CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MATTHEW	мі М	OFFICE USE ONLY			
NAIVIE	NICKNAME LAST DR. MIX MIX	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE ASTROP TX 78602	01/14/2025			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512)	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MR AUGUST	MI J	Receipt # Amount \$			
	NICKNAME LAST AJ ZIMMERHA	SUFFIX NZEL	Date Imaged			
	ATTENT ADDRESS (NO DO DOV DI FACE). ADT	CUITE # CUTY	STATE; ZIP CODE			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT /	BASTROP	TX 78602			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	7 / 1 / 24 THROUGH 12 / 31 / 24					
11 ELECTION	LECTION ELECTION DATE Month Day Year Primary Runoff Other Description					
	General Special Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	n)			
	BISD PLACE 6					
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 OFFICEHOLDERS 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 T	REASURER ADDRESS				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commis	er ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTE (OTHER THAN PLEDGES, LOANS, O		\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	T DAY \$	0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		THE \$	0.00			
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.							
		1/5	0 0				
		Car)					
		Signature of Car	didate or Officeholder				
		Olgitalis of Olg	produce of Officeriolder				
Please complete either option below:							
•							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by this the day of,							
20, to certify v	vhich, witness my hand and seal of office.						
Signature of officer administer	ing oath Printed name of officer adr	ninistering outh	Title of officer admir	nistering oath			
		imstering oath	The of officer admin	ilstering cath			
	OR						
(2) Unsworn Declaration	n						
MATTUEW MODOANIAW							
My name is MATTHEW MORGAN MIX and my date of birth is							
My address is	,	BASTROP , TX	, 78602, US				
	(street)	(city) (sta	ate) (zip code) (co	untry)			
Executed in BASTROF		the 14TH day of JANUA					
(month) (vear)							
Cità 60							
Signature of Candidate/Officeholder (Declarant)							