# **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:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr. Matt	мі <b>D</b> .	OFFICE USE ONLY		
NAME	NICKNAME LAST Wylie	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 1220 Davis Court Rio Vista, TX	JOHNSON			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817 ) 526-2690	EXTENSION	Date Hand-delivered of Date Postmarked		
6 CAMPAIGN TREASURER NAME	Ms / Mrs / Mr First Mr. Bob	MI	Date Processed		
	Alford	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	TOTAL TOTAL CONTROL OF THE PARTY OF THE PART	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5300 CR 707 Alvarado, TX.76009			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (817 ) 774-5539				
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  1				
11 ELECTION	ELECTION DATE  Month Day Year   Primary Runoff Description    3 / 5 / 24   General Special   Special				
12 OFFICE	OFFICE HELD (if any)  Constable Pct. One				
14 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				
ar	GENERAL COMMITTEE ADDRESS				
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Matt Wylie		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)		1	\$	200.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1,200.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	330.10	
	4. TOTAL POLITICAL EXPENDITURES		\$ 3	3,329.23	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG	ST DAY	\$ 3	3,163.82	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	1,000.00	
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and co	rrect and in	cludes all information	
	quired to be reported by me under Title 15, Election Code.				
	Mattuxi	٠			
	Signature of Oc	ndidate	or Officehol	der	
		)			
	Places complete either entien below				
	Please complete either option below	v.			
	Jerri Lynn King Notary Public, State of Texas				
	/of Notary ID 13395483-5				
(1) Affidavit	My Commission Exp. 09-09-2026				
NOTARY STAMP/SEA	L				
Sworn to and subscribed before me by Matt. Whie this the 23 day of FeB ,					
20					
Ciari Lum	Kin 1 500: 1, 44: 1, 100	NIC	Han.	P. Rlic	
Signature of officer administe	ering oath Printed name of officer administering oath	100	Title of offic	er administering oath	
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is	i i			
My address is					
	(street) (city) (	state)	(zip code)	(country)	
Executed in	County, State of, on the day of(month		, 20		
	(mont	1)	(year)	,	
	Signature of Candi	date/Offic	eholder (De	clarant)	

## **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

	FILER NAME latt Wylie	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1,200.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. SCHEDULE E: LOANS			
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			2,999.13
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			35.26
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	2. 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 thi	1 Total pages Schedule A1: 1			
2 FILER NAME Matt Wylie			3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date	5 Full name of contributor out-of-state PAC (ID#:) Robert H. Shaw, MD		7 Amount of contribution (\$) 200.00		
01/29/2024	6 Contributor address; City;	Cleburne, TX. 76031			
8 Principal occu Doctor	pation / Job title (See Instructions)	9 Employer (See Instruction Self	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)  Daren Connel		Amount of contribution (\$)		
02/01/2024	Contributor address; City; Cleburne,	State; Zip Code TX. 76031	1,000.00		
Principal occupation / Job title (See Instructions)  Employer (See Instruct			tions)		
Date		NC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instruct	tions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expense) on this ted above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (effici a catego	y not iisted above)
1 Total pages Schedule F1:	2 FILER NAME Matt Wylie		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		I	
01/29/2024	Texas Elite Custom Printing			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
814.59	100 Private Road 150 Covington, TX	. 76636		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Signs, Magnets, Window Stickers for Candidate		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/14/2024	Mail Pro USA			
Amount (\$)	Payee address;	City;	State;	Zip Code
2,184.54	2016 E. Randol Mill Rd. Ste. 408 Arlington, TX. 76011			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Mailers		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

Printing Expense Travel
Printing Expense Travel
Salaries/Wages/Contract Labor Other

The Instruction Guide explains how to complete this form.

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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule G:	2 FILER NAME Matt Wylie		3 Filer ID (Ethics Commission Filers)	
4 Date 01/31/2024	5 Payee name Lowe's Home Centers, LLC			
6 Amount (\$) 10.26  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2100 North Main Street Cleburne, TX. 76033			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Wood for Sign	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 02/10/2024	Payee name Brookshire's # 133			
Amount (\$) 25.00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1001 Joshua Station Joshua, TX. 76058			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel in District	Description Fuel/Travel in	District	
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			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)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THIS S	CHEDIII E AC NEED	NED.	