

**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 NAME	MS / MRS / MR	FIRST <i>Chris</i>	MI <i>R</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Matthews</i>	SUFFIX	Date Received FILED FOR RECORD AT: <u>2:40</u> O'Clock <u>P</u> M		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
[REDACTED]						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(940</u>	PHONE NUMBER <u>631-0948</u>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Carmaleta</i>	MI <i>S</i>	County Clerk, Clay County, Texas		
	NICKNAME	LAST <i>Pilgreen</i>	SUFFIX	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]					
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(940</u>	PHONE NUMBER <u>631-2116</u>	EXTENSION			
9 REPORT TYPE	<input checked="" 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 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 <u>12</u>	Day <u>08</u>	Year <u>2025</u>	Month <u>01</u>	Day <u>15</u>	Year <u>2026</u>
11 ELECTION	Month <u>03</u>	Day <u>03</u>	Year <u>2026</u>	ELECTION DATE ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>County Commissioner Clay</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

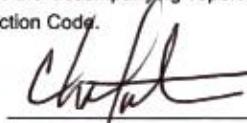
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2017.61</i>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1580.80</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1580.80</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>436.81</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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:

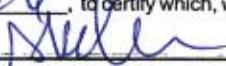


(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Chris Matthews this the 15th day of Jan.

20 21 to certify which, witness my hand and seal of office.



Sasha Kelton

C. Clerk

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 <i>Chris Matthews</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT <i>2017.61</i>	
\$ <i>0</i>	
\$ <i>1500.00</i>	
\$ <i>0</i>	
\$ <i>0</i>	
\$ <i>0</i>	
\$ <i>600.00</i>	
\$ <i>0</i>	
\$ <i>0</i>	
\$ <i>0</i>	

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 FILER NAME <i>Chris Matthews</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/25</i>	5 Full name of contributor <i>JACK PEKET CAMPAIGN Account</i>	6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ 7 Amount of contribution (\$) <i>967.61 CK # 1023</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/18/25</i>	Full name of contributor <i>Doris Lundy</i>	□ out-of-state PAC (ID#: Contributor address: _____ City: _____ State: _____ Zip Code: _____ Amount of contribution (\$) <i>100.00 CASH</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/26/25</i>	Full name of contributor <i>Marchueatta Matthews</i>	□ out-of-state PAC (ID#: Contributor address: _____ City: _____ State: _____ Zip Code: _____ Amount of contribution (\$) <i>600.00 cash</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>12/29/25</i>	Full name of contributor <i>Adrienne Matthews</i>	□ out-of-state PAC (ID#: Contributor address: _____ City: _____ State: _____ Zip Code: _____ Amount of contribution (\$) <i>200.00 CK # 2809</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>1/9 Keith Henry</i>		<i>\$150.00 CK # 1157</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		