## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First R	OFFICE USE ONLY				
NAME	NICKNAME LAST SUFFIX	Date Received				
· CANDIDATE /	Mathis  ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	CHERYL PETERS, COUNTY CLERK WALLER COUNTY JEXAS				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1206 13th Hempsteed, TX. 77445	BY DEPUTY  Date Hand-delivered or Date Fostmarked				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-6707	Receipt # Amount  Date Processed				
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MI	Date Imaged				
NAME	NICKNAME LAST SUFFIX					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE				
ADDRESS (Residence or business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826 - 3860					
9 REPORTTYPE	January 15 30th day before election Final report (Attach C/OH - FR)	Exceeded \$500 limit				
	July 15 8th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)				
10 PERIOD COVERED	Month Day Year Month Day THROUGH .   15	Year / O 7				
11 ELECTION	11/30 = = F	General , Special				
12 OFFICE	Waller Co. Criminal D.A. 13 OFFICE SOUGHT (If known	ı)				
14 NOTICE OF DIRECT CAMPAIGN	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					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
additional pages	· 					
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

· · · · · · · · · · · · · · · · · · ·			·		
15 C/OH NAME	Elton R.	Mathis	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	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.				
COMMITTEE(S)	committee type Campaign to Elect Elton 2. Methis willer Co. D. A.				
	COMMITTEE ADDRESS  P.O. Box 443 Hempsterd, TX 77445				
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		P.O. Box 443 Hempsterd, 7)	L 77445		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ D.OO		
	4. TOTAL	POLITICAL EXPENDITURES	\$248.40		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 0.00		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$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.  MY COMMISSION EXPIRES March 27, 2007					
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE					
Swom to and subscribed before me, by the said					
of TANUARY, 20 07, 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					

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

The Instruction Guide explains how to complete this form.  1 Total pages Sched			dule G:	
2 FILER NAME Elton R. Methis 3 ACCOUNT # (Eth)		ilcs Commission filers)		
4 Date	5 Payee name  Party City 6 Payee address; City; State; Zip Code		8 Amount (\$)	
12-28-06	6 Payee address; City; State; Zip Code 6819 Ituz 6 Horth Houston, TX 7	17.89		
	7 Purpose of expenditure (See instructions regarding type of information req		Reimbursement from political contributions intended	
Date	Payee name		A	
	Payee address; City; State; Zip Code	Amount (\$)		
15-58-06	26060 US 290 W. Cypress, TX 77429		26.91	
	Purpose of expenditure (See instructions regarding type of information req Receptioへ supplies Schedule T)	uired.)	Reimbursement from political contributions intended	
Date	Payee name		Amount	
	SAM'S College Station Payee address; Dity; State; Zip Code		(\$)	
12-30-06	College Station, 1X	\$145.92		
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended	
Date	Payee name		A see a cont	
Jako	Rayee address; City; State; Zip Code		Amount (\$)	
12-30-06	3535 Longwire College States	42-15		
officialisms have considered to the process of the constant of	Purpose of expenditure (See instructions regarding type of information rec Reception food (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended	
Date	Payee name		Amount (\$)	
11-9-06	1960 Houston, TX	•	715.53	
	Purpose of expenditure (See instructions regarding type of information req ちょっこうしょく (If travel outside of Texas, complete Schedule T)	uired.)	Reimbursement from political contributions intended	
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED		