

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Elton</u> MI: <u>R.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ MATHIAS	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>P.O. Box 438</u> <u>Hempstead, TX 77445</u>	Waller County Elections JUL 27 2020 Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979) 826-7718</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Elton</u> MI: <u>R.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ MATHIAS	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>645 12th Street</u> <u>Hempstead, TX 77445</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979) 826-7718</u>	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2020 THROUGH 6 / 30 / 2020		
11 ELECTION	ELECTION DATE <u>3 - 11 - 2022</u> Month Day Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Waller Co. D.A.</u>	13 OFFICE SOUGHT (if known) <u>SAME</u>	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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14 C/OH NAME Elton R. Mathis 15 Filer 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 / 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>N/A</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,050.84</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,032.45</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>24.17</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>

18 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 27th day of JULY, 20 20, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Peggy Sanders
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>ELTON R. Mathis</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,050.84</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>————</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>————</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>————</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>————</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>————</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>————</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>————</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>————</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>————</i>
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,032.45</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>————</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

ETHAN R. Mathis

3 Filer ID (Ethics Commission Filers)

4 Date

1-7-2020

5 Full name of contributor out-of-state PAC (ID#: _____)

Paul Hooney

7 Amount of contribution (\$)

2,000.00

6 Contributor address; City; State; Zip Code

918 Austin Street Hempstead TX, 77445

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Hooney + Conrad P.C.

Date

1-27-2020

Full name of contributor out-of-state PAC (ID#: _____)

SELF

Amount of contribution (\$)

50.84

Contributor address; City; State; Zip Code

645 12th Street Hempstead, TX 77445

Principal occupation / Job title (See Instructions)

Waller Co. D.A.

Employer (See Instructions)

TEXAS

Date

Full name of contributor out-of-state PAC (ID#: _____)

N/A

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#: _____)

N/A

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.

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>2</i>	2 FILER NAME <i>Elton R. Mathis</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-14-20</i>	5 Payee name <i>WALMART</i>		
6 Amount (\$) <i>220.77</i>	7 Payee address; <i>625 Hwy 290 E.</i>	City <i>Hempstead, TX</i>	State <i>TX</i> Zip Code <i>77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>Fundraiser Exp.</i>	(b) Description (See instructions regarding type of information required.) <i>Supplies for baskets</i>	
Date <i>1-27-20</i>	Payee name <i>Classic Events Cafe</i>		
Amount (\$) <i>50.84</i>	Payee address; <i>615 Bos. 290 N.</i>	City <i>Hempstead, TX</i>	State <i>TX</i> Zip Code <i>77445</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>FOOD</i>	Description (See instructions regarding type of information required.) <i>lunch meeting</i>	
Date <i>1-29-2020</i>	Payee name <i>Carl's BBQ</i>		
Amount (\$) <i>18.94</i>	Payee address; <i>31315 Fm 2920 #10</i>	City <i>Waller, TX</i>	State <i>TX</i> Zip Code <i>77484</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>FOOD</i>	Description (See instructions regarding type of information required.) <i>Lunch meeting</i>	
Date <i>1-8-2020</i>	Payee name <i>Elton R. Mathis</i>		
Amount (\$) <i>1,705.81</i>	Payee address; <i>P.O. Box 438</i>	City <i>Hempstead, TX</i>	State <i>TX</i> Zip Code <i>77445</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>Cell phone exp reimb.</i>	Description (See instructions regarding type of information required.) <i>Office folder expenses</i>	

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: <i>2</i>	2 FILER NAME <i>Elton R. Mathis</i>		3 Filer ID (Ethics Commission Filers)		
4 Date <i>2-4-20</i>	5 Payee name <i>Snowflake Donuts</i>				
6 Amount (\$) <i>10.00</i>	7 Payee address; <i>420 Austin St.</i>		City <i>Hempstead, TX</i>	State <i>TX</i>	Zip Code <i>77445</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <i>FOOD</i>		(b) Description (See instructions regarding type of information required.) <i>STAFF FOOD</i>		
Date <i>2-4-20</i>	Payee name <i>Classic Events Cafe</i>				
Amount (\$) <i>26.09</i>	Payee address; <i>615 Bos. 290 North</i>		City <i>Hempstead, TX</i>	State <i>TX</i>	Zip Code <i>77445</i>
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <i>FOOD</i>		Description (See instructions regarding type of information required.) <i>LUNCH Meeting</i>		
Date	Payee name <i>N/A</i>				
Amount (\$)	Payee address;		City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)		
Date	Payee name <i>N/A</i>				
Amount (\$)	Payee address;		City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)		

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