

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 filed: 4

OFFICE USE ONLY



3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: Jamie MI: 0
NICKNAME: LAST: Matts SUFFIX: SR.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: P.O. Box 499 Spindora, TX 77372
APT / SUITE #: CITY: STATE: ZIP CODE:

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (832) PHONE NUMBER: 401-6235 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: Jerry MI:
NICKNAME: LAST: Hyden SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 9125 Fostoria Rd. Cleveland TX 77328
APT / SUITE #: CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: (281) PHONE NUMBER: 797-2699 EXTENSION:

9 REPORT TYPE

January 15 30th day before 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)

10 PERIOD COVERED

Month Day Year: 7 1 2023 THROUGH Month Day Year: 12 31 2023

11 ELECTION

ELECTION DATE: Month Day Year: _____ ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known):

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE: GENERAL SPECIFIC
COMMITTEE NAME: _____
COMMITTEE ADDRESS: _____
COMMITTEE CAMPAIGN TREASURER NAME: _____
COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT
FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

James D. Mufts Sr

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS		18 SIGNATURE	
1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0.00
4.	TOTAL POLITICAL EXPENDITURES	\$	3000.00
CONTRIBUTION BALANCE			
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	152611.27
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath
OR
Printed name of officer administering oath
Title of officer administering oath

(2) Unsworn Declaration

My name is James Mufts and my date of birth is 8/30/56
 My address is PO Box 499 - 75601 Mufts Rd Cleveland TX 75328
 Executed in Texas County, State of Texas on the 1st day of January, 2024
 Signature of Candidate/Officeholder (Declarant) _____

FORM C/OH

COVER SHEET PG 3

SUBTOTALS - C/OH

20 Filer ID (Ethics Commission Filers)

19 FILER NAME

James D. Matts Sr.

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE

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 POLITICAL CONTRIBUTIONS \$ *3000.00*

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$

12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	<input type="checkbox"/>	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	<input type="checkbox"/>	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	<input type="checkbox"/>	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<input type="checkbox"/>	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<input type="checkbox"/>	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	<input checked="" type="checkbox"/>	\$ <i>3000.00</i>
4.	SCHEDULE E: LOANS	<input type="checkbox"/>	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	<input type="checkbox"/>	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	\$
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
SUBTOTAL AMOUNT			

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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/Officer/Political Committee
- Credit Card Payment
- Event Expense
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule F1: 1
 2 FILER NAME: James O Must Sr.
 3 Filer ID (Ethics Commission Filer):

4 Date: 10/25/2023
 5 Payee name: Brett Lyon Campaign

6 Amount (\$): 1500.00
 7 Payee address: P.O. Box 285, Montague, Texas 77356

8
 (a) Category (See Categories listed at the top of this schedule): Contribution/donations made by candidate/officer/political committee
 (b) Description: donation

9 Complete ONLY if direct expenditure to benefit C/OH
 Candidate / Officer name: Office sought: Office held: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officer/holder living expense

Date: 10/25/2023
 Amount (\$): 1000.00
 Payee name: Family Promise
 Payee address: P.O. Box 424 Conroe, Texas 77305

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 Payee name: Family Promise
 Payee address: P.O. Box 424 Conroe, Texas 77305

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED