| 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 f | iled: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST MATTHEW | MI L | OFFICE USE ONLY | | |
| NAME | NICKNAME LANE | CARTER | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX 117 NORTH SAN ANGEL | , | CITY; STATE; ZIP CODE | | | |
| Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (325) | PHONE NUMBER 656-0625 | EXTENSION | | d or Date Postmarked | |
| 6 CAMPAIGN | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ | |
| TREASURER NAME | MRS NICKNAME | | | Date Processed | | |
| | | HUNNICUTT | Γ | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 4401 PINON | (NO PO BOX PLEASE); APT / S I RIDGE DRIVE .O, TX 76904 | SUITE #; CITY; | STATE; | ZIP CODE | |
| 8 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| TREASURER PHONE | (325) | 374-1359 | | | | |
| 9 REPORT TYPE | January 15 | 30th day before | election Runoff | | fter campaign appointment er Only) | |
| | July 15 | 8th day before el | ection Exceeded Modified Reporting Limit | Final Repo | ort (Attach C/OH - FR) | |
| 10 PERIOD | Month | Day Year | Month | Day Yea | г | |
| COVERED | 11 | / 1 / 22 | THROUGH 1 | / 17 / 23 | | |
| 11 ELECTION | ELECTION DA | | ELECTION TYPE | | | |
| | Month Day | Year Primary | Runoff Other Description | | | |
| | | General | Special | | | |
| 12 OFFICE | OFFICE HELD (if any) TOM GREEN | N COUNTY JUDG | 13 OFFICE SOUGHT (if known | n) | | |
| 14 NOTICE FROM POLITICAL | 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | | | |
| | | GO ТО | PAGE 2 | | | |

JAN 18 2023 CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Matthew Lane Carter 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 3,100.00 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,236.95 \$ BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: KATHY PYBURN **Notary Public** STATE OF TEXAS (1) Affidav ID# 13034629-5 My Comm. Exp. 08-27-2023 NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

JAN 18 2023

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | 9 FILER NAME MATTHEW LANE CARTER 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 POLITIC | \$ 3,100.00 | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI | \$ | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON. | \$ | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION: | \$ | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC | CAL CONTRIBUTIONS | \$ | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | |
| | | | | | |

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 Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

ory not listed above)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Outer (enter a category | not listed above) | |
|--|--|--|-------------------------|-------------------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Matthew Lane Carter | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date 11/09/2022 | 5 Payee name Lane Carter | | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code | |
| 2,350.00 | 117 N. Milton San Angelo, Texas 769 | 901 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | |
| PURPOSE OF EXPENDITURE | Reimbursement to loan made from personal funds | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Of | fice held | |
| Date | Payee name | | | | |
| 11/09/2022 | Lane Carter | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| 750.00 | 117 N. Milton San Angelo, Texas 769 | 901 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Reimbursement Reimbursement for filing fees made from persanl funds | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name । | Office sought | Of | fice 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 | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | C | ffice held | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | EDED | | |