

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; color: blue;">5</span>						
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.5em; color: blue;">David</span>	MI	<b>OFFICE USE ONLY</b>  Date Received  <span style="font-size: 1.5em; color: red;">FILED/RECORDED</span>  <span style="font-size: 1.2em; color: red;">JAN 12 2024</span>  ELECTIONS ADMINISTRATOR <small>Date Hand Delivered or Date Postmarked</small> TARRANT COUNTY, TEXAS  Receipt #      Amount \$  Date Processed  Date Imaged					
	NICKNAME		LAST <span style="font-size: 1.5em; color: blue;">Matthijetz</span>		SUFFIX				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;		APT / SUITE #;		CITY;	STATE;	ZIP CODE		
	<span style="font-size: 1.5em; color: blue;">1465 CR 204</span>				<span style="font-size: 1.5em; color: blue;">Ciddings, TX</span>		<span style="font-size: 1.5em; color: blue;">78942</span>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION					
	<span style="font-size: 1.5em; color: blue;">(979)</span>	<span style="font-size: 1.5em; color: blue;">542 7906</span>							
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <span style="font-size: 1.5em; color: blue;">David</span>	MI						
	NICKNAME		LAST <span style="font-size: 1.5em; color: blue;">Matthijetz</span>				SUFFIX		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;				CITY;	STATE;	ZIP CODE
	<span style="font-size: 1.5em; color: blue;">1465 CR 204</span>						<span style="font-size: 1.5em; color: blue;">Ciddings</span>	<span style="font-size: 1.5em; color: blue;">TX</span>	<span style="font-size: 1.5em; color: blue;">78942</span>
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION					
	<span style="font-size: 1.5em; color: blue;">(979)</span>	<span style="font-size: 1.5em; color: blue;">542 7906</span>							
<b>9</b> REPORT TYPE	<input checked="" 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 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)								
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year		
	<span style="font-size: 1.5em; color: blue;">10</span>	<span style="font-size: 1.5em; color: blue;">/ 3</span>	<span style="font-size: 1.5em; color: blue;">/ 2023</span>		<span style="font-size: 1.5em; color: blue;">12</span>	<span style="font-size: 1.5em; color: blue;">/ 31</span>	<span style="font-size: 1.5em; color: blue;">/ 2023</span>		
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE					
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description			
	<span style="font-size: 1.5em; color: blue;">11</span>	<span style="font-size: 1.5em; color: blue;">/ 5</span>	<span style="font-size: 1.5em; color: blue;">/ 2024</span>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special				
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)					
	<span style="font-size: 1.5em; color: blue;">Tax Assessor/Collector</span>			<span style="font-size: 1.5em; color: blue;">Tax Assessor/Collector</span>					
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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							
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS							
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

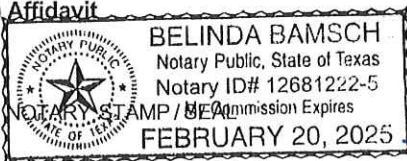
15 C/OH NAME <u>David Matthijetz</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>750.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>750.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

David Matthijetz  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by David Matthijetz this the 12th day of January, 2024, to certify which, witness my hand and seal of office.

Belinda Bamsch Signature of officer administering oath  
Belinda Bamsch 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)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>David Matthijetz</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>750.00</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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>750.00</i>
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:
2 FILER NAME <i>David Matthijetz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger, Goggan, Blair &amp; Sampson LLP</i>	7 Amount of contribution (\$) <i>750.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 17428 Austin TX 78760</i>		
8 Principal occupation / Job title (See Instructions) <i>Attorney Firm</i>		9 Employer (See Instructions) <i>Attorney Firm</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
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**

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 <i>David Matthijetz</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/12/2023</i>	5 Payee name <i>Republican Party</i>	
6 Amount (\$) <i>750.00</i>	7 Payee address; City; State; Zip Code <i>PO Box 1160 Giddings TX 78942</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Amount (\$)	Office held	
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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
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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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Amount (\$)	Office held	
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		

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