| CANDIDAT<br>CAMPAIGN  | FORM C/OH<br>COVER SHEET PG 1   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| The C/OH instruction Gu                                       | 2 Total pages fligg:  |  |  |  |  |  |  |  |
| 3 CANDIDATE/  | MS / MRS / MR   | FIRST  | NI NI  | OFFICEUSEONLY  |  |  |  |  |
| OFFICEHOLDER<br>NAME  | NICKNAME  | MATTHE   | SUFFIX   | Dale Received  |  |  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX;   | UBBAY L  | CHY. STATE: ZIP CODE  CHIE  L. TY 17575  | 5/3/2622   |  |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE<br>(713)  | 806 - 8  | extension<br>052   | Date Hand-delivered or Date Pestmarked  5.3.2020 Receipt #   Amount S  |  |  |  |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | ME / MRS / MR  MES  NICKNAME  | SHORY C  | BUFFIX   | Date Processed 5. 3. 2023  |  |  |  |  |
|   |   | MARINER  |  | 5.3.00da   |  |  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) | STREET ADDRESS (* 24514   |  | WITE #: CANE WANE TY 17375   | STATE: ZIP CODE  |  |  |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE (822)   | PHONE NUMBER<br>814 — 9127   | EXTÉNSION  |  |  |  |  |  |
| 9 REPORT TYPE   | January 15  | 30th day before  |  | 15th day after campaign<br>treasurer appointment<br>(Officeholder Only)  |  |  |  |  |
|   | July 15   | Sth day before e   | repairing con-   | Finel Report (Attach CrOH - FR)  |  |  |  |  |
| 10 PÉRIOD<br>COVERED  | Manth   | 08 / 2022  | THROUGH OH   | 129 / War  |  |  |  |  |
| 11 ELECTION   | Month Day   | Year Primary   | Description  |  |  |  |  |  |
| 12 OFFICE   | OFFICE HELD (if any)  |  | CAY COULD  | L POSTHON 5  |  |  |  |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         | THIS BOX IS FOR NOTING CANDIDATE / OFFICE CONSENT. CANDIDATE / COMMITTEE TYPE | E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REO COMMITTEE NAME | 9 accepted dr political experditure:<br>E3 May May2 been hade without the G<br>Uired to report this diformation daly | Made by Political Committees to Support<br>Andidates or Officencider's Knowledge or<br>IP They regene notice of Such Expenditures. |  |  |  |  |
| Additional Pages  | GENERAL COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME                  |  |  |  |  |  |  |  |
|   | SPECIFIC  | COMMITTEE CAMPAIGN 1   |  |  |  |  |  |  |
| GO TO PAGE 2  |   |  |  |  |  |  |  |  |

| SUBTOTALS - C/OH  | COVER              | FORM C/OH<br>SHEET PG 3 |
|---|--------------------|-------------------------|
| 19 FILER NAME   | mmission Filers)   |                         |
| MATHEW MATNED  21 SCHEDULE SUBTOTALS NAME OF SCHEDULE                       | 1                  | SUBTOTAL<br>AMOUNT      |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ <b>(</b> )      |                         |
| 2. SCHEOULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              |                    | s D                     |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS  |                    | s D                     |
| 4. SCHEDULE E: LOANS  | s U                |                         |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO               | s ()               |                         |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 | s ()               |                         |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL                 | CONTRIBUTIONS      | \$ <u>0</u>             |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            |                    | s <i>O</i>              |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                 | NDS                | 5 0                     |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO                | A BUSINESS OF C/OH | 5 ()                    |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO           | ONTRIBUTIONS       | \$ 0                    |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOR TO FILER | TIONS RETURNED     | s ()                    |
|   |                    |                         |

| CANDIDAT CAMPAIGN                |            |   |  |  | co        | FOR<br>VER SHE               | ET PG 2            |
|----------------------------------|------------|---|--|--|-----------|------------------------------|--------------------|
| 15 C/OH NAME                     |            |   |  |  | 16 Filer  | ID (Ethics Comm              | nission Filers)    |
| MATHEM                           | <u> </u>   | M   | MADAIL                                   | 167,   |           |                              |                    |
| 17 CONTRIBUTION TOTALS           | 1.         | PLEDGES, I  |  | CONTRIBUTIONS (OTHER THA<br>EES OF LOANS, OR | N ,       | \$ 0                         |                    |
|                                  | 2.         |   | LITICAL CONTRIBU<br>AN PLEDGES, LOANS    | T <b>IONS</b><br>OR GUARANTEES OF LOANS      | <b>)</b>  | \$ 0                         |                    |
| EXPENDITURE<br>TOTALS            | 3.         | TOTAL UNITEMIZED POLITICAL EXPENDITURE.   |  |  |           | \$ 0                         |                    |
| ***********                      | 4.         | TOTAL PO  | LITICAL EXPENDITI                        | JRES   |           | s ()                         |                    |
| CONTRIBUTION<br>BALANCE          | 5,         | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD |  |  | \$ 0      |                              |                    |
| OUTSTANDING<br>LOAN TOTALS       | 6.         |   | NCIPAL AMOUNT OF A<br>DF THE REPORTING I | LL OUTSTANDING LOANS AS C<br>PERIOD          | OF THE    | s 0                          |                    |
| I .                              |            |   | me under Title 15, Elec                  | the accompanying report is to cition Code.   |           |                              |                    |
|                                  |            |   |  | Signature of C                               | andidate  | or Officeholder              |                    |
|                                  |            |   | ı  |  |           |                              |                    |
| (1) Affidavit                    |            |   | Please comple                            | ete either option belo                       | w:        |                              |                    |
|                                  |            |   |  |  |           |                              |                    |
| NOTARY STAMP/SEA                 | AL.        |   |  |  |           | ,                            |                    |
| Sworn to and subscribed          | before r   | ne by   |  | this th                                      | e         | day of                       | •                  |
| 20, to certify                   | y which, w | itness my hand  | land seal of office.                     |  |           |                              |                    |
| Signature of officer administ    | ering cath |   | Printed name of office                   | Al Administering on the                      | ····      | Tille of officer             | administering oath |
| Mark Care                        |            |   |  | OR   |           | TILE OF CHICAL               | administering oath |
| (2) Unsworn Declarat             | ion        |   | ,  |  |           |                              |                    |
| My name is MATT<br>My address is | HW L       | MAND<br>1 BOBA  | nuev<br>Lane                             | and my date of birth                         | 1s_10     | 127/196                      | Havers             |
| Executed in HALL                 | us         | (street)<br>_County, Stat   | 2~/ N / N / D                            | 1111   | onth)     | (zip code)<br>2011<br>(year) | (country)          |
|                                  |            |   |  | Signature of Ca                              | ndidate/O | lfliceholder (Decl           | arant)             |