| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT  |  |  |  |                  | FORM C/OH<br>COVER SHEET PG 1                     |  |
|---|--|--|--|------------------|---|--|
| The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) |  |  | 2 Total page:                            | s filed:         |   |  |
| 3 CANDIDATE /<br>OFFICEHOLDER   | MS / MRS / MR FIRST MR MATTHEW   |  | MI<br>I                                  | OFFIC            | CE USE ONLY                                       |  |
| NAME  | NICKNAME<br>LANE   | CARTER   | SUFFIX                                   | Date Received    |   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS   | ADDRESS / PO BOX<br>117 NORTH<br>SAN ANGEL   |  | CITY; STATE; ZIP CODE                    |                  | BCT 11 2022                                       |  |
| Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE  | AREA CODE ( 325 )  | PHONE NUMBER 656-0625                                    | EXTENSION                                | Date Hand-delive | ered or Date Postmarked                           |  |
| 6 CAMPAIGN  | MS / MRS / MR  | FIRST  | MI                                       | Receipt #        | Amount \$   |  |
| TREASURER<br>NAME   | MRS  | MEAGAN   | J  | Date Processed   |   |  |
|   | NICKNAME   | HUNNICUTT  | SUFFIX                                   | Date Imaged      |   |  |
| CAMPAIGN TREASURER ADDRESS (Residence or Business)  |  | NO PO BOX PLEASE); APT / S<br>RIDGE DRIVE<br>D, TX 76904 | UITE #; CITY;                            | STATE;           | ZIP CODE  |  |
| CAMPAIGN<br>TREASURER<br>PHONE  | ( 325 )  | 374-1359   | EXTENSION                                |                  |   |  |
| REPORT TYPE   | January 15   | 30th day before e  | Runoff                                   | treasure         | y after campaign<br>or appointment<br>older Only) |  |
|   | July 15  | 8th day before ele                                       | ection Exceeded Modified Reporting Limit | Final Re         | eport (Attach C/OH - FR)                          |  |
| 0 PERIOD<br>COVERED   | Month 7  | Day Year / 16 / 22                                       | THROUGH 10                               |                  | Year<br>22  |  |
| 1 ELECTION  | Month Day  | Year Primary   | Runoff Other Description  Special        |                  |   |  |
| 2 OFFICE  | OFFICE HELD (if any)   |  | 13 OFFICE SOUGHT (If known               |                  | DGE   |  |
| 4 NOTICE FROM<br>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  |  |  |                  |   |  |
|   | GENERAL COMMITTEE ADDRESS  |  |  |                  |   |  |
| Additional Pages  | SPECIFIC   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME               |  |                  |   |  |
|   |  | COMMITTEE CAMPAIGN TR                                    | EASURER ADDRESS                          |                  |   |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

| CAMPAIG                                 | N FINANCE REPORT   |                               | 71211 011221 1 0 2                  |
|---|--|-------------------------------|-------------------------------------|
| 15 C/OH NAME<br>MATTHEW LANE CA         | RTER   | 16 Filer                      | r ID (Ethics Commission Filers)     |
| 17 CONTRIBUTION<br>TOTALS               | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) |                               | \$                                  |
|   | 2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR   |                               | \$ 50.00                            |
| EXPENDITURE<br>TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |                               | \$                                  |
|   | 4. TOTAL POLITICAL EXPENDITURES  |                               | \$                                  |
| CONTRIBUTION<br>BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS M<br>OF REPORTING PERIOD  | IAINTAINED AS OF THE LAST DAY | \$ 4,336.95                         |
| OUTSTANDING<br>LOAN TOTALS              | TOTAL PRINCIPAL AMOUNT OF ALL O     LAST DAY OF THE REPORTING PERIO  |                               | \$ 2,350.00                         |
|   | Please complete e  | either option below:          |                                     |
| Notary<br>Notary<br>Notary<br>STAMP/SFA | NA M. DONALDSON Public, State of Texas . Expires 07-11-2026 tary ID 5745508  |                               | At Du                               |
|   | before me by MATTHEW LANE  | this the                      | day of Color,                       |
| / Deman                                 | which, witness my hand and seal of office.   | 4 M. DOXPHATION               | NOTARY PUBL                         |
| Signature of officer administe          |  | inistering oath               | Title of officer administering oath |
| (2) Unsworn Declarati                   | on   |                               |                                     |
| My name is                              |  | , and my date of birth is     |                                     |
| My address is                           |  |                               |                                     |
|   | (street)   | (city) (state)                |                                     |
| Executed in                             | County, State of , on  | the day of(month)             | , 20<br>(year)                      |
|   |  | Signature of Candidate/Office | ceholder (Declarant)                |

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

| 9 FILER NAME 20 Filer ID (Ethics Co  |  |  |
|--|--|--|
| ATTHEW LANE CARTER   |  |  |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE   |  |  |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 50.00   |  |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$   |  |
| SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$   |  |
| SCHEDULE E: LOANS  | \$   |  |
| SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$   |  |
| SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$   |  |
| SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$   |  |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$   |  |
| SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$   |  |
| SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$   |  |
| SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$   |  |
| SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$   |  |
| ^  | SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED |  |

# 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<br>MATTHEW  | LANE CARTER  | 3 Filer ID (Ethics Commission Filers) |  |  |  |  |
| 4 Date   | 5 Full name of contributor out-of-state PAC (IDIF:               |                                       |  |  |  |  |
| 08/01/2022   | 6 Contributor address; City; State; PO BOX 62472, SAN ANGELO, TX | Zip Code ( 76906                      |  |  |  |  |
| 8 Principal occu   | pation / Job title (See Instructions)  9 Emplo                   | yer (See Instructions)                |  |  |  |  |
| Date   | Full name of contributor out-of-state PAC (IDS:                  | Amount of contribution (\$)           |  |  |  |  |
|  | Contributor address; City; State;                                |                                       |  |  |  |  |
| Principal occup  | ation / Job title (See Instructions) Emplo                       | yer (See Instructions)                |  |  |  |  |
| Date   | Full name of contributor 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 out-of-state PAC (IDII:                 | Amount of contribution (\$)           |  |  |  |  |
|  | Contributor address; City; State;                                | Zip Code                              |  |  |  |  |
| 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. |  |                                       |  |  |  |  |