

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: 2
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr Matthew S </div> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Chalmers </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received</div> <div style="font-size: 2em; color: red; border: 2px solid red; padding: 5px; margin-bottom: 5px;">RECEIVED</div> <div style="font-size: 1.2em; color: blue; border: 1px solid blue; padding: 2px; margin-bottom: 5px;">1-17-2024</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> XXXXXXXXXX Jacksboro, TX, 76458 </div> <div style="color: blue; font-weight: bold;">Redacted Per Section 552.1175, Government Code</div>		
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (XXXX) XXXXXX </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr Matthew S </div> <hr style="border: 0; border-top: 1px dotted black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Chalmers </div>		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> XXXXXXXXXX Jacksboro, TX 76458 </div> <div style="color: blue; font-weight: bold;">Redacted Per Section 552.1175, Government Code</div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (XXXX) XXXXXX </div> <div style="color: blue; font-weight: bold;">Redacted Per Section 552.1175, Government Code</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 1 / 23 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 23 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE Month Day Year / / </div> <div style="width: 60%;"> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> Primary Runoff Other Description </div> <div style="display: flex; justify-content: space-between;"> General Special </div> </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Alderman Place 5			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">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>		
Additional Pages	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

15 C/OH NAME Matthew S Chalmers		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Matthew S. Chalmers, and my date of birth is 11/18/1977

My address is XXXXXXXXXX, Jacksboro, TX, 76458, Jack
(street) (city) (state) (zip code) (country)
Redacted Per Section 552.1175, Government Code

Executed in Jack County, State of Texas, on the 16 day of January, 2024
(month) (year)

Matthew S Chalmers
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Matthew S Chalmers		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

Matthew S Chalmers

4 Date

5 Full name of contributor _____ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code

0.00

8 Principal occupation / Job title (See Instructions)

9	Employer (See Instructions)
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Date _____

Full name of contributor out-of-state PAC (ID#:_____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

0.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of contributor out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address; City; State; Zip Code

0.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date _____

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

0.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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:	
2 FILER NAME Matthew S Chalmers		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME Matthew S Chalmers			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES			\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code		8 Amount of Pledge \$	9 In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code		Amount of Pledge \$	In-kind contribution description <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				