

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: 6																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:20%; font-size: small;">MI</td> </tr> <tr> <td>MR</td> <td>MATTHEW</td> <td>L</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>LANE</td> <td>CARTER</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	MATTHEW	L	NICKNAME	LAST	SUFFIX	LANE	CARTER		OFFICE USE ONLY							
MS / MRS / MR	FIRST	MI																			
MR	MATTHEW	L																			
NICKNAME	LAST	SUFFIX																			
LANE	CARTER																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">117 NORTH MILTON SAN ANGELO, TX 76901</td> </tr> </table>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	117 NORTH MILTON SAN ANGELO, TX 76901												
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5 CANDIDATE/OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(325)</td> <td>656-0625</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(325)	656-0625		Date Received											
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MRS	MEAGAN	J																			
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	HUNNICUTT																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">4401 PINON RIDGE DRIVE SAN ANGELO, TX 76904</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	4401 PINON RIDGE DRIVE SAN ANGELO, TX 76904												
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	Amount \$									
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">THROUGH</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">22</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">20</td> <td style="text-align: center;">22</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	2	1	22		2	20	22	Date Processed FEB 22 2022 PM 3:25			
Month	Day	Year	THROUGH	Month	Day	Year															
2	1	22		2	20	22															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> <td style="text-align: center;">22</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) TOM GREEN COUNTY JUDGE																			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: x-small; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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GO TO PAGE 2																					

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)	\$ 2,849.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,950.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,342.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250.00

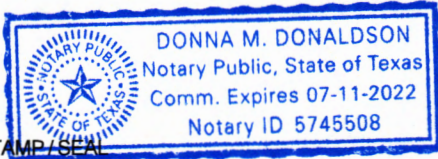
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 22nd 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. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,849.00
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	\$ 4,950.41
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 02/07/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# <u>00428391</u>) REPUBLIC SERVICES, INC. EMPLOYEES BETTER GOVERNMENT PAC	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 18500 NORTH ALLIED WAY, PHOENIX, AZ 85054		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBERT WATKINS	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code PO BOX 3344, SAN ANGELO TX 76902		
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 02/07/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MEAGAN HUNNICUTT	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4401 PINON RIDGE DRIVE, SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) OPERATIONS OFFICER		Employer (See Instructions) SHELBURNE FINANCIAL SERVICES
Date 02/09/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TERI JACKSON	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1515 GRIERSON, SAN ANGELO, TX 76901		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF EMPLOYED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME MATTHEW LANE CARTER		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2022	5 Full name of contributor out-of-state PAC (ID#: _____) VICKI HOUSLEY 6 Contributor address; City; State; Zip Code 5502 ENCLAVE, SAN ANGELO, TX 76904	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) RETAIL SALES		9 Employer (See Instructions) SELF EMPLOYED
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) GILBERT GALLEGOS Contributor address; City; State; Zip Code 3833 DRIFTWOOD, SAN ANGELO, TX 76904	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) RICHARD WINTERS Contributor address; City; State; Zip Code 8998 CR 2019, EDEN, TX 76837	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF EMPLOYED
Date 02/19/2022	Full name of contributor out-of-state PAC (ID#: _____) LANCE LACY Contributor address; City; State; Zip Code 5118 KNICKERBOCKER RD, SAN ANGELO, TX 76904	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) SELF EMPLOYED
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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: 1	2 FILER NAME MATTHEW LANE CARTER	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2022	5 Payee name COMPANY PRINTING	
6 Amount (\$) 4,950.41	7 Payee address; City; State; Zip Code 3419 KNICKERBOCKER RD, SAN ANGELO, TX 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING/PRINTING	(b) Description FLYERS AND HANDOUTS
	(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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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