CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	₹ MI	OFFICE US	E ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received	
	MATHIS		Waller Cou	aty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP CODE	JUL 0	8 2019
Change of Address	,			
5 CANDIDATE/ OFFICEHOLDER PHONE	(979) 826-7711	S EXTENSION	Date Hand-delivered or [Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt #	Amount \$
NAME	SELF NICKNAME LAST		Date Processed	
	WOUND ENGINE	331.11.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 645 12th Hupstend, TX		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826 - 771	EXTENSION . S		
9 REPORT TYPE	January 15 30th day before electrical and a state of the		15th day after catreasurer appoin (Officeholder On Final Report (Att	tment ly)
10 PERIOD COVERED	Month Day Year	THROUGH 6	Day Year 20 1	9
11 ELECTION	Month Day Year Primary SPRIM6 2022 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) WALLER CO. CRIMENAL D.A.	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	4 R. M	9TH±5	5 Filer ID (Ethics Commission Filers)	
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		
	GENERAL	MA	,	
	SPECIFIC	COMMITTER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,500.			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00			
	4. TOTAL POLITICAL EXPENDITURES \$ 2,680.76			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 188.47			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
18 AFFIDAVIT			erjury, that the accompanying report is ermation required to be reported by me	
PEGGY SANDERS SUPPLY AND PEGGY SANDERS				
Notary Public Notary Public STATE OF TEXAS NOTARY ID# 1238154-9 AFT ARMS Domm. Stra July 49, 2021				
5-10				
Sworn to and subscribed before me, by the said <u>ELTOH R. MATHIS</u> , this the <u>8</u> day of <u>50 LY</u> , to certify which, witness my hand and seal of office.				
Beggy Aurders Peage Sanders HOTAZY PUBLIC				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	ELTOH R. MATHIS		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	,	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$1,467.05
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	×	\$0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$577.92
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$635.29
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$0.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Elton R. Mathis 4 Date 5 Full name of contributor out-of-state PAC (ID#: 2/12/19 Looner + Conrad Law Firm 6 Contributor address; City; State; Zip Code 918 Austin Street Hapstend, TX 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 2,000.00 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date John A. Moritz Contributor address; City; State; Zip Code 710 M. Post Ock Road Houston, TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 500.00 Employer (See Instructions) Private Investigator SELF Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense **Event Expense** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Elfon R. Mathis 4 Date 5 Payee name YALLER PREGNANCY CENTER Payee address; City; State; Zip Code 1225 Farr Street Walker, TX 77484 100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event _ Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name AT+T Amount (\$) Payee address; City; State; Zip Code 186.54 DALLAS, T) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** MTHER - CELLPHOHE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Elton R. Mathis Payee address; City; State; Zip Code Amount (\$) 645 12th Strant **PURPOSE** Check if travel outside of Texas. Complete Schedule T. CELL PHONE Reins. Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME ELTOH R. MATHIS 4 Date DALLAS, TEXAS 177.31 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** CELL PHONE Check if Austin, TX, officeholder living expense EXPENDITURE YERUILE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Loci Pfeffer 4-18-19 Payee address; City; State; Zip Code Amount (\$) 645 12th Street 100.00 Category (See Categores listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event expose OF Check if Austin, TX, officeholder living expense EXPENDITURE BASKET - MVFD Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee address; City; State; Zip Code 4-17-19 Amount (\$) 615 Huy 290 Herpstrad, TX 77445 100.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. DUES Roty CIUD Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Elto R. Math	د>	3 Filer ID (Ethics Commission Filers)
4 Date 2-15-19	5 Payee name F. Math	: 3	
6 Amount (\$) 258.00	7 Payee address; City; State; Zi 645 12th Homstend, TX	p Code	
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Reinbursent for TABLE SPONSOR	Check if travel ou Check if Austin	rtside of Texas. Complete Schedule T.
	FOCUSING FAMI	1765	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
3-15-19	Payee name Elto . R. Mothis		
Amount (\$)	Payee address; City; State; Zig 645 12th Street Hapsteed, TX 7		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Milesze - DPS Austi		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-28-19	OPEN MIC BR	ROADCAST	
Amount (\$)	Payee address; City; State; Zig P.o. Box 891 Prairie View	- 1.1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Adurtisin Station Spensor	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2-15-19 Reimbursement from Hempstee J. TX 77445 (a) Category (See Categories listed at the top of this schedule) (b) Description political contributions intended 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH HIA Payee name 6-1-19 AT + T Amount (\$) Payee address; City; State; Zip Code 156.46 DALLAS,TX Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OTHER-CELL PHONE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name City; State; Zip Code DALLAS,TX political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF OTHER - CELL PHONE **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I	2 FILER NAME Thou R. Mathis 3 Filer ID (Ethics Commission Filers)		
4 Date 4-23-19	5 Payee name Bellville ISD		
6 Amount (\$)	7 Payee address; City: State; Zip Code 850 Schuma Road Belluille, TX 77418		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Food / Bev. Exp. (b) Description (See instructions regarding type of information required.) Hailey Hester Fundraium		
Date 4-19	Payee name Classic Events		
Amount (\$) 35.46	Payee address; City; State; Zip Code 615 Hungstend, TX 77445		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.) Lunch Meetin		
Date 4-3-19	Payee name Chappell Hill Bakery		
Amount (\$) 45.96	Payee address; City; State; Zip Code 9900 Hung 290 E. Chappell Hill, TX 77476		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.) Lunch meeting		
Date 4-2-19	Payee name Classic Events		
Amount (\$)	Payee address; City; State; Zip Code 615 Itry 290 Itupsteed, TX 77445		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Description (See instructions regarding type of information required.) Local Rev. Exp.		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule I	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers
3-18-19	5 Payee name Manie's Kitchen	
6 Amount (\$) /59.18	7 Payee address; City; State; Zip Code 3811 Avc. 6. Pattison,	TX 77466
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Food/Bev.	(b) Description (See instructions regarding type of information required.) BREAKFAST CLUB SPONSOR
3-8-19	BEVERS KITCHEN	
Amount (\$) 67.27	Payee address; City; State; Zip Code 5162 MAIN STREET Chappell Hill, TX	77426
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food / Bev.	Description (See instructions regarding type of information required.) The tyetor Lune Long
Date 3-4-19	Payee name GO FUND ME - M	ethu SheffleHe
Amount (\$)	Payee address; City; State; Zip Code P. o. Box 1329 Redwood City, CA 94	1063
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FUHERAL / MEMORIAL	Description (See instructions regarding type of information required.) - Expense / Dona Hon
Date 3-4-19	Payee name V/ALLER Co. Roty	Clob
Amount (\$)	Payee address; City; State; Zip Gode	7445
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I	Elto- R. Mathis	3 Filer ID (Ethics Commission Filers)	
4 Date 2-25-19	5 Payee name POLVO 5		
6 Amount (\$) 98.27	7 Payee address; City; State; Zip Code 2004 5. 1st Street Austin, TEXAS 78	3704	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Food/Bes. Expense	(b) Description (See instructions regarding type of information required.) Meeting w/ special prosecutor	
Date 2-25-/9	Payee name 5NOWTLAKE DONUTS	5	
Amount (\$)	Payee address; City; State; Zip Code 420 Asstin Street Hempsteed, TX 7746	15	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food Exp.	Description (See instructions regarding type of information required.) 6. J. Donuts	
Date 2-13-/9	Payee name Arlan's Brocen		
Amount (\$) 5.49	Payee address; City; State; Zip Code 1005 12th Street Hempsterd, TX 7741	45	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food / Bes. Exp.	Description (See instructions regarding type of information required.) Meeting of Valater - CAC Advisory Food	
Date 2-13-19	Payee name Hewma's Baky		
Amount (\$) 10.95	Payee address; City; State; Zip Code 504 E. Main Street Bellville, TX 774		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food/Bev. Exp.	Description (See instructions regarding type of information required.) Food - Meeting of CAC Advisory Board	
	,		