

# 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: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MATTHEW	MI L	<b>OFFICE USE ONLY</b> Date Received <span style="font-size: 1.5em; font-weight: bold;">MAY 16 2022</span>  MAY 16 2022 PM 4:17  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME LANE	LAST CARTER	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; 117 NORTH MILTON SAN ANGELO, TX 76901	APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 325 )	PHONE NUMBER 656-0625	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST MEAGAN	MI J	
	NICKNAME	LAST HUNNICUTT	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4401 PINON RIDGE DRIVE SAN ANGELO, TX 76904			CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 325 )	PHONE NUMBER 374-1359	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month      Day      Year 2      /      21      /      22		THROUGH	Month      Day      Year 5      /      16      /      22
11 ELECTION	ELECTION DATE Month      Day      Year 5      /      24      /      22		ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff      Other Description General      Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) TOM GREEN COUNTY JUDGE	
14 NOTICE FROM POLITICAL COMMITTEE(S)   Additional Pages	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		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> MATTHEW LANE CARTER		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 22,711.60
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,820.09
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,846.95
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,350.00

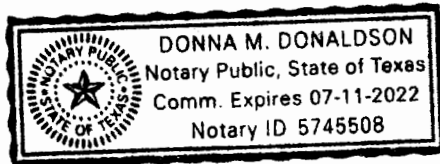
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 16th day of May

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

**(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

<b>19 FILER NAME</b> MATTHEW LANE CARTER		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 22,225.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 486.60
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1,100.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 22,820.09
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: 8
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LACY LUBKE</b> 6 Contributor address; City; State; Zip Code <b>3926 INGLEWOOD, SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/14/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TOM THOMPSON</b> Contributor address; City; State; Zip Code <b>3801 RANSOM ROAD, SAN ANGELO, TX 76903</b>	Amount of contribution (\$)  <b>350.00</b>
Principal occupation / Job title (See Instructions) <b>SALES MANAGER</b>		Employer (See Instructions) <b>BIMEDA ANIMAL HEALTH</b>
Date <b>03/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RHETT GRIMES</b> Contributor address; City; State; Zip Code <b>5424 BELLISSIMA WAY, ROUND ROCK, TX 78665</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		Employer (See Instructions) <b>N/A</b>
Date <b>03/02/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARTHA VISNEY</b> Contributor address; City; State; Zip Code <b>126 CRESTWOOD DRIVE, SAN ANGELO, TX 76903</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>NONE</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 8
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/02/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KANDI POOL</b>	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code <b>3613 THREEAWN LANE, SAN ANGELO, TX 76904</b>	
8 Principal occupation / Job title (See Instructions) <b>REAL ESTATE AGENT</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/02/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRONCO CONSTRUCTION</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>7477 RUMSEY LOOP, MILES, TX 76861</b>	
Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/07/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM CASKEY</b>	Amount of contribution (\$)  <b>500.00</b>
	Contributor address; City; State; Zip Code <b>PO BOX 62802, SAN ANGELO, TX 76906</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>NONE</b>
Date <b>03/07/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TONY JONES</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>16530 KOONCE, CHRISTOVAL, TX 76935</b>	
Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/07/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BILL DENDLE</b> 6 Contributor address; City; State; Zip Code <b>205 CLOVER DRIVE, SAN ANGELO, TX 76903</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/07/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BOBBIE REED</b> Contributor address; City; State; Zip Code <b>3346 CLEARVIEW, SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/07/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>VONDA BOSWELL</b> Contributor address; City; State; Zip Code <b>802 POPLAR, BRADY, TX 76825</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>TEACHER</b>		Employer (See Instructions) <b>BRADY ISD</b>
Date <b>03/07/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MICKEY BOSWELL</b> Contributor address; City; State; Zip Code <b>5009 RED OAK LANE, SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>300.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>NONE</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/07/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>GARY CORTESE</b> 6 Contributor address; City; State; Zip Code <b>PO BOX 2418, SAN ANGELO, TX 76902</b>	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>CONSTRUCTION</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/15/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROB WATKINS</b> Contributor address; City; State; Zip Code <b>PO BOX 3344, SAN ANGELO, TX 76902</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/15/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOHN FIVEASH</b> Contributor address; City; State; Zip Code <b>1050 BUTTERFLY LANE, SAN ANGELO, TX 76905</b>	Amount of contribution (\$)  <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>NONE</b>
Date <b>03/15/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLINT REICHENAU</b> Contributor address; City; State; Zip Code <b>PO BOX 287, WALL, TX 76957</b>	Amount of contribution (\$)  <b>200.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTINE BRININSTOOL</b>	7 Amount of contribution (\$) <b>2,500.00</b>
6 Contributor address; City; State; Zip Code <b>1523 BUTLER, SAN ANGELO, TX 76904</b>		
8 Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		9 Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TRISH JORDAN</b>	Amount of contribution (\$) <b>1,500.00</b>
Contributor address; City; State; Zip Code <b>27 SOUTHRIDGE DRIVE, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RHONDA CARROLL</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>12089 DOVE CREEK LANE WEST, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>REAL ESTATE AGENT</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>03/25/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAY &amp; DANA DICKENS</b>	Amount of contribution (\$) <b>350.00</b>
Contributor address; City; State; Zip Code <b>5517 COLUMBINE, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM CARTER</b> 6 Contributor address; City; State; Zip Code <b>16213 CR 1450, WOLFFORTH, TX 79382</b>	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions) <b>CHIEF OF PROBATION</b>		9 Employer (See Instructions) <b>LUBBOK COUNTY JUVENILE PROBATION</b>
Date <b>03/31/2022</b>	Full name of contributor out-of-state PAC (ID#: <u>741801786</u> ) <b>TREPAC/TEXAS ASSOCIATION OF REALTORS</b> Contributor address; City; State; Zip Code <b>PO BOX 2246, AUSTIN, TX 78768-2246</b>	Amount of contribution (\$)  <b>4,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>04/19/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HELEN KELLER</b> Contributor address; City; State; Zip Code <b>2925 SIERRA CIRCLE, SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>NONE</b>
Date <b>04/19/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JAY &amp; DANA DICKENS</b> Contributor address; City; State; Zip Code <b>5517 COLUMBINE, SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/09/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>MARTHA VISNEY</b>	<b>200.00</b>
6 Contributor address; City; State; Zip Code <b>126 CRESTWOOD, SAN ANGELO, TX 76903</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>NONE</b>
Date <b>05/09/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LARRY KERR</b>	<b>100.00</b>
Contributor address; City; State; Zip Code <b>3601 BRIARGROVE, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>05/09/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>JOE HYDE</b>	<b>300.00</b>
Contributor address; City; State; Zip Code <b>11606 TWIN LAKES LANE, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>05/09/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHARLES HUGHES</b>	<b>1,000.00</b>
Contributor address; City; State; Zip Code <b>1104 WEST BEAUREGARD, SAN ANGELO, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/09/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DAVID MCINTYRE</b> 6 Contributor address; City; State; Zip Code <b>7345 S RATLIFF RD, SAN ANGELO, TX 76904</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>05/09/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROB WATKINS</b> Contributor address; City; State; Zip Code <b>PO BOX 334, SAN ANGELO, TX 76902</b>	Amount of contribution (\$)  <b>1,500.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>05/16/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RAYMOND MEZA</b> Contributor address; City; State; Zip Code <b>3126 OAK MOUNTAIN TRAIL, SAN ANGELO, TX 76904</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1</b>	
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>486.60</b>	
5 Date 03/01/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIO CASTILLO</b> 7 Contributor address; City; State; Zip Code <b>913 SOUTH DAVID, SAN ANGELO, TX 76901</b>	8 Amount of Contribution \$ <b>400.00</b>	9 In-kind contribution description <b>FOOD FOR ELECTION DAY EVENT</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>SELF EMPLOYED</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>SELF EMPLOYED</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM CARTER</b> Contributor address; City; State; Zip Code <b>16213 CR 1450, WOLFFORTH, TX 79382</b>	Amount of Contribution \$ <b>86.60</b>	In-kind contribution description <b>FOOD FOR ELECTION DAY EVENT</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>CHIEF OF PROBATION</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>LUBBOCK COUNTY JUVENILE PROBATION</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

**LOANS**

**SCHEDULE E**

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 E: <b>1</b>
2 FILER NAME <b>MATTHEW LANE CARTER</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		<b>\$ 2,350.00</b>
5 Date of loan <b>03/23/2022</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MATTHEW LANE CARTER</b>	9 Loan Amount (\$) <b>1,100.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>117 NORTH MILTON, SAN ANGELO, TX 76901</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED</b>		13 Employer (See Instructions) <b>5 STONES CONSTRUCTION</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>MATTHEW LANE CARTER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/16/2022</b>	<b>5</b> Payee name <b>VENMO</b>	
<b>6</b> Amount (\$) <b>10.75</b>	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>BANKING FEES</b>	<b>(b)</b> Description <b>PROCESSING FEES</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>02/28/2022</b>	Payee name <b>FOSTER COMMUNICATIONS</b>	
Amount (\$) <b>1,394.00</b>	Payee address; City; State; Zip Code <b>2824 SHERWOOD WAY, SAN ANGELO, TX 76901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>RADIO</b>
	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
Date <b>03/07/2022</b>	Payee name <b>HYDE INTERACTIVE</b>	
Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>2001 WEST BEAUREGARD AVENUE, SAN ANGELO, TX 76901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>ONLINE ADVERTISING</b>
	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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# 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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME MATTHEW LANE CARTER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/04/2022	<b>5</b> Payee name WESTERN POSTER	
<b>6</b> Amount (\$) 1,190.75	<b>7</b> Payee address; City; State; Zip Code 901 STRAWN ROAD, SAN ANGELO, TX 76904	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	<b>(b)</b> Description YARD SIGNS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/07/2022	Payee name LED BILLBOARDS	
Amount (\$) 750.00	Payee address; City; State; Zip Code PO BOX 2691, SAN ANGELO, TX 76902	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BILLBOARD
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 04/11/2022	Payee name WESTERN POSTER	
Amount (\$) 4,603.87	Payee address; City; State; Zip Code 901 STRAWN ROAD, SAN ANGELO, TX 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING/ADVERTISING	Description SIGNAGE
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>MATTHEW LANE CARTER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>04/20/2022</b>	<b>5</b> Payee name <b>LOWE'S</b>
------------------------------------	--------------------------------------

<b>6</b> Amount (\$) <b>323.67</b>	<b>7</b> Payee address; City; State; Zip Code <b>5301 SHERWOOD WAY, SAN ANGELO, TX 76904</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b) Description</b> <b>MATERIALS FOR SIGNS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>04/25/2022</b>	Payee name <b>HOME DEPOT</b>
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Amount (\$) <b>17.24</b>	Payee address; City; State; Zip Code <b>4363 W HOUSTON HARTE EXPRESSWAY, SAN ANGELO, TX 76901</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>MATERIALS FOR SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/04/2022</b>	Payee name <b>LOWE'S</b>
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Amount (\$) <b>181.94</b>	Payee address; City; State; Zip Code <b>5301 SHERWOOD WAY, SAN ANGELO, TX 76904</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>MATERIALS FOR SIGNS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>MATTHEW LANE CARTER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/10/2022</b>	<b>5</b> Payee name <b>LOWE'S</b>	
<b>6</b> Amount (\$) <b>7.23</b>	<b>7</b> Payee address; City; State; Zip Code <b>5301 SHERWOOD WAY, SAN ANGELO, TX 76904</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>MATERIALS FOR SIGNS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>05/13/2022</b>	Payee name <b>HYDE INTERACTIVE</b>	
Amount (\$) <b>2,500.00</b>	Payee address; City; State; Zip Code <b>2001 WEST BEAUREGARD AVENUE, SAN ANGELO, TX 76901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>ONLINE ADVERTISING</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date <b>05/13/2022</b>	Payee name <b>AMERICAN CLASSIFIEDS</b>	
Amount (\$) <b>750.00</b>	Payee address; City; State; Zip Code <b>2027 SHERWOOD WAY, SAN ANGELO, TX 76901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>PRINT ADVERTISING</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>MATTHEW LANE CARTER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>05/13/2022</b>	<b>5</b> Payee name <b>COMPANY PRINTING</b>	
<b>6</b> Amount (\$) <b>4,590.64</b>	<b>7</b> Payee address; City; State; Zip Code <b>3419 KNICKERBOCKER RD, SAN ANGELO, TX 76904</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING</b>	<b>(b)</b> Description <b>POSTCARDS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>05/11/2022</b>	Payee name <b>MEDIA ADVANTAGE</b>	
Amount (\$) <b>5,000.00</b>	Payee address; City; State; Zip Code <b>59 N CHADBOURNE ST, SAN ANGELO, TX 76903</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>TELEVISION COMMERCIAL</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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