# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00087349		2 Total pages filed: 25	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr.	James T.			Date Received  ELECTRONICALLY FILED	
	NICKNAME	LAST		SUFFIX	02/25/2024	
	Ту	Matlock				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 2400 Stallings Dr N	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	
ADDRESS	Suite 14				Receipt # Amount	
Change of Address	Nacogdoches, TX 75964				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	James T.				
	NICKNAME	LAST Matlock		SUFFIX		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	; STATE; ZIP CC	ODE
TREASURER ADDRESS	2400 Stallings Dr N					
(Residence or Business)	Suite 14					
	Nacogdoches, TX 75964					
7 CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
PHONE	(936) 320-3031					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)	
9 PERIOD COVERED	Month Day Year 01/26/2024	TH	HROUGH	Month Day 02/24/202	Year 24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	Primary	Runoff	Other	
	03/05/2024	G	General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	 Γ (if known)	
	,			Railroad Commi		
	-!					
		GO 1	ΓΟ PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Matlock, James T. (N	r.)	<b>14</b> Filer ID 00087349	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditi These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 2,512.79
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,430.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 343.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 2,500.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mr.	James T. Matlock	
		Signature o	f Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	CO	OVER SHEET PG 3 3 of 25
18 FILER NAME Matlock, James T. (Mr.)	(Ethics Commission Filers)	
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 2,512.79
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		<b>\$</b> 2,512.79
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 1,917.28
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RITO FILER	ETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 4/25		
2	FILER NAME Matlock, Jan	nes T. (Mr.)			3	Filer ID (Ethics Commission F 00087349	-ilers)	
4	Date 02/01/2024			7	Amount of Contribution (\$)	L,917.28		
8	Principal occu	Nacogdoches, TX pation / Job title (See Instructions)	Ta	Employer (See Instructions	;) 			
	Candidate	pation / 300 title (See instructions)		Matlock 4 RRC	•)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/14/2024 Patton, Micah  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$260.25			
	Principal occu	Victoria, TX 77904	<u> </u>	Employer (See Instructions	;) 			
	Principal occupation / Job title (See Instructions)  Sales  Employer (See Instructions)  Self				,,			
	Date Full name of contributor out-of-state PAC (ID#:)  02/03/2024 Raymond, Susan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.03			
		Dripping Springs, TX 78620						
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Lake Travis ISD	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 Raymond, Susan  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620			Amount of Contribution (\$)	\$26.03			
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Lake Travis ISD	5)			
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID# Richardson, Joe Contributor address; City; State; Zip Code  Amarillo, TX 79121				Amount of Contribution (\$)	\$75.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>			
			•					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/25	
2	FILER NAME Matlock, Jar			3	Filer ID (Ethics Commission Filers) 00087349
4				7	Amount of Contribution (\$) \$208.20
8	Principal occu	Quitman, TX 75783  upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Owner		One Fifty Fork		

### SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/19 Rpt: 6/25	Matlock, James T. (Mr.)	00087349
4	Date	5 Payee name	•
	02/08/2024	Allsups	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.00		
		Lamesa, TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
	OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Gas
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
	·		
	Date	Payee name	
	02/15/2024	American Legion	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$4.75		
		Bastrop, TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense  Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/12/2024	Apple	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.98	. α, σο ασαίσου, σίος, σίος, Σίρ σους	•
	<del></del>		
		TX	
	PURPOSE	<u> </u>	N Deceription
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Danking	Check if Austin, TX, officeholder living expense
			Bookkeeping Software
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
L	expenditure to benefit C/OI	¬	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 7/25	Matlock, James T. (Mr.) 00087349
4	Date	5 Payee name
	02/01/2024	Apple
6	Amount (\$) \$75.76	7 Payee address; City; State; Zip Code  TX
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  LinkedIn
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2024	Atwoods
	Amount (\$) \$57.77	Payee address; City; State; Zip Code
		Nacogdoches, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  T-Posts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/08/2024	Atwoods
	Amount (\$) \$21.15	Payee address; City; State; Zip Code
		Nacogdoches, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  T-Posts
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to d	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 8/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		<u> </u>
	02/07/2024	Boomer Jacks Grill		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$8.50			
		Arlington, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meeting
				<b>3</b>
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/14/2024	Bucees		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$35.00			
		Madisonville, TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/03/2024	Buffalo Wild Wings		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$25.02			
L		Nacogdoches, TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	<del>1</del>		
_				

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 9/25	Matlock, James T. (Mr.) 00087349
4	Date	5 Payee name
	02/20/2024	Cactus Jack's
6	Amount (\$) \$100.68	7 Payee address; City; State; Zip Code  Mont Belvieu, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meet and Greet
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	Capital One
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	
		тх
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.21	
		Nacogdoches, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this f	form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	-ilers)
	Sch: 5/19 Rpt: 10/25	Matlock, James T. (Mr.)		00087349	
4	Date	5 Payee name		<u>'</u>	
	02/12/2024	Chick-Fil-A			
6	Amount (\$)	7 Payee address; City; State; Zip Code	e		
	\$27.42				
		Nacogdoches, TX			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (the	<b>b)</b> Descri	intion	
	OF	Food/Beverage Expense		eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			ck if Austin, TX, officeholder living expense	
			Meetii	ng	
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held	
L	·				
	Date	Payee name			
	02/20/2024	Chick-Fil-A			
	Amount (\$)	Payee address; City; State; Zip Code	е		
	\$22.50				
		TX			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>b)</b> Descri	ption	
	OF EXPENDITURE	Food/Beverage Expense		eck if travel outside of Texas. Complete Schedule T.	
			Meetii	eck if Austin, TX, officeholder living expense	
				9	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held	
	expenditure to benefit C/OI				
F	Date	Payee name			
	02/08/2024	Circle K			
H	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>		
	\$35.00		-		
		Seagoville, TX			
H	PURPOSE	_	<b>b)</b> Descri	intion	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District		eck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Traver in District	Che	eck if Austin, TX, officeholder living expense	
			Gas		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held	
	experientale to beliefft G/OI	,			

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 6/19 Rpt: 11/25	2 FILER NAME Matlock, James T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087349
4	<u> </u>	5 Payee name Comet Cleaners	I
6	Amount (\$) \$20.58	7 Payee address; City; State; Zip Code	
		Nacogdoches, TX	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dry Cleaning	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dry Cleaning
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/06/2024	Payee name Comet Cleaners	
	Amount (\$) \$30.33	Payee address; City; State; Zip Code	
		Nacogdoches, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dry Cleaning  (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2024	Payee name Coopers BBQ	
	Amount (\$) \$189.42	Payee address; City; State; Zip Code	
		Ft Worth, TX	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meet and Greet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to o	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/19 Rpt: 12/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		
	01/31/2024	Cracker Barrel		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip C	Code	
	\$45.89			
		Lufkin, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
9	expenditure to benefit C/OI		Jugiit	Office field
_	Date			
	02/16/2024	Payee name Denny's		
		,	- Codo	
	Amount (\$) \$16.21	Payee address; City; State; Zip 0	Joue	
	Φ10.21			
		Nagadashas TV		
		Nacogdoches, TX	10.	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
				Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/10/2024	Dyer's BBQ		
	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$42.19			
		Amarillo, TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Meet and Greet
				Micet and Orect
	Complete ONLY if direct	Candidate/Officeholder name Office so	Juaht	Office held
	expenditure to benefit C/OI		g-11	555 11014

### SCHEDULE F1

**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

	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/19 Rpt: 13/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		I
	02/07/2024	ESix Sportswear		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$368.05			
		Arlington, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Signs
				Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office s	onapt	Office held
ľ	expenditure to benefit C/O		ougiit	Cilide Held
-	Date	Payee name		
	02/20/2024	Go Daddy		
	Amount (\$)	Payee address; City; State; Zip	^nde	
	\$17.98	Tayee address, Oity, State, 219	Jouc	
	Ψ11.50			
		тх		
	DUDDOCE		(h)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Website
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
	experialitate to beliefit C/O			
	Date	Payee name		
	02/07/2024	Go Daddy		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$17.98			
		TX		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Website
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office s	 ought	Office held
	expenditure to benefit C/O		3	

### SCHEDULE F1

**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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explair		Ü	ete this form.
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 14/25	Matlock, James T. (Mr.)			00087349
4	Date	5 Payee name			•
	02/14/2024	Go Daddy			
6	Amount (\$)	7 Payee address; City; Sta	te; Zip Co	de	
	\$35.16				
		тх			
8	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense	soriedaic)		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	- '			Check if Austin, TX, officeholder living expense
					Website
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ght	Office held
	Date	Payee name			
	02/13/2024	Go Daddy			
	Amount (\$)	Payee address; City; Sta	te; Zip Co	de	
	\$2.65				
		TX			
	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense			Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Website
					Website
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	aht	Office held
	expenditure to benefit C/OI		000 000,	9	Since hold
-	Date	Payee name			
	02/18/2024	Hot Spot			
	Amount (\$)	•	te; Zip Co	do	
	\$32.00	rayee address, City, Sta	ite, Zip Co	ue	
	Ψ32.00				
		Jacksonville, TV			
		Jacksonville, TX	Ī		
	PURPOSE OF	(a) Category (See Categories listed at the top of this s	schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District			Check if Austin, TX, officeholder living expense
					Gas
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/OI	1			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to con	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 10/19 Rpt: 15/25	Matlock, James T. (Mr.)			00087349	
4	Date	5 Payee name		I		
	02/21/2024	Houston Chronicle				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$19.96					
		Houston, TX				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Media		Check if travel outside		
				Check if Austin, TX, o	fficeholder living	expense
				Weula		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ald
9	expenditure to benefit C/Ol		giil		Office He	Jiu
_	Data	Para same				
	Date 02/01/2024	Payee name Houston Chronicle				
			al a			
	Amount (\$) \$19.96	Payee address; City; State; Zip Co	ue			
	\$19.90					
		Houston TV				
		Houston, TX				
	PURPOSE OF	,	(b)	Description  Check if travel outside	of Toyon Com	nloto Cohodulo T
	EXPENDITURE	Media		Check if Austin, TX, o		
				Media		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/05/2024	IHOP				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$40.37					
		Nacogdoches, TX				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITORE			Check if Austin, TX, o	fficeholder living	expense
				Meeting		
	Complete ONII V if direct	Condidate/Officeholder nerve	ab+		Office I	old.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ynt		Office he	eiu
_						_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel (
Printing Expense Travel (
Salaries/Wages/Contract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 16/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		-
	02/16/2024	Java Jacks		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$19.96			
		Nacogdoches, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense  Meeting
				Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
,	expenditure to benefit C/OI		grit	Cifice field
	Date	Payee name		
	01/29/2024	Loves		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$31.00	r dyce dddress, Gry, State, Zip Co	uc	
	Ψ01.00			
		Carthage, TX		
	PURPOSE	-	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(0)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District		Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/09/2024	Loves		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$28.00			
		Amarillo, TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee 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 3 Filer ID (Ethics Commission Filers)
Sch: 12/19 Rpt: 17/25	Matlock, James T. (Mr.) 00087349
4 Date	5 Payee name
02/12/2024	Lowes
<b>6</b> Amount (\$) \$59.43	7 Payee address; City; State; Zip Code  Nacogdoches, TX
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banner Stand
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/16/2024	Murphy USA
Amount (\$) \$27.00	Payee address; City; State; Zip Code
	Nacogdoches, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/02/2024	Murphy USA
Amount (\$) \$33.00	Payee address; City; State; Zip Code
	Nacogdoches, TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  gas
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

nse Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to	compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 13/19 Rpt: 18/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		<u> </u>
l	02/20/2024	Murphy USA		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
l	\$31.00			
l				
l		Nacogdoches, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel In District	`	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Gas
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		<u> </u>	000
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office s	ougnt	Office held
┡	·			
l	Date	Payee name		
	02/02/2024	NacSpace		
l	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$63.87	2400 Stallings Dr N		
l				
		Nacogdoches, TX 75964		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Office Space
l				
┝	Complete ONLY if direct	Candidate/Officeholder name Office s	l ought	Office held
l	expenditure to benefit C/O		Ü	
F	Date	Payee name		
l	02/02/2024	Office Depot		
⊢	Amount (\$)	Payee address; City; State; Zip	Code	
l	\$34.64			
l				
l		Lufkin, TX		
┝	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Timing Expenses		Check if Austin, TX, officeholder living expense
l				Printing
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
L	experientare to beliefft C/O	•		
_				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 19/25	Matlock, James T. (Mr.) 00087349
4	Date	5 Payee name
	01/29/2024	OnStar
6	Amount (\$) \$10.65	7 Payee address; City; State; Zip Code  TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	In Car WiFi  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  In Car WiFi
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Quick Trip
	Amount (\$) \$33.00	Payee address; City; State; Zip Code
		Arlington, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	02/09/2024	Quick Trip
	Amount (\$) \$35.00	Payee address; City; State; Zip Code
		Weatherford, TX
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Ontations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 20/25	Matlock, James T. (Mr.) 00087349
4	Date	5 Payee name
	02/01/2024	Rex Perry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.85	
		Nacogdoches, TX
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Oil Change
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/15/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.00	
		Marquez, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/07/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.16	
		Nacodgoches, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		- Ous
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 21/25		Matlock, James T. (Mr.)		00087349
4	Date	5	Payee name		·
	02/17/2024		Shell		
6	Amount (\$) \$30.95	7	Payee address; City; State; Zip C	ode	
			Nacogdoches, TX	1	
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office son	ught	Office held
	Date		Payee name		
	02/12/2024		Shell		
	Amount (\$) \$38.61		Payee address; City; State; Zip C	ode	
			Nacogdoches, TX		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense gas
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ught	Office held
	Date 02/19/2024		Payee name Sickies		
	Amount (\$) \$25.66		Payee address; City; State; Zip C	ode	
			Irving, TX		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Meet and Greet
	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	<u>I</u> ught	Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vage	es/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 22/25	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		
	02/05/2024	Super Yummy		
6	Amount (\$) \$75.20	7 Payee address; City; State; Zip Co	ode	
	\$15.20			
		Nacogdoches, TX		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Meeting
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office co.	ı abt	office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıgnı	t Office held
⊨	Date			
	02/12/2024	Payee name T-Mobile		
L			1 .	
	Amount (\$)	Payee address; City; State; Zip Co	oae	<b>)</b>
	\$155.39			
L		TX		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if daysin, TX, officeholder living expense
				Phone/Internet
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	t Office held
	expenditure to benefit C/O	H		
	Date	Payee name		
	02/14/2024	Texaco		
	Amount (\$)	Payee address; City; State; Zip Co	ode	:
	\$5.00			
		Alto, TX		
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Gas (Pump slow)
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	office held
	expenditure to benefit C/O		-grit	Cinico ficiu
$\vdash$				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 18/19 Rpt: 23/25	Matlock, James T. (Mr.) 00087349
4	Date	5 Payee name
	02/12/2024	Valero
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	
		San Augustine, TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Gas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	Complete ONLY if direct expenditure to benefit C/Ol	
⊨	<u> </u>	
	Date	Payee name
	02/20/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	
		Nacogdoches, TX
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gas
		Cas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
⊨	Date	Davies same
	02/12/2024	Payee name Whataburger
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.92	
		Mt Enterprise, TX
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting
		I Westing
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Alaries/Wages/Contract Labor OTHER (enter a category not listed above)  v to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/19 Rpt: 24/25	Matlock, James T. (Mr.)	00087349
4 Date	5 Payee name	
02/12/2024	Wyndham Hotels	
6 Amount (\$) \$64.40	7 Payee address; City; State; Z Amarillo, TX	Zip Code
8 PURPOSE		(b) Description
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu  Travel In District	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel
Complete ONLY if direct expenditure to benefit C/Oh		ce sought Office held
Date	Payee name	
02/09/2024	Wyndham Hotels	
Amount (\$) \$65.55	Payee address; City; State; Z	Zip Code
	Amarillo, TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu  Travel In District	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hotel
Complete ONLY if direct expenditure to benefit C/OF		ce sought Office held
Date	Payee name	
02/21/2024	Zoom	
Amount (\$) \$17.08	Payee address; City; State; 2	Zip Code
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online Meeting Platform
Complete ONLY if direct expenditure to benefit C/Oh		ce sought Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 25/25 Matlock, James T. (Mr.) 00087349 Date Payee name 02/01/2024 Matlock 4 RRC Amount (\$) Payee address; City; State; Zip Code 2400 Stallings Dr N \$1,917.28 Suite 14 Reimbursement from political contributions intended Nacogdoches, TX 75964 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Donated to Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH