

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MATTHEW LANE CARTER		16 Filer ID (Ethics 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 DAY OF REPORTING PERIOD	\$ 5,443.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250.00

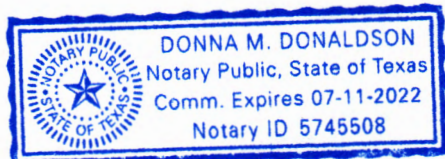
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by MATTHEW LANE CARTER this the 1st day of February 2022, to certify which, witness my hand and seal of office.

Donna M. Donaldson DONNA M. DONALDSON NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME MATTHEW LANE CARTER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: 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. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,704.83
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		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2022	5 Full name of contributor out-of-state PAC (ID#: _____) BARRETT & KACI BOWLIN 6 Contributor address; City; State; Zip Code 7192 HILTON HEAD SAN ANGELO, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) SHANNON MEDICAL CENTER
Date 01/18/2022	Full name of contributor out-of-state PAC (ID#: _____) CRISTAL KURTZ Contributor address; City; State; Zip Code 1743 CALLE PALTICO OCEANSIDE, CA 92056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) DIRECTOR OF HUMAN RESOURCES		Employer (See Instructions) CORELATION INC
Date 01/20/2022	Full name of contributor out-of-state PAC (ID#: _____) JASON & AMANDA MCMILLAN Contributor address; City; State; Zip Code 7687 ELK RUN SAN ANGELO, TX 76901	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) DPS		Employer (See Instructions) TEXAS DEPARTMENT OF PUBLIC SAFETY
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) RAY BISHOP Contributor address; City; State; Zip Code 3401 SILVER SPUR SAN ANGELO, TX 76904	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) JOHN FIVEASH 6 Contributor address; City; State; Zip Code 1050 BUTTERFLY LANE SAN ANGELO, TX 76905	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 01/22/2022	Full name of contributor out-of-state PAC (ID#: _____) TED WEATHERFORD Contributor address; City; State; Zip Code 7464 SPILLWAY SAN ANGELO, TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2022	5 Payee name VENMO		
6 Amount (\$) 6.85	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING FEE		(b) Description PROCESSING FEES
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/21/2022	Payee name WESTERN POSTER		
Amount (\$) 2,522.23	Payee address; City; State; Zip Code 901 STRAWN, SAN ANGELO, TX 76904		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING		Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/24/2022	Payee name OFFICE DEPOT		
Amount (\$) 150.47	Payee address; City; State; Zip Code 4272 SUNSET DRIVE, SAN ANGELO, TX 76904		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING		Description BROCHURES
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME MATTHEW LANE CARTER	3 Filer ID (Ethics Commission Filers)
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4 Date 01/24/2022	5 Payee name LOWE'S
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6 Amount (\$) 12.64	7 Payee address; 5301 SHERWOOD WAY, SAN ANGELO, TX 76904	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description WOOD FOR SIGN FRAMES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/24/2022	Payee name LOWE'S
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Amount (\$) 12.64	Payee address; 5301 SHERWOOD WAY, SAN ANGELO, TX 76904	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description WOOD FOR SIGN FRAMES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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