

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: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Elton	MI R.
	NICKNAME	LAST	SUFFIX
		Mathis	Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 1206 13th	APT / SUITE #;	CITY; STATE; ZIP CODE Hempstead, TX 77445
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 826-6707	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Timothy	MI
	NICKNAME	LAST	SUFFIX
		June	
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 (979)	PHONE NUMBER 826-3860	EXTENSION
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 (officemholder 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 / 16 / 2009 12 / 31 / 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. Criminal D.A.	13 OFFICE SOUGHT (if known) SAME	
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 None known Address / PO Box; Apt. / Suite #; City; State; Zip Code N/A		

FILED
WALLER COUNTY CLERK
ELECTIONS DIVISION
2010 JAN 14 AM 11:27

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Elton R. Mathis, Jr. 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. **

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>None known</u>
<input type="checkbox"/> SPECIFIC	

COMMITTEE ADDRESS: N/A

COMMITTEE CAMPAIGN TREASURER NAME: N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS: N/A

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,305.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elton R. Mathis, this the 14th day of JAN., 20 10, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lori Pfeffer
Printed name of officer administering oath

Notary Public - TX
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: 1

2 FILER NAME Elton R. Mathis, Jr. 3 ACCOUNT # (Ethics Commission filers) N/A

4 Date <u>12/3/2009</u>	5 Payee name <u>Waller Co. Republican Party</u> 6 Payee address; City; State; Zip Code <u>1015 Aster Street Katy, TX 77493</u>	8 Amount (\$) <u>\$1,250.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <u>Filing fee</u> (If travel outside of Texas, complete Schedule T)		

Date <u>8-29-09</u>	Payee name <u>Times Tribune</u> Payee address; City; State; Zip Code <u>921 Cooper Brookshire, TX 77423</u>	Amount (\$) <u>\$55.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <u>Newspaper advertisement</u> (If travel outside of Texas, complete Schedule T)		

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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 Payee address; City; State; Zip Code	Amount (\$)
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED