CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Elton NICKNAME LAST Mathis	Q. MI	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1641 13th Hempstead, T	STATE: ZIP CODE	ALLER OUTER ADMINISTRATION 15		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 876 - 7718	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST FIRST FIRST NICKNAME LAST Mathis	₽. MI SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SI 1641 13th Hempsterd,	UITE #; CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 876-77	EXTENSION 8			
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 7 / 15 / 2015	THROUGH Month	Day Year 15/2016		
11 ELECTION	Month Day Year Primary TBD 2017 General	Runoff Cher Description Special			
12 OFFICE	OFFICE HELD (if any) Maller Co. Crimin D. P.	13 OFFICE SOUGHT (if known) We aller Co	L D.A.		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	FIL	D	Mathis 15 F	ler ID (Ethics Commission Filers)		
16 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	COMMI	TTEE NAME			
	GENERAL	7	1/ A			
	SPECIFIC	сомм	TYEE ADDRESS	[^]		
		COMMI	TTEE CAMPAIGN TREASURER NAME			
Additional Pages						
		СОММІ	TTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS			AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN NS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$2,200.00		
EXPENDITURE TOTALS	 TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED 		\$0.00			
	4. TOTAL POLITICAL EXPENDITURES			\$0.00		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$2,279.50		
OUTSTANDING LOAN TOTALS				\$0,00		
18 AFFIDAVIANIA MUA	RAY		I swear, or affirm, under penalty of perjury	y, that the accompanying report is		
ON ON	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 Candidate or Officeholder					
TANE OF	The of the state o					
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 Candidate or Officeholder AFFIX NOTARY STAMPS SEALABOVE						
Sworn to and subscribed before me, by the said EHon R. Math's , this the 15th						
day of 377, 20 16, to certify which, witness my hand and seal of office.						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
		/				

MONETARY POLITICAL CO	NTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2 FILER NAME EHO. R. Mar	Ha's	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor	of-state PAC (ID#:)	7 Amount of contribution (\$)
11/14/2015 MARREN DIE 6 Contributor address; City 2702 Hidden Knoll (y; State; Zip Code Sugar lad, TX 77478	200.00
Principal occupation / Job title (See Instructions)	9 Employer (See Instruction	
	of-state PAC (ID#:)	Amount of contribution (\$)
12/10/2015 Looney + Conrad Contributor address; City 11767 Kety Twy. 5. Housto	y; State; Zip Code	2,000.00
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
Attorneys	hooney + Co.	
Pate Full name of contributor □ out-o	of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City	y; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date Full name of contributor out-o	of-state PAC (TD#:)	Amount of contribution (\$)
Contributor address; City	r; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
ATTACH ADDITIONAL Co	OPIES OF THIS SCHEDULE AS NEE	EDED porting requirements.