CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The O/OH leaderships O | tride contains how to complete this form | 1 Filer ID (Ethics Commission Filers) | 2 Total pages file | ed: | | | |
|--|---|---------------------------------------|-------------------------------|--------------------|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | | 3 | | | | |
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST | MI | OFFICE | USE ONLY | | | |
| NAME | Denise | | Date Received | | | | |
| | NICKNAME LAST | SUFFIX | | | | | |
| ν. | · Muttox | MD | Waller Com | odno Tita i di | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / SUITE #; C | CITY; STATE; ZIP CODE | | nty Elections | | | |
| MAILING ADDRESS | 40904 FM 529, H | emostead | JUL 1 | 5 2019 | | | |
| Change of Address | (0 (0 (1) 3)) | TX 77445 | Rece | ived | | | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER | EXTENSION | | | | | |
| OFFICEHOLDER PHONE | (979) 645 - 16 | 120 | Date Hand-delivered | or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Receipt # | Amount \$ | | | |
| NAME | NICKNAME LAST | | Date Processed | | | | |
| | | J.M.D | Date Imaged | | | | |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SU | | ZIP CODE | | | | |
| TREASURER ADDRESS | ** | | | | | | |
| (Residence or Business) | 40904 FM 529 | Rd & Hemps | read, | TX | | | |
| | | 4 | | 17440 | | | |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUMBER | EXTENSION | | | | | |
| PHONE | (979) 645-16 | P D | | | | | |
| | | | | | | | |
| 9 REPORT TYPE | January 15 30th day before el | ection Runoff | | er campaign | | | |
| а | | | treasurer ap (Officeholder | Only) | | | |
| | July 15 8th day before elec | ction Exceeded \$500 limit | Final Report | (Attach C/OH - FR) | | | |
| 10 PERIOD | Month Day Year Month Day Year | | | | | | |
| COVERED | 01 /01/2019 THROUGH DLE /30/2019 | | | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | | | | | | |
| | Month Day Year Primary | Runoff Other Description | | | | | |
| | General | Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known | 1) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | Denise 1 | MOXX, MD | iler 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 OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON 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 | | | |
| | GENERAL | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| 17 CONTRIBUTION TOTALS | | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 5.40 | | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5.40 | | |
| EXPENDITURE TOTALS | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | \$ 124.75 | | |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 124,75 | | |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD | \$ 0.73 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 53.00 | | |
| 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. Notary Public, State of Texas Notary ID # 12500022-0 My Commission Expires Feb. 14, 2022 Signature of Candidate of Officeholder | | | | | |
| AFFIX NOTARY STAMP/SEALABOVE Devise Mathox 154 | | | | | |
| Sworn to and subscribed before me, by the said | | | | | |
| Signature of officer administering oath Amunda Stevens Noterry Title of officer administering oath | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME Denise Mattox, M.D. 20 Filer ID (Ethics Co | ommission Filers) |
|--|--------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5.40 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ 53.00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12475 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | * |
| | - / |
| | |