2-.22

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

FEB- 1 2022

**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:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST MATTHEW	мі L	OFFICE USE ONLY		
NAME	NICKNAME LANE		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 117 NORTH SAN ANGEL	MILTON	CITY; STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (325)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	Mi	- Receipt # Amount \$		
TREASURER NAME		LAST	J SUFFIX	Date Processed		
		HUNNICUTT		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE): APT / SU RIDGE DRIVE D,TX 76904	JITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 374-1359	EXTENSION			
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1	Day Year 16 / 22	Month THROUGH 1	Day Year / 31 / 22		
11 ELECTION	ELECTION DA Month Day 3 / 1	Year Primary	ELECTION TYPE Runoff Other Description Special	Ξ		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know TOM GREEN CO			
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.					
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TREA				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER

## FORM C/OH COVER SHEET PG 2

CAIVIPAIG	N FINANCE REPORT	00121	ONELTIOZ		
15 C/OH NAME MATTHEW LANE CA		6 Filer ID (Eth	ics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	· · · · · · · · · · · · · · · · · · ·		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,150.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$	2,704.83		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	5,443.45		
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD</li> </ol>	<sup>HE</sup> \$	1,250.00		
	Signature of Cand	idate or Office	sholder		
	Please complete either option below:				
(1) Affidavit DONNA M. DONALDSON Notary Public, State of Texas Comm. Expires 07-11-2022 Notary ID 5745508					
NOTARY STAMP/SEA		. 1	DA		
Sworn to and subscribed	before me by MATTHEW HAVE CARTER this the _!	St day	Asbuary		
Dena M	which, witness my hand and seal of office.	NOTA	ey DUBLIC		
Signature of officer administe	Printed name of officer administering oath	Title of	officer administering oath		

## Printed name of officer administering oath

	Finted ha	ane of officer administern	ig oati		The of one	a administering out
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of b	irth is		
My address is	····			( )	۰۱۱	
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of(	month)	, 20 (year)	-
			Signature of (	Candidate/Of	ficeholder (Dec	larant)
		unu othion state ty u				Povisod 8/17/20

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	19 FILER NAME       20 Filer ID (Ethics Cor         MATTHEW LANE CARTER       20 Filer ID (Ethics Cor				
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,150.00	
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				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$		
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 CONTRIE TO FILER	BUTIONS RETURNED	\$		

	ARY POLITICAL CONTRIB		SCHEDULE A1	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
			3 Filer ID (Ethics Commission Filers)	
4 Date	LANE CARTER     S Full name of contributor     Out-of-state PA     BARRETT & KACI BOWLIN	7 Amount of contribution (\$)		
01/16/2022	6 Contributor address; City; 7192 HILTON HEAD SAN ANG	250.00		
8 Principal occu PHYSICIAN	pation / Job title (See Instructions)	9 Employer (See Instruc SHANNON MEDICA	,	
Date 01/18/2022	Full name of contributor • out-of-state PA CRISTAL KURTZ Contributor address; City; 1743 CALLE PALTICO OCEAN		Amount of contribution (\$)	
	eation / Job title (See Instructions) F HUMAN RESOURCES	Employer (See Instruct CORELATION INC	tions)	
Date 01/20/2022	Full name of contributor out-of-state PA JASON & AMANDA MCMILLAN Contributor address; City; 7687 ELK RUN SAN ANGE	State; Zip Code	Amount of contribution $($	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct TEXAS DEPARTME	NT OF PUBLIC SAFETY	
Date 01/22/2022	Full name of contributor out-of-state PA RAY BISHOP Contributor address; City; 3401 SILVER SPUR SAN ANG	C (ID#:) State; Zip Code SELO, TX 76904	Amount of contribution (\$)	
Principal occup RETIRED	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Instr	uction guide for additional r	eporting requirements.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1						
If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.			
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2			
2 FILER NAME	LANE CARTER		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PA	7 Amount of contribution (\$)				
01/22/2022	6 Contributor address; City; 1050 BUTTERFLY LANE SAN AN	State; Zip Code	1,000.00			
8 Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instruct N/A	tions)			
Date	Full name of contributor  • out-of-state PAI TED WEATHERFORD	C (ID#:)	Amount of contribution (\$)			
01/22/2022		State; Zip Code ELO,TX 76904	250.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF EMPLOYED SELF EMPLOYED						
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
		1				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
EXPENDITURE CALEGURIES FUR BUX 8(8)	CVDENDITUDE	CATECODIEC	EOD DOV 0/-1
	EXPENDITURE	CALEGORIES	FUR BUX dial

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing Ex Salaries/M	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 2	ŧ	AME W LANE CARTER			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na				I	
01/31/2022	VENMC	)				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
6.85						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BANKI	NG FEE		PROCESSING	G FEES	
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
01/21/2022	WESTE	RN POSTER				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
2,522.23	901 STRAWN, SAN ANGELO, TX 76904					
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVEF	RTISING/PRINTING		YARD SIGNS		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
01/24/2022	OFFICE	DEPOT				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
150.47	4272 SU	INSET DRIVE, SAN A	NGELC	D,TX 76904		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING/PRINTING		BROCHURES		
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austin	n, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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/Officeholder/Politica Credit Card Payment		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 2	2 FILER NAME MATTHEW LANE CARTER			3 Filer ID (Ethics	Commission Filers)
4 Date 01/24/2022	5 Payee name LOWE'S				
6 Amount (\$) 12.64	7 Payee address; 5301 SHERWOOD WAY, SAN	I ANGE	<sup>City;</sup> ELO, TX 76904	State;	Zip Code
8	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING		WOOD FOR S	SIGN FRAME	S
	(c) Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct . expenditure to benefit C/OH	Candidate / Officeholder name H		Office sought		Office held
Date	Payee name			· · · · · · · · · · · · · · · · · · ·	
01/24/2022	LOWE'S				
Amount (\$)	Payee address;		City;	State;	Zip Code
12.64	5301 SHERWOOD WAY, SAN	I ANGE	ELO, TX 76904		
	Category (See Categories listed at the top of this sch	hedule)	Description		
PURPOSE OF EXPENDITURE	ADVERITISING		WOOD FOR S	SIGN FRAME	S
	Check if travel outside of Texas, Complete Sch	hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	hedule)	Description		
	Check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEE	DED	