

# 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)	2 Total pages filed:  <div style="font-size: 2em; text-align: center;">126</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr.      FIRST: Elton      MI: R. NICKNAME:      LAST: Mathis      SUFFIX:	OFFICE USE ONLY <hr/> Date Received  <hr/> Date Hand-delivered or Date Postmarked: <div style="font-size: 1.5em; text-align: center;">11/7/06</div> <hr/> Receipt #      Amount  <hr/> Date Processed  <hr/> Date Imaged	
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 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 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      THROUGH      Month      Day      Year 7 / 15 / 05      THROUGH      1 / 15 / 2006		
11 ELECTION	ELECTION DATE Month      Day      Year 3 / 7 / 2006	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)	13 OFFICE SOUGHT (if known) Waller County Criminal District Atty.	
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 Campaign to Elect Elton Mathis District Attorney Address / PO Box, Apt. / Suite #; City, State, Zip Code 18069 FM 359 Hempstead, TX 77445 (SEE 17)		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

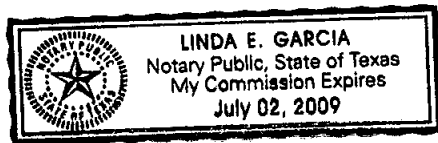
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <u>Elton R. Mathis</u>	<b>16 ACCOUNT #</b> (Ethics Commission filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** 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. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input checked="" type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <u>Campaign to Elect Elton Mathis District Attorney</u>
		<b>COMMITTEE ADDRESS</b>  <u>18069 FM 359 Hempstead, TX 77445</u>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <u>Tim Junek</u>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <u>18069 FM 359 Hempstead, TX 77445</u>

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 675.73
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 675.73
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / 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 16<sup>th</sup> day of January, 20 06, to certify which, witness my hand and seal of office.

Linda E. Garcia Linda E. Garcia Notary Public  
 Signature of officer administering oath Printed name of officer administering oath 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 Schedule A: 1

2 FILER NAME

*Elton R. Mathis*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*9/17/05*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Campaign to Elect Elton Mathis District Attorney*

6 Contributor address; City; State; Zip Code

*18069 FM 359 Hempstead, TX 77445*

7 Amount of contribution (\$)

*\$48.03*

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*9/20/05*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Campaign to Elect Elton Mathis District Attorney*

Contributor address; City; State; Zip Code

*18069 FM 359 Hempstead, TX 77445*

Amount of contribution (\$)

*\$74.00*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/12/05*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Campaign to Elect Elton Mathis District Attorney*

Contributor address; City; State; Zip Code

*18069 FM 359 Hempstead, TX 77445*

Amount of contribution (\$)

*\$53.70*

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

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.**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME Elton R. Mathis

3 ACCOUNT # (Ethics Commission filers)

4 Date  
9/17/05

5 Payee name  
Elton R. Mathis  
6 Payee address; City; State; Zip Code  
1206 13<sup>th</sup> Hempstead, TX 77445

7 Amount (\$)  
\$548.03

8 Purpose of payment (See instructions regarding type of information required.)  
Repayment for personal expenditures

9 **\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
9/17/05

Payee name  
Elton R. Mathis  
Payee address; City; State; Zip Code  
1206 13<sup>th</sup> Hempstead, TX 77445

Amount (\$)  
\$74.00

Purpose of payment (See instructions regarding type of information required.)  
Repayment for personal expenditures

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date  
10/12/05

Payee name  
Elton R. Mathis  
Payee address; City; State; Zip Code  
1206 13<sup>th</sup> Hempstead, TX 77445

Amount (\$)  
\$53.70

Purpose of payment (See instructions regarding type of information required.)  
Repayment for personal expenditures.

**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name Office sought Office held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

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**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>Elton R. Mathis</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>8-29-2005</b>	5 Payee name <b>Waller County Fair Association</b>	8 Amount (\$) <b>75.00</b>
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>Fair Booth (political advertising)</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>8-31-05</b>	Payee name <b>The Sign Store</b>	Amount (\$) <b>140.72</b>
	Payee address; City; State; Zip Code <b>1002 Avenue A Katy, TX 77493</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign signs</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>9-3-05</b>	Payee name <b>Office Depot</b>	Amount (\$) <b>43.15</b>
	Payee address; City; State; Zip Code <b>715 Texas Avenue S. College Station, TX 77840</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office supplies</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>9-6-05</b>	Payee name <b>Designer Graphics</b>	Amount (\$) <b>235.04</b>
	Payee address; City; State; Zip Code <b>12404 Highway 155 South Tyler, TX 75703</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign signs + pushcards</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>9-9-05</b>	Payee name <b>The Sign Store</b>	Amount (\$) <b>54.12</b>
	Payee address; City; State; Zip Code <b>1002 Avenue A Katy, TX 77493</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>Campaign signs</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

*Elton R. Mathis*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*9/19/05*

5 Payee name

*U.S. Postal Service*

6 Payee address; City; State; Zip Code

*U.S. Post Office, Hempstead, TX 77445*

8 Amount (\$)

*74.00*

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

*Postage - campaign letters*

Reimbursement from political contributions intended

Date

*12  
10-29-05*

Payee name

*Our Designs, Inc.*

Payee address; City; State; Zip Code

*1211 Cox Ave. Erlanger, KY 41018*

Amount (\$)

*53.70*

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

*Campaign Christmas cards*

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

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.)

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.)

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED