

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED NOV - 7 2024 ELECTIONS ADMINISTRATION LEE COUNTY TEXAS </div>		
	NICKNAME LAST SUFFIX				
<div style="text-align: center;"> <i>Mr. Mark D</i> <i>Matthijetz</i> </div>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS					
<div style="text-align: center;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1281 CR 135 Lincoln TX 78948</i> </div> <input type="checkbox"/> Change of Address		Date Received			
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Date Postmarked			
<div style="text-align: center;"> AREA CODE PHONE NUMBER EXTENSION <i>(979) 540-6191</i> </div>		Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI				
	NICKNAME LAST SUFFIX				
<div style="text-align: center;"> <i>Mr. Mark D</i> <i>Matthijetz</i> </div>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)					
<div style="text-align: center;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1281 CR 135 Lincoln TX 78948</i> </div>		Date Processed			
8 CAMPAIGN TREASURER PHONE		Date Imaged			
<div style="text-align: center;"> AREA CODE PHONE NUMBER EXTENSION <i>(979) 540-6191</i> </div>					
9 REPORT TYPE					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>					
10 PERIOD COVERED					
<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <i>10 / 27 / 24</i> </div> <div>THROUGH</div> <div> Month Day Year <i>11 / 7 / 24</i> </div> </div>					
11 ELECTION					
ELECTION DATE			ELECTION TYPE		
Month Day Year			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<i>11 / 5 / 24</i>					
12 OFFICE					
OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
<i>Lee Co. Commissioner PET</i>			<i>Lee Co. Commissioner PET</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)					
<p>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.</p>					
COMMITTEE TYPE		COMMITTEE NAME			
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
<input type="checkbox"/> SPECIFIC		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

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 750.⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 750.⁰⁰

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 0

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

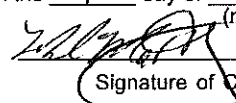
OR

(2) Unsworn Declaration

My name is Mark Mattheijckx, and my date of birth is 6-2-65.

My address is 1281 CR 135, Lincoln, TX, 78948, US.
(street) (city) (state) (zip code) (country)

Executed in Lee County, State of Texas, on the 7th day of Nov, 20 24.
(month) (year)


Signature of Candidate/Officeholder (Declarant)