

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 1**

<p>The SC C/OH Instruction Guide explains how to complete this form.</p>				<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed: <i>(6)</i></p>													
<p>3 CANDIDATE NAME</p>	MS / MRS / MR	FIRST <i>Denise</i>	MI	<p>OFFICE USE ONLY</p>														
	NICKNAME	LAST <i>mattox</i>	SUFFIX															
<p>4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>40904 Fm 529 Rd Hempstead, TX 77445</i></p>																	
<p>5 CANDIDATE PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION	<p>Waller Co. Elections <i>JAN 15 2026</i></p>														
		<i>(979) 245-1664</i>																
<p>6 CAMPAIGN TREASURER NAME</p>	MS / MRS / MR	FIRST <i>Denise</i>	MI	<p>RECEIVED Date Hand-delivered or Date Postmarked</p>														
	NICKNAME	LAST <i>mattox</i>	SUFFIX	Receipt #	Amount \$													
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>40904 Fm 529 Rd Hempstead, TX 77445</i></p>				<p>Date Processed</p>													
<p>8 CAMPAIGN TREASURER PHONE</p>	AREA CODE	PHONE NUMBER	EXTENSION	<p>Date Imaged</p>														
<p>9 REPORT TYPE</p>	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before convention / election		<input type="checkbox"/> Runoff													
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before convention / election		<input type="checkbox"/> Final report (Attach SC C/OH - FR)													
<p>10 PERIOD COVERED</p>	Month <i>July</i>	Day <i>11</i>	Year <i>2025</i>	Month <i>Dec</i>	Day <i>31</i>	Year <i>2025</i>												
<p>11 CONVENTION / ELECTION DATE</p>	Month <i>Mar</i>	Day <i>3</i>	Year <i>2026</i>	<p>12 OFFICE SOUGHT</p> <p><i>Waller County DEM City Chair</i></p>	<input type="checkbox"/> STATE CHAIR													
<p>13 POLITICAL PARTY</p>	<p><i>Waller, County Democratic Party.</i></p>				<input checked="" type="checkbox"/> COUNTY CHAIR													
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p>	<p>THIS BOX IS FOR NOTICE OF 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.</p> <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC			COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME																	
<input type="checkbox"/> GENERAL																		
<input type="checkbox"/> SPECIFIC																		
	COMMITTEE ADDRESS																	
	COMMITTEE CAMPAIGN TREASURER NAME																	
	COMMITTEE CAMPAIGN TREASURER ADDRESS																	
<p>GO TO PAGE 2</p>																		

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 2**

15 CANDIDATE NAME

Denise Mattox

16 Filer ID (Ethics Commission Filers)

07A

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,137.35

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

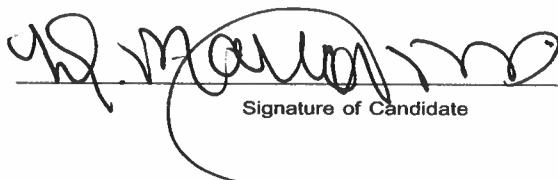
\$ 48.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,614.79

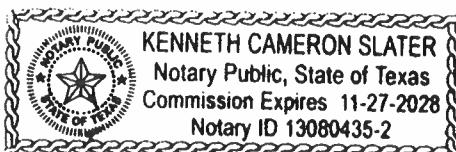
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Denise Mattox this the 15 day of January,

20 20, to certify which, witness my hand and seal of office.

K. Cameron Slater
Signature of officer administering oath

K. Cameron Slater
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)



SUBTOTALS - SC C/OH**FORM SC C/OH
COVER SHEET PG 3****19. CANDIDATE NAME***Denise Mattox***20. Filer ID (Ethics Commission Filers)****21. SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 293.01
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 826.64
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 48.00
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 826.64
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:
2 FILER NAME <i>Denise Mattox.</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/18/2025</i>	5 Full name of contributor <i>Porter Reimbursement</i>	<input type="checkbox"/> out-of-state PAC (ID#: <i>TX Sec. of State</i>)	6 Contributor address; <i>TX Comptroller of Public Accounts</i> City: <i>Austin, TX</i> State: <i>TX</i> Zip Code 7 Amount of contribution (\$) <i>293.01.</i>
8 Principal occupation / Job title (See Instructions) <i>Sec of State</i>		9 Employer (See Instructions) <i>State of Texas</i>	
Date	Full name of contributor	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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 E: <i>(1)</i>
2 FILER NAME <i>Denise Mattox</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <i>1,137.35</i>
5 Date of loan <i>9/26/2005</i>	7 Name of lender <i>Denise Mattox</i>	8 Lender address; City; State; Zip Code <i>40904 FM 529 Rd Hempstead, TX 77445</i>	
6 Is lender a financial institution? <i>Y</i> <i>N</i>	9 Loan Amount (\$) <i>1,037.35</i>	10 Interest rate <i>0</i>	11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Field Rep for Waller County</i>		13 Employer (See Instructions) <i>Commerce</i>	
14 Description of Collateral <i>none</i>		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>Denise Mattox</i>	18 Guarantor address; City; State; Zip Code <i>40904 FM 529 Rd Hempstead TX 77445</i>	19 Amount Guaranteed (\$) <i>100.00</i>
20 Principal Occupation (See Instructions) <i>Field Rep for Waller County</i>		21 Employer (See Instructions) <i>Commerce</i>	
Is lender a financial institution? <i>Y</i> <i>N</i>	Lender address; City; State; Zip Code <i>40904 FM 529 Rd Hempstead TX 77445</i>		Interest rate <i>0</i>
Principal occupation / Job title (See Instructions) <i>Field Rep for Waller County</i>		Employer (See Instructions) <i>Commerce</i>	
Description of Collateral <i>none</i>		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor <i>Denise Mattox</i>		Amount Guaranteed (\$) <i>100.00</i>
Guarantor address; City; State; Zip Code <i>40904 FM 529 Rd Hempstead TX 77445</i>			
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date <i>July 1 - Dec 31 2025</i>	5 Payee name
--	--------------

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
---------------	------------------	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
--------------------------	--	-----------------

(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
------------------------	--	-------------

	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, 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
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
------------------------	--	-------------

	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
(2)	Denise Mattox		
4 Date	5 Payee name		
9/23/2025	TX. Sec of State		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
175.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Austin, TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Legal Services	2025-2026 TX Election Laws Book	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/28/2025	Residence Inn		
Amount (\$)	Payee address;	City;	State; Zip Code
438.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	3713 Tudor Blvd, Austin, TX 78759		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	SOS Election Laws TX Dem Party Meeting	Hotel	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 2025 9/26 - 9/27	Payee name		
Amount (\$) 90.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
Austin TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Transportation at SOS Dem Meeting	To Meetings + Meals.	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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)	Denise Maray		
4 Date	5 Payee name		
9/24/2025	Enterprise Rent-A-Car		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
316.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	1820 Hwy 290W, Brenham, TX 77833		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Transportation	Rental Vehicle	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
9/30/2025	Enterprise Toll Pass		
Amount (\$)	Payee address;	City:	State: Zip Code
170.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	1820 Hwy 290W, Brenham, TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Transportation	Rented Toll Fees for Vehicle	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
8/25/2025	First National Bank of Bellville		
Amount (\$)	Payee address;	City:	State: Zip Code
100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	P.O. Box 128 Bellville, TX 77418		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Accounting Bank:	To cover fees Campaign Account deposit	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Denise Mattox	

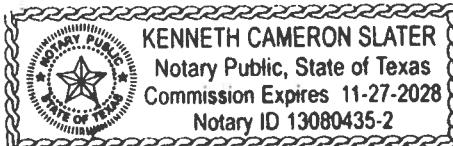
OFFICE USE ONLY	
Date Received	
Waller Co. Elections JAN 15 2024 OK	
RECEIVED Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 2024 campaign report due on Jan 15th 2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Signature of Filer

Denise Mattox

Sworn to and subscribed before me by Denise Mattox this the 15 day of January,

20 24, to certify which, witness my hand and seal of office.

K. Cameron Slater
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**