CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MAS/MA FIRST Marga	R. MI	OFFICE USE ONLY
IVAIVIC	NICKNAME LAST	SUFFIX	Date Received 17 26 2020 HM10:15
	Maffher	US	SE BAYTON N
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CLO	ITY: STATE; ZIP CODE 1 TV 7750	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER PHONE	(832) 984 - 88:	25	Bate Hadd delivered of Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI /	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed 10/26/20
	Matt.	hews.	Date Imaged 10124 12026
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
(Residence or Business)	Bay tou	UN, TX 7	7520
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 984-	EXTENSION 8825	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 24 2 0	THROUGH / ()	OS Q O
11 ELECTION	Month Day Year Primary 1. 3 20 General	ELECTION TYPE Runoft Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Baytou	District 6
		(Ouncil)	District 6
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		1	5 Filer ID (Ethics Commission Filers)	
16 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		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
	1	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	i	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$	
18 AFFIDAVIT				
Nota Con	LEXIS M. GONZALE ry Public, State of Te nm. Expires 05-10-20 otary ID 131124488	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is ormation required to be reported by me Adduction of Officeholder	
AFFIX NOTARY STAN		Marca D MA-Han	US_, this the 5th	
Sworn to and subso	ribed before me, , 20,	to certify which, witness my hand and seal of office.	, this the	
Signature of officer	administering oath	Alexis M Gonzalez Printed name of officer administering oath	Title of officer administering oath	
aignature of officer i	auminatering cath	Thinger partie of officer duministering out	A	

SUBTOTALS - C/OH

19	Marga R. Matthews 20 Filer ID (Ethics Co)	nmission Filers)
21	SCHEDULE SUPTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$260000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 437339
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0-
4.	SCHEDULE E: LOANS	\$ A
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ /134 36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	8 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$357.55
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ /0700
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 226 34

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Marga R. Matthews 4 Date Description of Contributor Marga R. Matthews 7 Amount of Contributor See Instructions P Employer (See Instructions) Chevron Planger Chevron Amount of Contributor See Instructions Contributor address; City; State; Zip Code 8102 Bayside Dr Beach City TX 77623 Principal occupation / Job title (See Instructions) Employer (See Instructions) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$500° Amount of contribution (\$) Date Full name of contributor Mark H, msel 9-25-20 Contributor address; City; State; Zip Code # 100 3302 McKinney Ld Bayfowd Tx 77521 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code 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

CONTRIBUTIONS				
Th	e Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:	
2 FILER MAME Marga R. Matthews		3 Filer ID (Ethics Commission Filers)		
•	FUNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor out of state PAC (ID#) 6/01.2 DAShrum 7 Contributor address: City: State: Zip Code 8/02 Baysida or Beach City 1x 77523		8 Amount of 9 In-kind contribution description 43 7 3 3 0 Pol. L.cal S.s.s. Check if travel outside of Texas. Complete Schedule T.		
· ·	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	ì	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	HOUSEW.FE principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
			,	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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		Amount of In-kind contribution Contribution \$ description	
			Check if travel outside of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	outor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	irm 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.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID# Amount 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City: State: Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor ut-of-sta PAC (ID#. of Pledge \$ description State Zip Code Pledgor address: City: Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor Out-of-state PAC (IO#. Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#: Pledge \$ description Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (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.

	LOANS	\bigwedge		SCHEDULE E	
	The	1 Total pages Schedule E:			
2	FILER NAME,	arga R. Ma	ffhews	3 Filer ID (Ethics Commission Filers)	
4		IITEMIZED LOANS	•	\$	
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City;	State: Zip Code	10 Interest rate	
	Y N			11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of guarantor	, -	19 Amount Guaranteed (\$)	
20	not applicable	18 Guarantor address; City; ion (See Instructions)	State; Zip Code 21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; City	State; Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State, Zip Code		
**********	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	16 F	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Gandidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Other (enter a category not listed above)

Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marga F Payee name

Kona Printing & Promotions

7 Payee address: City; State: Zipprode

1/9

/MCA 8 Check if travel outside of Texas. Complete Schedule T PURPOSE Printing Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct . Matthews City Council Dist. 6 expenditure to benefit C OH ess: City: State: Zip Code 4533 Garth Rd Payee address: Category (See Categories ysted at the top of this schedule)

Description Check if travel outside of Texas. Complete Schedule T PURPOSE Advertisting Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH argo R. Matthews CityCouncil Dist. 6 yee name Art, san Glass & More Date City: State: Zip Code Payee address: Amount (\$ Category (See Categories listed at the top of this schedule) Descrip Check if travel outside of Texas, Complete Schedule 7 Ad Vertising PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate Officeholder Political Committee

Event Expense Fees Fpod/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 FILER NAME 3 Filer ID (Ethics Commission Filers) Marga Matthows 5 Payee name 7 Payee address: 4533 6 Amount (\$) Baytown TX 7252

(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T Advertising **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office sought Office held expenditure to benefit C OH Bank of America Payee address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct expenditure to benefit C OH Date Pavee name Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related 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) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID Lethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Ş 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code 9 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description PURPOSE Check if travel outside of Texas Complete Schedule T OF Check if Austin TX officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; Qity; State: Zip Code TYPE OF Non-Political EXPENDITURE Political Description Category (See Pategories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T PURPOSE OF Check if Austin, TX, officeholder fiving expense EXPENDITURE Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE SCHEDULE F3 FROM POLITICAL CONTRIBUTIONS 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. 3 Filer ID Æthics Commission Filers) 2 FILER NAME 5 Name of person from whom investment is purchased 4 Date 6 Address of person from whom investment is purchased; City; Zip Code 7 Description of investment 8 Amount of investment (\$) Date Name of person from whom investment is purchased Address of person from whom investment is purchased; City: State, Zip Code Description of investment Amount of investment (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXF 5 Date 6 Payee name 8 Payee address; City; State; Zip Code 1602 Beaumont Rd TYPE OF Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description PURPOSE ____ Check if travel outside of Texas. Complete Schedule T Food Espense OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH R. Maffhows CityCouncil Dist. 6 ine Wise Payee address; City; State; Zip Code S. Alexander TYPE OF Non-Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. ravel in District PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Foed/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Reimbursement from Los Angelos, CA 90081 political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Harrising Expense Check if Austin, TX, officeholder living expense Matthews Council Dist. 6 9 Complete ONLY if direct Office held expenditure to benefit C/OH Reimbursement from LOS Angeles CA 9008/ Category (See Categories listed at the lop of this schedule) (b) Description political contributions **PURPOSE** Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Baytown City Hews Council Dist 6 Complete ONLY if direct Office held expenditure to benefit C/OH Date political contributions intended PURPOSE ____ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE __ Check if Austin, TX, officeholder living expense avert Stag Expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made 8: Candidate/Officeholder/Politica		Travel In District Travel Out Of District				
1	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILERNAME Marga R Matthew	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	1 1 1/				
5 Date 9-2-20	6 Payee name Harbor Freisht 8 Payee address: City: State: Zip Code	Tools				
7 Amount (\$)	8 Payee address: City: State: Zip Code					
4248 <u>2</u>	1000 Foderal Rd Houston TX 7701					
9 TWEE OF	77003181 / 1101					
TYPE OF EXPENDITURE	Political Non-Politica					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Event Expense For Signs	Check if travel outside of Texas. Complete Schedule T.				
OF EXPENDITURE	For Sign's	Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C Of	11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held Baytown City Marya R. Matthews Council Distle					
19-6-20	Payee name Tine Wise #85	j				
# 25 82	Payee address: City: State: Zip Code 101 S. Alexander Baytown TX 7756	20				
TYPE OF EXPENDITURE	Political Non-Politica	l .				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule: Travel Gas Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C OH						
·						
	ATTACH ADDITIONAL COPIES OF THIS SCHI	EDULE AS NEEDED				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILERNAME Marga D. M	a thews	3 Filer ID (Ethics Commission Filers)	
	IIZED EXPENDITURES CHARGED	CONTRACTOR	\$ \$ 6456	
5 Date 9-19-20	6 Payee name I HOP			
7 Amount (\$) \$ 44 93	8 Payee address: City: State: 500/ Garth Rd Baytain TK72			
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this FOOd/Beverage E.	xpense Checkin	on f travefoulside of Texas, Complete Schedule T. if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C O	Candidate / Officeholder name Margo R. Ma	Office sought Pist. 6 Iffews Cityle		
9-19-20	Payee name / he Wise	# 859		
Amount (\$) \$1 19 58	Payee address: City: State: 101 S. Alexand Buyfowd T	•		
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Travel In D:	Check if	ON travel outside of Texas. Complete Schedule T. if Austin. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C Or	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense , Fees Food/Beverage Expense ty Gilt/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILERNAME Marga R. M	affhews	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$ \$ 57 12	
5 Date 9-26-20	6 Payee name Home Depo	+		
7 Amount (\$) 4 36 74	8 Payee address: City: State: 4915 Garth Rd Baytown TX	Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expens.	Q Check	ion ill-travel outside of Texas. Complete Schedule T. ill-Austin. TX. officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C Of	Candidate / Officeholder name Marga & Mathlew	Office sought	Office held	
Date 9-27-20	Payee name Tine W: 5e	# 859		
\$ 20 38	Payee address; City: State: 1015. Alexa. Baytown T			
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this TRIPLIA Gas		ion if travel outside of Texas. Complete Schedule T. : if Austin. TX. officeholder tiving expense	
Complete ONLY if direct expenditure to benefit C Of	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NI	EEDED	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other regulations a category and light of the results as category as a category and light of the results as category as a category and light of the results as category as a category and light of the results as category as a category and light of the results as a category and light of the results as category as a category as a category as a category and light of the results as category as a category as a

Candidate/Officeholder/Politic	cal Committee Legal Services	Salaries/Wages		Travel Out Of District Other (enter a category not listed above)	
	The Instruction Gu	ide explains how to comp	lete this form.	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F4:	2 FILERNAME	R. Matt	hews	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	MZED EXPENDITURES CH.			\$ 9 44 16	
5 Date 9-30-20	6 Payee name	Wise 85	^ <i>g</i>		
7 Amount (\$)	8 Payee address: City:	: State: Zip Code Alexande			
9 700	Baytown				
TYPE OF EXPENDITURE	Political	Non-Political	ļ		
10	(a) Category (See Categories listed at	t the top of this schedule:	(b) Descriptio	n	
PURPOSE OF	Travel in D.	strict	Check id	travel outside of Texas. Complete Schedule T.	
EXPENDITURE		,	F3	Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C OI	// s	name Office :	sought	Office held	
	Marga R M	atthews Cit	y Council	1 Distle	
Date 10-3-20	Payee hame	Ponut			
Amount (\$)	1	State: Zip Code	And the state of t		
2367	1906 N. A		DM		
<i>O</i> -J		1 TX 275			
TYPE OF EXPENDITURE	Political	Non-Political	**************************************		
	Category (See Categories listed at	the top of this schedule)	Description	3	
PURPOSE			L	evel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food EXA	en se	r	Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate Officeholder n	name Office s	rought	CALC	
expenditure to benefit C/OH		Omce s	ougnt	Office held	

			~~~		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEE	DULE AS NEE	DED	

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Lodo Repayment Remakinsement Solicitation Fragingsing Expense Accounting Banlang Consulting Expense Lees Office Overhead Rental Expense Transportation Equipment & Related Experies Food Beverage Expense Poling Expense Combutions Denasions Made By Travisi in District Gift Awards Memorials Expense Profing Expense Salaces Wages Contract Labor Traver Out Of District Candidate Officendider Political Committee Legal Services Other leater strategery not listed above Utero ( Claro Puny Kout The Instruction Guide explains how to complete this form. 1 Total pages Sonedule H 2 FILARINAME 3 Filer ID /Emiles Commission Filers 4 Date 6 Amount (\$) 7 Business address. City State. 8 (a) Category have Lategorish intercal relembning a survidue (b) Description PURPOSE OF EXPENDITURE 9 Complete ONLY if direct Candidate Officeholder name ce sought Office held expenditure to benefit C OH Susmess name Amount (\$) Business address. State: p Code Calegory See Calegories Used as Description PURPOSE Control traverourside of Texas, Compare technology ()5 EXPENDITURE Complete ONLY alderer Candidate Officevolder name Office sought Office hold expenditure to benefit C OH Date Business nam Amount (S-Business address: City State Category | See Categories I sted at the top of this scredule PURPOSE ___ Carechili have controlle or Texas, Complete Schedule 7 OF I Cheer I Apply IIIX officensories by my expense EXPENDITURE Complete ONLY if direct Candidate Officeholder name Office sought expenditure to benefit C OH.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE 1

The Instruction Guide explains how to complete this form.					
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# INTEREST, CREDITS, GAINS, REFUNDS AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K	
2 FILER MANE 3 Filer ID (Ethics			s Commission Filers)	
4 Date 9-14-20	5 Name of person from whom amount is received Konc Printing & Promotor State:  6 Address of person from whom amount is received: City: State:  119 YMCA Baytown The	Zip Code	8 Amount (\$)  \$226 24	
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Date	Name of person from whom amount is received		Amount (\$)	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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The C/OH Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS (MRS) MR FIRST		Separation of the Company of the Com
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	NICKNAME LAST	SUFFIX	Date Received
	Negali	· / 5	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1 /2 / 1	Dr STATE. ZIP CODE	
Change of Address	Baytown Tx	~~~	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	11320 EXTENSION	
PHONE	(832) 984-882	5	Date Handingly of GDate Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST	MI	Receipt # Amount \$
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7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT - SUITI	E #: CITY, STATE	11/6/20 F4
TREASURER ADDRESS	1512 Echols		ZIP CODE
(Residence or Business)	Baylo	Z) s	
	Baytown TI	7755	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION = =	
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	July 15 8th day before electron	Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C-OH - FR)
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2 OFFICE	OFFICE HELD (if (my)	13 OFFICE SOUGHT (if known)	
		Baytown C	City Council
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME		<b>15</b> F	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE  GENERAL  SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
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	ALEXIS M. GO Notary Public, Star Comm. Expires 0 Notary ID 131	te of Texas 5-10-2021	tion required to be reported by me	
AFFIX NOTARY STAM	P/SEALABOVE		. 1	
Sworn to and subsci	ribed before me, I	by the said Maga Mathws to certify which, witness my hand and seal of office.	, this the $u^{+}$	
day of 1000040	<u>, 20</u>	A .		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

## SUBTOTALS - C/OH

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4.	SCHEDULE E: LOANS	\$	8
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	103729
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
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9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	177 4
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11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	20000

### SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

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### SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repaymonl/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica -Credit Card Payment	tl Committee Legal Services Sala The Instruction Guide explains hor	•	(legary not listed above)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description  Check if travel outside of Toxas. Compl  Check if Austin, TX, officeholder it	
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Amount (\$)	Payee address; City; State; Zip Ci	ode	
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Gredit Card Payment

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (entry operators) and Expense

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Reimbursement from political contributions intended	7 Payee address: City; State; Zip Cool H900 Garth Rd Baytown TX	7752/
8 PURPOSE	(a) Category (See Categories sted at the top of this schedule)	(b) Description
OF EXPENDITURE		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/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2 FILER NAME	rga R Matthews	3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
11-4-20	6 Address of person from whom amount is received; City; State: 7129 Bayway Dr Baytown TX 77		20000	
	7 Purpose for which amount is received / Check if	political contribution	returned to filer	
	Deposit			
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;			
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if [	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; State;	Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Final Report" --2 Filer ID (Ethics Commission Filers) 1 C/OHNAME I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. FILER WHO IS NOT AN OFFICEHOLDER · Complete A & B below only if you are not an officeholder. · **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. **ASSETS** В. Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate OFFICEHOLDER · Complete this section only if you are an officeholder ·· I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder. I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder