

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: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Elton</u> MI: <u>R.</u> NICKNAME: _____ LAST: <u>MATHIS</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>P.O. 438</u> APT / SUITE #: _____ CITY: <u>Hempstead, TX</u> STATE: _____ ZIP CODE: <u>77445</u> <input type="checkbox"/> Change of Address	Date Received <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> Waller Co. Elections JUL 15 2022 RECEIVED </div> Date Hand-delivered or Date Postmarked: _____	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>826-7718</u> EXTENSION: _____	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Elton</u> FIRST: <u>→</u> MI: <u>R.</u> NICKNAME: _____ LAST: <u>MATHIS</u> SUFFIX: _____	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>P.O. Box 438 / 645 12th Street</u> APT / SUITE #: _____ CITY: <u>Hempstead TX</u> STATE: _____ ZIP CODE: <u>77445</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(979)</u> PHONE NUMBER: <u>826-7718</u> EXTENSION: _____		
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 <u>1</u> / <u>1</u> / <u>2022</u> THROUGH <u>6</u> / <u>30</u> / <u>2022</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11</u> / <u>1</u> / <u>2022</u>	ELECTION TYPE <input 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. CRIM D.A.</u>	13 OFFICE SOUGHT (if known) <u>SAME</u>	
14 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"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME: <u>M/A</u> COMMITTEE ADDRESS: COMMITTEE CAMPAIGN TREASURER NAME: COMMITTEE CAMPAIGN TREASURER ADDRESS:		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 524.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Elton R. Mathis, and my date of birth is 8-20-1975.
 My address is 645 12th Street (work) Hempstead TX 77445 U.S.A.
(street) (city) (state) (zip code) (country)

Executed in WALLER County, State of TEXAS, on the 15th day of July, 20 22
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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>500.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Elton R. Mathis</u>		3 Filer ID (Ethics Commission Filers) <u>N/A</u>
4 Date <u>6-28-22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JAMES BOW</u>	7 Amount of contribution (\$) <u>500.00</u>
6 Contributor address; City; State; Zip Code <u>5626 Briarbud Dr. HOUSTON TX 77095</u>		
8 Principal occupation / Job title (See Instructions) <u>Exploration Oil + GAS ACQUISITIONS</u>		9 Employer (See Instructions) <u>BHP PETROLEUM</u>

Date			Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)		
Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			Principal occupation / Job title (See Instructions)		
Date			Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)		
Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			Principal occupation / Job title (See Instructions)		
Date			Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of contribution (\$)		
Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			Principal occupation / Job title (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.