# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1

#### 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 NAME	MS/MRS/MR FIRST DENISE NICKNAME LAST MQ++C	MI SUFFIX	OFFICE USE ONLY Date Received Waller County Elections
<ul> <li>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</li> <li>Change of Address</li> <li>5 CANDIDATE/ OFFICEHOLDER PHONE</li> <li>6 CAMPAIGN TREASURER NAME</li> </ul>	ADDRESS / PO BOX; APT / SUITE #; C	CITY: STATE; ZIP CODE	JAN 1 5 2020         Received         Date Hand-delivered or Date Postmarked         Receipt #         Amount \$         Date Processed         Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	uite #; city; Rd, 7-1empstea	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (9979 Ley 5 - 1)	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)     Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Day Year 31 2019
11 ELECTION	ELECTION DATE Month Day Year Primary General	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)
		PAGE 2	Revised 9/26/201
Forms provided by Texas E	Ethics Commission www.ethic	cs.state.tx.us	

7

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

.

•

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	nseM	attox, MD	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR M SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	L POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	AN \$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 48.00	
	4. TOTAL	POLITICAL EXPENDITURES	\$ -48.00	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$ 101.00	
18 AFFIDAVIT				
	LEE VAN RICHAR Notary Public, Stat Comm. Expires 07 Notary ID 1307	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me lidate or Officeholder	
AFFIX NOTARY STAM		Denise Mattox	, this the 15	
day of Januar		to certify which, witness my hand and seal of office.	,	
Ac		Lee Van Richardson, Jr	Notenin	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us	Revised 9/26/2019	

## SUBTOTALS - C/OH

۰, ۱ •

۰.

#### FORM C/OH COVER SHEET PG 3

19 FILERNAME Denise Mattox, MD	20 Filer ID (Ethics Con	mmiss 	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	48.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	48,00
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 FUN	NDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	6
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME	- Mattox, MB		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ _ 228,00 -
5 Date of loan	7 Name of lender out-of-state I	PAC (ID#: )	9 Loan Amount (\$)
70/29/2019	Denise Mattox		00.8
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	40904 FM 529 R	d Hempeterd	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1
Field &	Representative	U.S. Census	BUCCOLA
14 Description of Colli		15	ds were deposited into political
16 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
8129/2019.	Denise Mattox		8.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y $(\overline{N})$	40904 FM 5298	1 tempstead	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Field R	epresentative.	U.S. Census 1	BUSEGU
Description of Colla	•		ds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
-	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	EDED
lf le	ender is out-of-state PAC, please see Ins	struction guide for additional re	
		thics state ty us	Revised 9/26/20

•

. . .

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Denise.	Mattox	2	
	ITEMIZED LOANS		\$ See 105 3
Date of loan	7 Name of lender Out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
9/29/2019	Denise Mattox		8,60
5 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	40904 FM Sag Rd,	Nempstead, TY	11 Maturity date
~	on / Job title (See Instructions)	13 Employer (See Instructions)	
rield R	iep	U.S. Census 6	Bureau.
4 Description of Coll	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
6 GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
Principal Occupat	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
			Γ
Date of loan	Name of lender Out-of-state	PAC (ID#)	Loan Amount (\$) く、ろひ
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Y N	40964 FM 529	R2 TXTT 45	Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Field Representative		U.S. Census, Bureau	
Description of Collateral		Cheek if personal funds were deposited into politica	
none	1	account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If I	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see In	PIES OF THIS SCHEDULE AS NEI struction guide for additional re	porting requirements.
Forms provided by Texa	as Ethics Commission www.e	thics.state.tx.us	Revised 9/26/2

· `

. . .

LOANS			SCHEDULE E
The In	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E; 3 J 3 F 3 F
FILER NAME			3 Filer ID (Ethics Commission Filers)
Denise	Mattox.		
TOTAL OF UNI	TEMIZED LOANS		\$ See pg lof 3.
5 Date of Ioan 7 Name of lender)			9 Loan Amount (\$)
6 Is lender a financial Institution?			10 Interest rate
Y (N) MOYDY FM 529 P2 1) cmpst@d,TX T1445			11 Maturity date
-	/ Job title (See Instructions)	13 Employer (See Instructions)	
10.0	ep.	USCB.	
14 Description of Collate	eral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; n (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan Name of lender $\Box$ out-of-state PAC (ID#:) ) $\partial_{a} \partial_{b} \partial_{b} \partial_{c} \partial_$		Loan Amount (\$)	
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N	Y (N) 40904 FM 529, Hemp. TX TT 445.		Maturity date
	/ Job title (See Instructions)	Employer (See Instructions)	
Field R	N		
Description of Collateral		Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	I	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	(See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

.\*

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

.

, ê

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	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
		now to complete this form.			
1 Total pages Schedule F1:	Denise Matto	χ.	3 Filer ID (Ethics Commission Filers)		
4 Date 7/30/2019	5 Payee name FLOST NATIONALBA	ok of Belli	Whe (FNB)		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
8100	Bellville, TX.				
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Fees.	Month	My 2019		
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/30/2019	Denise Matt	ox. FNR			
Amount (\$)	Payee address;	City;	State; Zip Code		
8,00	Same.				
	Category (See Categories listed at the top of this sch	Description			
PURPOSE OF EXPENDITURE	Fees.	Servic	e Fee		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9)38/2819	per part - and the second of	OA FND	) <b>、</b>		
Amount (\$)	Payee address;	City;	State; Zip Code		
8:00	Same.				
PURPOSE	Category (See Categories listed at the top of this sch		e Fle		
OF EXPENDITURE	Fees.	Sept	ember 2619		
	Check if travel outside of Texas. Complete Sche	edule T. □ Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

e

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate//Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legał Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
Credit Card Payment		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F1: 2072 F1	2 FILER N	AME BAISE M	ra+10;	Χ.,	3 Filer ID (Ethics	Commission Filers)
4 Date 10/30/2019	5 Payee na Fr			,		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8.00	Bell	uille sT)	<			
8	(a) Catego	ry (See Categories listed at the top	o of this schedule)	(b) Description	11.1.80	
PURPOSE	· Fo	e C		mon	thiy se	oure-dee.
EXPENDITURE	Fees October			drop 20	y Sentie-Fee.	
	(c)	Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct		date / Officeholder name		Office sought	1	Office held
expenditure to benefit C/OF	1					
Date	Payee na	ame				
11/30/2019	FN	B.				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
5.00	50	ine				
	Categor	y (See Categories listed at the top	of this schedule)	Description		
PURPOSE	C			Senn-	lfee	
OF EXPENDITURE	0	-ees.		Nov	- 19	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livir			expense		
Complete ONLY if direct	Candio	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	ł					
	Device	12000				
Date	Payee n		20			
12/30/2019	1785	t National	Bar	NC -		-i
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
8,00	B	elloille,	TX.			
10	Categor	y (See Categories listed at the top	of this schedule)	Description	SPE	2
PURPOSE		Con		Den	nor ,	
OF EXPENDITURE	U.	Fee.		Dec	n. )(	1 -
		Check if travel outside of Texas. Cor	mplete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candie	date / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						