CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (E	Thics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR /// R	FIRST Mark		D IM	OFFICE USE ONLY	
NAME	NICKNAME	Matthistz		SUFFIX	Date Receival	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	CR 135		ate; zip code Tx 78998	RECEN FEB 26 CTIONS ADM	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER	EX	TENSION 6191	Date Hand Kilive Rab or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI SUFFIX	Amount \$	
	MONIAVIAC	CAST		301717	Date imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / \$	SUITE #;	CITY;	STATE; ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month /	Day Year 24	THROUGI	Month 2 H	Day Year 26 29	
11 ELECTION	ELECTION DAY Month Day	Year Primary General	Runoff Special	Description		
12 OFFICE	OFFICE HELD (If any)		13 OF	FICE SOUGHT (if known)	
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.					
, ,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRE	ss		
		GO ТО	PAGE 2			

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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDI	\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 750-69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST D	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF TH	dE \$
	wear, or affirm, under penalty of perjury, that the according to be reported by me under Title 15, Election Code		nd correct and includes all information
		1/10/1	
	W	1 Nall	
l		Signature of Candi	date or Officeholder

	mr 1 4 41		
	Please complete eith	er option below:	
(4) A (0) I 16			
(1) Affidavit			
NOTARY STAMP/SEA	L		
Swarn to and subscribed	before me by	thic tha	day of
		ans are	, day or,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring ooth		Title of officer administering oath
Signature of officer administr		ang oath	Title of officer administering bath
	OR OR		
(2) Unsworn Declarati	on		
My nama ia A. K	Matth Netz	and my data of hirth is	6-2-65
My name is <u>Mak</u> My address is 1231	CR 135		
iviy address is 14-31	(street)		e) (zip code) (country)
Evacuted in / ac	County, State of <u>/ EK&\</u> , on the	26 day of GA	20 2 4
Executed III	Journey, State of 1 CAR), off the	(month)	(year)
		NUNAIS	IOC-leader (Dealers)
		Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	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	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ATRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	ps \$ 750.12
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED \$

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 Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	onor (ones a salegar)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)			
4 Date	Mark Marthisetz 5 Payee name Mark Marthisetz 7 Payee address; 1201 CR 135				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; 1201 CR 135 Lincolm	city: Lincoln	State;	Zip Code 789 <i>48</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Filency Feel			
	(c) Check if travel outside of Texas, Complete Schedule T.		, TX, officeholder living ex		
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	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0					
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		