Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

SPECIFIC-F CAMPAIGN	FORM SPAC COVER SHEET PG 1	
The SPAC Instruction G form.	GUIDE explains how to complete this (Ethics Commission filers)	2 Total pages filed: 16
3 COMMITTEE NAME		OFFICE USE ONLY
Campaign to E	Clect Elton Mathis District Attorney	Date Received
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
Change of Address	P O Box 443 Hempstead TX 77445	Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount
TREASURER NAME	Mr. Gilbert Timothy	. Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
	Tim Junek  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE;	ZIP CODE
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	18069 FM 359 Hempstead TX	
7 CAMPAIGN TREASURER'S MAILING ADDRESS  Change of Address	POBox 443  APT / SUITE #: CITY: STATE:  Hempstead TX	ZIP CODE  77445
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 979 ) 826-3860	
9 REPORTTYPE	January 15 30th day before election  July 15 Bth day before election  Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
10 PERIOD COVERED	Month Day Year	Month Day Year
	7 / 16/ 2006 THROUGH	10 / 10/ 2006
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
	Month Day Year  11 / 7 / 2006 Primary Runoff	General Special
	GO TO PAGE 2	

Toyor	Ethics.	Comm	ileelon

P.O. Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

SPECIFIC-PU PURPOSEAN			ITTEE REPORT:	FORM SPAC COVER SHEET PG 2
12 COMMITTEE NAME Campai	ign to	Elect Elton Ma	this District Attorney	ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)		X CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  Elton R Mathis	
SUPPORT (Candidate or Measu	ıre)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (office  Waller County Criminal Dist	
OPPOSE (Candidate or Measu	ure)	MEASURE	BALLOT IDENTIFICATION / #	ELECTION DATE Month Day Year
(Officeholder)			DESCRIPTION	T
14 CONTRIBUTION TOTALS	1.		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL (OTHER THAN PLEDGE	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,150.00
EXPENDITURE TOTALS			TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	
	4.	TOTAL POLITICAL	EXPENDITURES	\$ 5,477.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CON OF THE REPORTING P	NTRIBUTIONS MAINTAINED AS OF THE LAST DAY ERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 10,000.00
15 AFFIDAVIT		ELL ASCHENBECK	I swear, or affirm, under penalty of perj report is true and correct and includes a reported by the under Title 15, Election	all information required to be
	Notary I	Public, State of Texas ion Expires 07-23-201	Signature of campaign	n treasurer
Sworn to and subscriber of October , 20	d befor	. •	Tim Junek tness my hand and seal of office.	, this the day
Sanature of officer admin	ملہرا Istering	el Lyna	ELL ASCHENBECK NOT	TARY PUBLIC

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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	Texas 78711-2070	0 (512) 463	3-5800 1-800-325-850 SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAM	ign to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	
4 Date 8/16/06	5 Full name of contributor out-of-state PAC (ID#: Kim Mathis 6 Contributor address; City; State; Zip Code 23308 Mack Washington Hempstead TX 77445		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date <b>8/16/06</b>	Full name of contributor out-of-state PAC (ID#:_ Jeanie Qualls  Contributor address; City; State; Zip Code POBox 28  Hempstead TX 77445		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date <b>8/16/06</b>	Full name of contributor out-of-state PAC (ID#:_ Jeanie Qualls  Contributor address; City; State; Zip Code P O Box 28  Hempstead TX 77445		Amount of contribution (\$)  250.00	In-kind contribution description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date <b>8/17/06</b>	Full name of contributor out-of-state PAC (ID#:_ Tom or Johyne Rees  Contributor address; City: State; Zip Code POBox 479 Hempstead TX 77445		Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date 8/16/06	Full name of contributor out-of-state PAC (ID#:_ H H Prewett  Contributor address; City; State; Zip Code 43691 Austin Branch Road Hempstead TX 77445		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal oc	cupation / Job title (See Instructions)	Employer (See In	structions)	
lf con	ATTACH ADDITIONAL COPIE: tributor is out-of-state PAC, please see instru			ing requirements.

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exas Ethics C	ommission P.O. Box 12070 Austin	n, Texas 78711-2070	(512) 46	3-5800	1-800-325-8506
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	<b>S</b>		sc	HEDULE <b>A</b>
The Instruc	ION GUIDE explains how to complete this form.		1 Total pages this	Schedule A:	
FILER NAI	ME lign to Elect Elton Mathis District At	ttorney	3 ACCOUNT # (EII	nics Commissio	n filers)
4 Date 8/18/06	5 Full name of contributor out-of-state PAC (ID#:_ Kenneth Ray Miller	)	7 Amount of contribution (\$)	descrip	ind contribution tilon (if applicable)
2. 20, 00	6 Contributor address; City; State; Zip Code 43919 Austin Branch Road Hempstead TX 77445		25.00	     	
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See in	structions)	L	

Employer (See Instructions)

Amount of contribution (\$)

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

In-kind contribution description (if applicable)

8/22/06	Bill Gage  Contributor address; City; State; Zip Code 41230 Kelly Road Hempstead TX 77445		100.00	description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/22/06	Contributor address; City; State; Zip Code 44 Windmill Drive Hempstead TX 77445		100.00	
Principal occ	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/22/06	Howard Insurance Agency  Contributor address; City: State; Zip Code P O Box 502  Hempstead TX 77445	, ,	25.00	честрион (н аррисаоте)
Principal occ	cupation / Job title (See Instructions)	Employer (See In:	structions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

out-of-state PAC (ID#:

City; State; Zip Code

Out-of-state PAC (ID#:

Full name of contributor

John Stokes Jr

Contributor address;

37438 FM 2979

Full name of contributor

Principal occupation / Job title (See Instructions)

Hempstead TX 77445

8/22/06

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS			SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAN Campa	ME ign to Elect Elton Mathis District Atto		3 ACCOUNT # (EII	<del>-</del>
8/22/06	5 Full name of contributor □ out-of-state PAC (ID#:		7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See Ins	tructions)	And the second s
Date 8/28/06	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	P O Box 67 Waller Tx 77484	Employer (See Ins	tructions)	
Principal occ	cupation / Job title (See Instructions)	Employer (See IIIs	tructions)	
Date 8/28/06	Full name of contributor out-of-state PAC (ID#:  Odis or Susan Styers	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/00	Contributor address; City; State; Zip Code P O Box 67 Hempstead TX 77445		500.00	   
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date 8/28/06	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/00	Contributor address: City: State; Zip Code 38402 FM 3346 Hempstead TX 77445		100.00	   
Principal occ	cupation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date 8/28/06	Full name of contributorout-of-state PAC (ID#:  Daniel D Davis	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 410 Spring Lakes Haven Spring TX 77373		1,000.00	   
Principal oc	cupation / Job title (See Instructions)	Employer (See Ins	tructions)	
If con	ATTACH ADDITIONAL COPIES tributor is out-of-state PAC, please see instruc			ing requirements.

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	nmission P.O. Box 12070 Austin CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	, Texas 78711-2070	0 (512) 463	3-5800 1-800-325-8506 SCHEDULE <b>A</b>
The Instruction	N Guide explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAME Campaig	egn to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	
4 Date	5 Full name of contributorout-of-state PAC (ID#:	}	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/6/06	Fred Sargent  6 Contributor address; City; State; Zip Code  1905 15th Street  Hempstead TX 77445		25.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date 9/6/06	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	P O Box 491 Pattison TX 77466			 
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/6/06	Contributor address; City; State; Zip Code P O Box 592 Hempstead TX 77445		50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/6/06	Full name of contributor out-of-state PAC (ID#:_ Frank O. Akins		Amount of contribution (\$)	In-kind contribution description (if applicable)
370700	Contributor address; City: State; Zip Code P O Box 12 Hempstead TX 77445		400.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/11/06	Full name of contributorout-of-state PAC (ID#: Doug Brown	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 16746 Brown Road Waller TX 77484		25.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instru			ing requirements.

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Texas Ethics Com	nmission P.O. Box 12070 Austin	Texas 78711-207	0 (512) 463	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3		SCHEDULE A
The Instruction	N Guide explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAME Campaig	gn to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	lcs Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/11/06	Elton Brownshadel			
	6 Contributor address; City: State; Zip Code 770 South Poad Oak Houston TX 77056		50.00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Got-of-state PAC (ID#:  WM Eplen	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/6/06	Contributor address; City; State; Zip Code 37184 Brumlow Road Hempstead TX 77445		200.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of	In-kind contribution description (if applicable)
9/11/06	Scott Howell  Contributor address; City: State; Zip Code 31778 Howell Road  Waller TX 77484		contribution (\$)	description (il applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/20/06	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2008 Pine Island Road Hempstead TX 77445		50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 9/20/06	Full name of contributorout-of-state PAC (ID#:  Dot Way	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P O Box 1158 Hempstead TX 77445		100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
If contr	ATTACH ADDITIONAL COPIE: ibutor is out-of-state PAC, please see instru			ng requirements.

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Texas Ethics Con	nmission P.O. Box 12070 Austin	Texas 78711-207	0 (512) 463	3-5800	1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5		SCHI	EDULE A
The Instruction	N Guide explains how to complete this form.		1 Total pages this S	Schedule A:	
2 FILER NAME Campaig	= gn to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	ics Commission file	ers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of contribution (\$)		contribution n (if applicable)
9/20/06	Marsha K Wiesner				T(II applicable)
3/20/00	6 Contributor address; City; State; Zip Code 737 13th Street Hempstead TX 77445		50.00		
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)		
Date 9/22/06	Full name of contributor	)	Amount of contribution (\$)		contribution n (if applicable)
3/22/00	Contributor address; City; State; Zip Code 5086 Wright Road Katy TX 77493		150.00		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		****
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of		contribution
9/20/06	Sandra Brown  Contributor address; City; State; Zip Code  40834 Kelly Road  Hempstead TX 77445		contribution (\$)	descriptio	n (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		¥
Date 9/20/06	Full name of contributor out-of-state PAC (ID#:Cletus Brown Jr	)	Amount of contribution (\$)		contribution n (if applicable)
7/20/00	Contributor address; City; State; Zip Code P O Box 578 Brookshire TX 77432		200.00		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
Date 9/20/06	Full name of contributor out-of-state PAC (ID#:_ Republican Party of Texas	)	Amount of contribution (\$)		contribution n (if applicable)
	Contributor address: City: State; Zip Code 900 Congress Avenue #300 Austin TX 78701		500.00		
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ng require	ments.

Texas Ethics Com	nmission P.O. Box 12070 Austin	, Texas 78711-2076	0 (512) 463	3-5800 1-800-325-8506
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5		SCHEDULE A
The Instruction	Guide explains how to complete this form.		1 Total pages this S	Schedule A:
2 FILER NAME Campaig	e gn to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/6/06	Cliff & Christa Mallay		•	•
	6 Contributor address; City; State; Zip Code 18069 Kerry Road Hempstead TX 77445		100.00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/06	Don M. Garrett		CONTIDUTION (\$)	description (il applicable)
10/6/06	Contributor address; City; State; Zip Code		50.00	
	28432 Hegar Road Hockley TX 77447			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:	)	Amount of	In-kind contribution description (if applicable)
10/6/06	H. Black		contribution (\$)	description (il applicable)
10/0/00	Contributor address; City; State; Zip Code		50.00	
	1111 McDade			
	Hempstead TX 77445			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/06	Jan Canales		, ,	
	Contributor address; City; State; Zip Code		100.00	
	P O Box 878 Brookshire TX 77423			
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/6/06				
	Contributor address; City; State; Zip Code P O Box 878	•	100.00	
	Brookshire TX 77423			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instru	•		ing requirements.

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS	n, Texas 78711-2070	0 (512) 46	3-5800 1-800-325-85 SCHEDULE <b>A</b>
The Instructi	юм Guide explains how to complete this form.		1 Total pages this 5	Schedule A:
2 FILER NAM Campai	ne ign to Elect Elton Mathis District At	torney	3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:Bo Hashaw 6 Contributor address; City; State; Zip Code 44 Windmill Drive Hempstead TX 77445		contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See In	structions)	
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 occ	cupation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; Chr.; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	supation / Job title (See Instructions)	mployer (See In	structions)	
Date	Full name of contributor out-of-state PAC (1945;		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See In	structions	
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 occ	cupation / Job title (See Instructions)	Employer (See in	structions)	
If cont	ATTACH ADDITIONAL COPIE tributor is out-of-state PAC, please see instr			ing requirements.

LOANS				SCHEDULE E
The Instruction G	UIDE explains how to complete this form.		1 Total pages Sch	edule E:
FILER NAME Campaign t	o Elect Elton Mathis Distric	t Attorney	3 ACCOUNT#(E	thics Commission filers)
тотя	AL OF UNITEMIZED LOANS:	<b>\$</b> \$ \$ \$	ф ф	\$
Date of loan	7 Name of lender	Out-of-state PAC (ID#:	)	9 Loan Amount (\$)
9-12-2005	Tim & Jill Junek			10,000.00
ts lender a financial Institution?	8 Lender address; City; State; 18069 FM 359 Hempste	zip Code ad TX 77445		10 Interest rate 10.25 %
γ (N)				11 Maturity date 9-8-2006
	on / Job title (See Instructions) cial Officer	13 Employer (See Bellville IS)		
Description of Coll	ateral			
GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
INFORMATION	N/A			NA
not applicable	N/A  17 Guarantor address; City; State; N/A	Zip Code		NA
_	17 Guarantor address; City; State;	Zip Code  20 Employer		NA .
not applicable	17 Guarantor address; City; State;		)	Loan Amount (\$)
not applicable  Principal Occupation	17 Guarantor address; City; State; N/A	20 Employer		
not applicable  Principal Occupation  Qate of loan  Is lender a	17 Guarantor address; City; State; N/A  Name of lender	20 Employer		Loan Amount (\$)
Principal Occupation  Cate of loan  Is lender a financial Institution?	17 Guarantor address; City; State; N/A  Name of lender	20 Employer		Loan Amount (\$)
not applicable  Principal Occupation  Sate of loan  Is lender a financial Institution?  Y N	Name of lender  Lender address; City; State;  City; State;  City; State;	20 Employer  Out-of-state PAC (ID#:		Loan Amount (\$)
Principal Occupation  Oate of loan  Is lender a financial Institution?  Y N  Principal occupation	Name of lender  Lender address; City; State;  City; State;  City; State;	20 Employer  Out-of-state PAC (ID#:		Loan Amount (\$)
Principal Occupation  Sate of loan  Is lender a financial Institution?  Y N  Principal occupation  Description of Coll  none  GUARANTOR	Name of lender  Lender address; City; State;  City; State;  On / Job title (See Instructions)	20 Employer  Out-of-state PAC (ID#:		Loan Amount (\$)  Joverest rate  Maturity date

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Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITI	CAL EXPENDITURES		SCH	EDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAMI Campaig	E gn to Elect Elton Mathis District At	torney	3 ACCOUNT # (Ethics Comm	mission filers)
4 Date 8/11/06	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code			Amount (\$) 78.00
	Hempstead TX 77445			
8 Purpose of pay required.) Postage	ment (See instructions regarding type of information	9 Complete if di Candidate / Officeholder r	rect expenditure to benefit C/C name Office sought	Office held
Date <b>8/14/06</b>	Payee name Bobcat Booster Club  Payee address; City; State; Zip Code c/o Hempstead ISD Hempstead TX 77445			Amount (\$)  150.00
required.)	yment (See instructions regarding type of information - Football program	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit C/0 name Office sought	OH •• Office held
Date 8/16/06	Payee name Waller County Fair Association  Payee address; City; State; Zip Code  26271 Jegar Road Hockley TX 77447			Amount (\$) 75.00
Purpose of pay required.) Ad expense	yment (See instructions regarding type of information - Fair booth	** Complete if di Candidate / Officeholder d	rect expenditure to benefit C// name Office sought	OH •• Office held
Date 8/26/06	Payee name Waller Cheerleading Boosters  Payee address; City; State; Zip Code P O Box 330 Waller Texas 77484			Amount (\$) 150.00
required.)	yment (See Instructions regarding type of Information ootball program	•• Complete If di Candidate / Officeholder i	rect expenditure to benefit C/ name Office sought	OH •• Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Campaign to Elect Elton Mathis District Attorney 5 Payee name Elton Mathis 9/4/06 6 Payee address; 489.50 City; State; Zip Code 1206 13th Street Hempstead TX 77445 Purpose of payment (See instructions regarding type of information required.) .. Complete If direct expenditure to benefit C/OH ... Candidate / Officeholder name Office held Reimb for campaign brochures Date Payee name **Elton Mathis** 9/4/06 Payee address; City; State; Zlp Code 962.55 1206 13th Street Hempstead TX 77445 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Office held Reimb for Ad Expense - Fans for Fair Good Signs Amount 9/8/06 Payee address; City; State; Zip Code 1,907.00 2640 25 Street Hempstead TX 77445 Purpose of payment (See instructions regarding type of Information .. Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name Ad Expense - Art Work Design Date Amount State Bank 9/8/06 City; State; Zip Code Payee address; 332.23 P O Box 575 Hempstead TX 77445 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Watermelon Festival Sponsorship ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Texas Ethics Cor	mmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 46	3-5800 1-800-325-	8506
POLITI	CAL EXPENDITURES			SCHEDULE F	:
The Instruction	GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAM			3 ACCOUNT	(Ethics Commission filers)	
Campaig	n to Elect Elton Mathis District Att	orney			
4 Date 9/9/06	5 Payee name Pattison Volunteer Fire Departn	nent		7 Amount (\$)	
	6 Payee address; City; State; Zip Code P O Box 442 Pattison TX 77466			115.0	0
required.)	yment (See instructions regarding type of information impaign Exp - Horseshoe tournament	9 ·· Complete if di Candidate / Officeholder n		to benefit C/OH ** Office sought Office he	ild
Date 9/9/06	Payee name Elton R. Mathis			Amount (\$)	
<i>3131</i> 00	Payee address: City; State; Zip Code 1206 13th Street Hempstead TX 77445			115.0	4
Purpose of par required.) Reimb for ex	yment (See instructions regarding type of information kp Fans	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office he	eld
Date 9/22/06	Houston Community News			Amount (\$)	
9/22/00	Payee address; City: State: Zip Code General Delivery Patison TX 77466			300.0	0
required.)	yment (See instructions regarding type of information et the candidate'	•• Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office he	eld .
Date 9/22/06	Waller county Fair Assn			Amount (\$)	
	Payee address; City; State; Zip Code 26271 Jegar Rd Hockley TX 77447			200.00	)
Purpose of parequired.) Ad exp - "10	yment (See Instructions regarding type of information 00 club"	•• Complete if di Candidate / Officeholder r		to benefit C/OH Office sought Office he	;kd
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		





Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 5 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Campaign to Elect Elton Mathis District Attorney 5 Payee name **Bo Hashaw** 9/21/06 100.00 6 Payee address; City; State; Zip Code 44 Windmill Drive Hempstead, Texas 77445 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required.) Candidate / Officeholder name return campaing donation - per rule Payee name Date **Focusing Families** 9/22/06 Payee address; City; State; Zip Code 200.00 2259 9th Street Hempstead, Texas 77445 Purpose of payment (See instructions regarding type of information Candidate / Officeholder name ad expense - golf sponsorship Date Hempstead Band Booster Club (\$) 10/4/06 Payee address; City; State; Zip Code 50.00 c/o Hempstead ISD Hempstead, Texas 77445 Purpose of payment (See instructions regarding type of information required.) · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held ad expense - program Date Amount Waller County Peace Offers Association 10/4/06 Payee address; City; State; Zip Code 100.00 833 Taylor Lane Waller Texas 77484 Purpose of payment (See Instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name ad expense - police officer fund raiser ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED





POLITI	ICAL EXPENDITURES			63-5800 1-800-325-89 SCHEDULE <b>F</b>
The Instruction	ION GUIDE explains how to complete this form.	<del> </del>	1 Total pages	s Schedule F:
FILER NAM	ME		3 ACCOUNT	# (Ethics Commission filers)
	gn to Elect Elton Mathis District At	orney		
Date	5 Payee name			7 Amount
10/5/06	Elton R Mathis			(\$)
	6 Payee address; City; State; Zip Code			\$153.00
	1206 13th Street			
	Hempstead Tx 77445			
Purpose of pa	ayment (See instructions regarding type of information	9 · · Complete if o	lirect expenditure	to benefit C/OH ••
required.)	mpaign t-shirt expense - ad	Candidate / Officeholder		Office sought Office held
Tellio for ca	impaign t-sint expense - au			
				T
Date	Payee name			Amount (\$)
		, , , <i>, ,</i> , , , , , , , , , ,		
_				
•	Payee address; City; State; Zip Code		•	
	Payee address; City; State; Zip Code			
	Payee address; City; State; Zip Code			
	Payee address; City; State; Zip Code ayment (See instructions regarding type of information		direct expenditur	to benefit C/OH ··
Purpose of parequired.)		•• Complete If o		To benefit C/OH ** Office sought Office held
required.)	ayment (See instructions regarding type of information			
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required.)	ayment (See instructions regarding type of information  Payee name			Office sought Office held
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required.)	ayment (See instructions regarding type of information  Payee name			Office sought Office held
required.)  Date	Payee address; City; State; Zin Code	Candidate / Officeholder	name	Office sought Office held  Amount (\$)
required.)  Date	ayment (See instructions regarding type of information  Payee name	Candidate / Officeholder	direct expenditure	Office sought Office held
Date  Purpose of parents of paren	Payee address; City; State; Zin Code	Candidate / Officeholder	direct expenditure	Office sought Office held  Amount (\$)
Date  Purpose of parents of paren	Payee address; City; State; Zin Code	Candidate / Officeholder	direct expenditure	Office sought Office held  Amount (\$)
Date  Purpose of parents of paren	Payee address; City; State; Zin Code	Candidate / Officeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount
Date  Purpose of parequired.)	Payee name  Payee address; City: State; Zh Code  ayment (See Instructions regarding type of information	Candidate / Officeholder	direct expenditure	Amount (\$)  I to benefit C/OH Office sought Office held
Date  Purpose of parequired.)	Payee name  Payee address; City: State; Zh Code  ayment (See Instructions regarding type of information	Candidate / Officeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount
Date  Purpose of parequired.)	Payee name  Payee instructions regarding type of information  Payee address; City; State; Zin Code  ayment (See instructions regarding type of information	Candidate / Officeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount
Date  Purpose of parequired.)	Payee name  Payee instructions regarding type of information  Payee address; City; State; Zin Code  ayment (See instructions regarding type of information	Candidate / Officeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount
Purpose of parequired.)	Payee name  Payee instructions regarding type of information  Payee address; City; State; Zin Code  ayment (See instructions regarding type of information	Candidate / Officeholder  Complete if Candidate Xofficeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount
Purpose of parequired.)	Payee name  Payee name  Payee name  Payee address; City; State; Zin Code  Payee address; City; State; Zin Code  Payee name  Payee address; City; State; Zip Code	Candidate / Officeholder  Complete if Candidate Xofficeholder	direct expenditure	Amount (\$)  Lo benefit C/OH Office sought  Amount (\$)
Purpose of parequired.)	Payee name  Payee name  Payee name  Payee address; City; State; Zin Code  Payee address; City; State; Zin Code  Payee name  Payee address; City; State; Zip Code	Candidate / Officeholder  Complete If Candidate Officeholder	direct expenditure	Amount (\$)  Le to benefit C/OH Office held  Amount (\$)