CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Matt NAME NICKNAME LAST Fry 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: **OFFICEHOLDER** 706 Old Del Rio Rd Rocksprings Tx MAILING 78880 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (830)683 7878 PHONE Receipt # Amount \$ **CAMPAIGN** MS / MRS / MR FIRST **TREASURER** Matt NAME Date Processed NICKNAME SUFFIX Date Imaged Fry STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY; ZIP CODE TREASURER 706 Old Del Rio Rd. Rocksprings Texas 78880 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE *(* 830 683 7878 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day **COVERED** 11 / 21 / 15 24 **THROUGH** 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Month Runoff Other Description Year General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Edwards Co. Comm PCT 3 Edwards Co. Commissioner Pct 3 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Matt Fry		1	6 Filer	ID (Ett	hics 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.		\$	750.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	750.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	0.00
18 SIGNATURE 1 s	WASE OF S	offirm under conclbs of poduce that the commercial areast is the			

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 sea	al of office.	
Signature of officer administering oath Printe	d name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is Matt Fry My address is 706 OLd DelRio Rd.	and my date of birth is 02 Rocksprings Tx	2/15/1978 78880 USA
(street) Executed in Edwards County, State of To	(city) (state	20 <mark>24</mark> (year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Matt Fry 20 Filer ID (Ethics Con				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	•	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
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 CON	ITRIBUTIONS	\$		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s 750.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A 1	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	\$			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORJES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Of Polling E Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
		The Instruction Guide explai	ns how to	complete this form.			
1 Total pages Schedule G:	G: 2 FILER NAME Matt Fry 3 Filer ID (Ethics Com					Commission Filers)	
4 Date 11/20/2023	5 Payee name Edwards County Republican Party						
6 Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1072 Rocksprings Texas 7880						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee			(b) Description Check	· · · · · · · · · · · · · · · · · · ·		
	(c) (heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living e	xpense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought	Office held		
Date	Рауее пап	e e					
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held	
Date	Payee nam	е					
Amount (\$)	Payee add	ess;		City;	State;	Zip Code	
Reimbursement from political contributions intended	М	FILED FOR RECORD AtO'dock					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					pense	
Complete ONLY if direct expenditure to benefit C/OH		e de l'Albareve COLATANA REVE COLATANA REVE COLA		Office sought		Office held	
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COUNTY CLERK

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