CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00087349		2 Total pages filed: 13
3 CANDIDATE /	MS / MRS / MR	FIRST	.1	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr.	James T.			Date Received
IVAIVIE					
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/16/2024
	Ту	Matlock			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	- Γ Y ;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	2400 Stallings Dr N				
ADDRESS	Suite 14				Receipt # Amount
Change of Address	Nacogdoches, TX 75964				
🏻	1.11.2.9.2.2.2.7				Date Processed
					Date Imaged
					Date illiageu
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER	Mr.	James T.		••••	
NAME	livii.	ouries i.			
	NICKNAME	LAST		SUFFIX	
		Matlock		301117	
		Middlook			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE).	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER	2400 Stallings Dr N	BUX FLLAUL,	/ u	1/3011L#, CI.1,	STATE, ZII GODE
ADDRESS	Suite 14				
(Residence or Business)					
	Nacogdoches, TX 75964				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER I	EXTENSION		
TREASURER PHONE	(936) 320-3031				
PHONE					
8 REPORT					
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
		J our day solo.c	Election	reporting limit	I Final Nepolt (Attach 5/5/11/19)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	02/25/2024	Tł	HROUGH	06/30/2024	
	32.23.2 22				
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	XF	Primary	Runoff	Other
	03/05/2024		General	Special	
		<u>'</u>	JEHICI AI	Special	
44 055105	OFFICE LIFED (if any)			Tag OFFICE SOLICHT	(If I was a seal)
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT Railroad Commis	
				Railluau Cultimis	SSIONEI
		GO 1	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	14 Filer ID (00087349	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 112.06
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 224.12
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 7,978.39	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 11,373.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 1,300.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr. J	James T. Matlock	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 (of 13
18 FILER NAMI Matlock, Ja	E ames T. (Mr.)	19 Filer ID 00087349	(Ethics Commission File	ers)
20 SCHEDULE NAME OF S			SUBTOTAL AMOL	JNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	224.12
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$ 1,	300.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	224.09
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,	300.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 3,	283.18
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 6,	566.36
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
			•	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/13		
2	FILER NAME Matlock, Jan	nes T. (Mr.)			3	Filer ID (Ethics Commission 00087349	n Filers)	
4	Date 05/30/2024	 Full name of contributor out-of-state PAC (IE Kemp, Michael Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$26.03	
		Odessa, TX 79762						
8	Principal occu Safety	pation / Job title (See Instructions)	9	Employer (See Instructions Alpine Silica, LLC	5)			
	Date 02/27/2024	Full name of contributor out-of-state PAC (IE Pallay Jr., Bela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
	San Antonio, TX 78253 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired							
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$26.03		
		Elgin, IL 60120		5 1 (0 1 : :	<u></u>			
	Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Loan Broker	5)			
06/02/2024 S		Shearer, Bennie	Shearer, Bennie				\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) Torgerson, Eric Contributor address; City; State; Zip Code Richardson, TX 75081					Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/13
2 FILER NAME Matlock, James T. (Mr.)	3 Filer ID (Ethics Commission Filers) 00087349
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:	9 In-kind description pledge (\$) (If applicable)
	Check if travel outside of Texas. Complete Schedule 1
10 Principal occupation / Job title (See Instructions) 11 Employer (See Inst	

	LOANS						SCHEDU	LE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	l l		s Schedule E: Rpt: 6/13	
2	FILER NAME Matlock, James	T. (Mr.)			l l	iler ID (Ethics Commission	Filers)
4		IITEMIZED LOANS			I	\$;	1,300.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:) 9	Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		1	0 Interest Rate	
						1	1 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)	I		
14	Description of Coll	ateral		15 Check if personal	funds were de	posited in	to political account (See Instructions	
16	GUARANTOR INFORMATION	17 Name of guarantor				1	9 Amount Guarante	eed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	structions)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen	ld/Rental Expense e se s/Contract Labor	Travel in Distric Travel Out of Di	
Credit Card Payment		The Instruction Guide expl	lains how to compl	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 1/1 Rpt: 7/13	Matlock, Ja	mes T. (Mr.)			00087349	
4 Date	5 Payee name					
03/04/2024	Capital One					
6 Amount (\$)	7 Payee addres		State; Zip Code			
\$112.06	r ayee address	33, Oity, C	state, Zip Code			
	City of Indu	stry, CA 91716				
8 PURPOSE OF EXPENDITURE	(a) Category (Se Credit Card	ee Categories listed at the top of the Payment	his schedule) (b)	<u> </u>	outside of Texas. Con TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sought		Office h	eld

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpense Nages/Contract Labor	Travel in District Travel Out of Distric OTHER (enter a ca	ct tegory not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Eth	ics Commission Filers)
	Sch: 1/6 Rpt: 8/13	Matlock,	James T. (Mr.)			00087349	
4	Date	5 Payee na	me				
	03/03/2024	Capital C	One				
6	Amount (\$)	7 Payee ad	dress; City; St	ate; Zip Co	ode		
	\$206.53						
	Reimbursement from political contributions intended	City of Ir	dustry, CA 91716				
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	Check if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Ex	pense			Check if Austin, TX, of	ficeholder living expense
	-				DFW Event		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	iceholder name		Office sought	Offi	ce held
	Date	Payee na	me				
	05/06/2024	Capital C	One				
	Amount (\$)	Payee ad	dress; City; St	ate; Zip Co	ode		
	\$565.85						
	Reimbursement from political contributions intended	CA					
	PURPOSE OF	1	(See Categories listed at the top of this	schedule)	Description	₫	of Texas. Complete Schedule T.
	EXPENDITURE	Event Ex	pense		L		ficeholder living expense
					Permian Basin E	vent	
	Complete ONLY if direct	Candidata/Off	isoholder nome		Office cought	Offi	an hald
	Complete ONLY if direct expenditure to benefit	Candidate/On	iceholder name		Office sought	Oili	ce held
	C/OH						
	Date	Payee na	me				
	05/28/2024	Capital C	One				
	Amount (\$)	Payee ad	dress; City; St	ate; Zip Co	ode		
	\$758.00						
	Reimbursement from						
	political contributions intended	CA					
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	Check if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Ex	pense			Check if Austin, TX, of	ficeholder living expense
	-				State Convention	Expenses	
	Complete ONLY if direct expenditure to benefit	Candidate/Off	iceholder name		Office sought	Offi	ce held
L	C/OH						

SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transporta Travel in D Travel Out	n/Fundraising Expense ation Equipment & Related Expense bistrict t of District enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	=			3	iler ID	(Ethics Commission Filers)
	Sch: 2/6 Rpt: 9/13		mes T. (Mr.)			l	000873	` ,
4	Date	5 Payee name						
	03/19/2024	Go Daddy						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$17.98	,						
	Reimbursement from political contributions intended	Tempe, AZ						
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sch	edule)	(b) Description	╛		l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		L	Che	ck if Austir	in, TX, officeholder living expense
					Website			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
	Date	Payee name	<u> </u>					
	04/17/2024	Go Daddy						
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$17.98	.,,	, - - ,					
	, , , ,							
	Reimbursement from political contributions intended	Tempe, AZ						
	PURPOSE	Category (S	see Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Che	ck if Austir	in, TX, officeholder living expense
					Website			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
	Date	Payee name	r					
	05/14/2024	Go Daddy						
_	Amount (\$)	Payee addre	ess; City; State;	Zip Co	nde .			
	\$17.98	r ayee addre	oss, City, State,	, Zip Ct	Jue			
	·							
	Reimbursement from political contributions intended	Tempe, AZ						
	PURPOSE	Category (S	see Categories listed at the top of this sch	edule)	Description	Che	ck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Che	ck if Austii	in, TX, officeholder living expense
					Website			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held

SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement ice Overhead/Rental Expense lling Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
_	Sch: 3/6 Rpt: 10/13	Matlock, James T. (Mr.)		00087349
4	Date	5 Payee name		
	06/11/2024	Go Daddy		
6	Amount (\$)	7 Payee address; City; State; Zi	p Code	
	\$17.98 Reimbursement from political contributions			
	intended	Tempe, AZ		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXI ENDITORE		Website	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	04/22/2024	Go Daddy		
	Amount (\$)	Payee address; City; State; Zi	n Code	
	\$101.44		,	
	, -			
	Reimbursement from political contributions intended	AZ		
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	LAI ENDITORE		Website	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/01/2024	Matlock, Marlynn		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$200.00	548 CR 954		
	Reimbursement from			
	political contributions intended	Cushing, TX 75760		
	PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Loan Repayment/Reimbursement	L	Check if Austin, TX, officeholder living expense
			Repayment of loa	an
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Travel in Dist Travel Out of	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	≣			3	Filer ID	(Ethics Commission Filers)
	Sch: 4/6 Rpt: 11/13	Matlock, Ja	mes T. (Mr.)			(0008734	9
4	Date	5 Payee name						
	04/01/2024	Matlock, Ma						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$200.00	548 CR 954	4					
	Reimbursement from							
	political contributions intended	Cushing, T	X 75760					
8	PURPOSE		ee Categories listed at the top of this sche	adula)	(b) Description	7 Che	ock if travel o	utside of Texas. Complete Schedule T.
ľ	OF	1		edule)	(b) Description	=		TX, officeholder living expense
	EXPENDITURE	гоан кера	yment/Reimbursement		Denayment of lo		,	,
					Repayment of loa	an		
Ļ		<u> </u>						
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held
	C/OH							
	Data	T 5						
	Date	Payee name						
	05/01/2024	Matlock, Ma						
	Amount (\$)	Payee addre	•	Zip Co	ode			
	\$200.00	548 CR 95	4					
	Reimbursement from political contributions							
	intended	Cushing, T	X 75760					
	PURPOSE	Category (s	ee Categories listed at the top of this scho	edule)	Description	Che	eck if travel o	utside of Texas. Complete Schedule T.
	OF	Loan Repa	yment/Reimbursement			Che	eck if Austin,	TX, officeholder living expense
	EXPENDITURE	•	,		Repayment of loa	an		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit				· ·			
	C/OH							
	Date	Payee name						
	06/01/2024	Matlock, Ma	arlynn					
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode			
	\$200.00	548 CR 954	•					
	Reimbursement from political contributions intended	Cushing, T	x 75760					
\vdash	PURPOSE			adule)	Description	7 Chr	ack if traval a	utside of Texas. Complete Schedule T.
	OF	1	ee Categories listed at the top of this scho	eaule)	Description [=		TX, officeholder living expense
	EXPENDITURE	гоан кера	yment/Reimbursement		Denayment of lo	_	,	,
					Repayment of loa	an		
_	Complete ONLY 'C. I'	Condition (C.C.	haldar name		0#:			Office heald
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought			Office held
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment			Wages/Contract Labor		OTHER (enter a category not listed above	e)
			The Instruction Guide explains how to c	omplete this form.			
1		2	FILER NAME		3	Filer ID (Ethics Commission	Filers)
	Sch: 5/6 Rpt: 12/13		Matlock, James T. (Mr.)			00087349	
4	Date	5	Payee name				
	03/06/2024		TMobile				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$155.36						
	Reimbursement from						
	political contributions intended		WA				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	7 c	Check if travel outside of Texas. Complete	Schedule T.
	OF	``	Office Overhead/Rental Expense		c	Check if Austin, TX, officeholder living exper	ise
	EXPENDITURE		•	Phone			
9	Complete ONLY if direct	Ca	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
	6/6/1						
	Date		Payee name				
	04/10/2024		TMobile				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$155.36						
	Reimbursement from						
	political contributions intended		WA				
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	1 c	Check if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		С	Check if Austin, TX, officeholder living exper	ise
	LAFLINDITORL			Phone			
		Ca	ndidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH						
		_					
	Date		Payee name				
	05/06/2024	╙	TMobile				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$155.36						
	Reimbursement from political contributions						
	intended		WA				
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	╛	Check if travel outside of Texas. Complete	
	EXPENDITURE		Office Overhead/Rental Expense	L] C	Check if Austin, TX, officeholder living exper	ise
				Phone			
		Ļ					
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officeholder name	Office sought		Office held	
	C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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: 6/6 Rpt: 13/13 Matlock, James T. (Mr.) 00087349 Date Payee name 06/06/2024 **TMobile** Amount (\$) Payee address; City; State; Zip Code \$155.36 Reimbursement from political contributions intended WA **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 Office Overhead/Rental Expense **EXPENDITURE** Phone Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/15/2024 **Texas GOP** Amount (\$) Payee address; City; State; Zip Code \$158.00 Reimbursement from political contributions Austin, TX intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** State Convention Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH