style="border: 2px solid black; padding: 5px;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0;">Date Received</p> <p style="margin: 0; font-size: 2em; text-align: center;">2009 JUL 6 PM 3:57</p> <p style="margin: 0; text-align: center; font-weight: bold;">FILED WALLER COUNTY CLERK ELECTIONS DIVISION</p> <p style="margin: 0;">Date Hand-delivered or Date Postmarked</p> <p style="margin: 0;">Receipt # Amount</p> <p style="margin: 0;">Date Processed</p> <p style="margin: 0;">Date Imaged</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1206 13th Hempstead, TX 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-6707		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Tim MI: G. NICKNAME: _____ LAST: JuneK SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18069 FM 359 Hempstead, TX 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-3860		
9 REPORT TYPE	<input 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 checked="" 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 THROUGH Month Day Year 1 / 16 / 2009 7 / 15 / 2009		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Waller Co. Crim. D.A.	13 OFFICE SOUGHT (if known) SAME - W.C.D.A.	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** 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: _____		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME ETHAN 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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 811.00
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 16, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ETHAN R. Mathis, this the 6 day of July, 2009, to certify which, witness my hand and seal of office.

[Signature] Joanne Gregory Notary Public - TX
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:

2

2 FILER NAME

Elton R. Mathis

3 ACCOUNT # (Ethics Commission filers)

N/A

<p>4 Date 3/5/09</p>	<p>5 Payee name Republican Party of Weller Co.</p> <p>6 Payee address; City; State; Zip Code P.O. Box 697 Pattison, TX 77466</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Lincoln Day Dinner Sponsorship (If travel outside of Texas, complete Schedule T)</p>	<p>8 Amount (\$) \$125.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 3/20/09</p>	<p>Payee name Friends of Royal FFA</p> <p>Payee address; City; State; Zip Code 2726 Bell Bottom Circle Brookshire, TX 77423</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Donation for FFA project purchases (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) \$200.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 4/2/09</p>	<p>Payee name Trey Duhon</p> <p>Payee address; City; State; Zip Code 31774 Bruner Road Weller, TX 77484</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Car sponsorship - White Dove of Hope (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) \$250.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 5/5/09</p>	<p>Payee name Times Tribune</p> <p>Payee address; City; State; Zip Code P.O. Box 1549 Brookshire, TX 77423</p> <p>Purpose of expenditure (See instructions regarding type of information required.) FFA Sponsorship Advertisement (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) \$55.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 5/11/09</p>	<p>Payee name U.S. Postal Service</p> <p>Payee address; City; State; Zip Code U.S. Post Office Hempstead, TX 77445</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Campaign P.O. Box Rental (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) \$56.00</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2

2 FILER NAME

Etton R. Mathis

3 ACCOUNT # (Ethics Commission files)

N/A

4 Date	5 Payee name	8 Amount (\$)
6/29/09	W.C.B.C.	\$125.00
	6 Payee address: City, State, Zip Code	
	1191 Scroggins Lane Walker, TX 77484	
	7 Purpose of expenditure (See instructions regarding type of information required.) Football program advertisement - Walker ISD (If travel outside of Texas, complete Schedule T)	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	<input type="checkbox"/> Reimbursement from political contributions intended

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