CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form	. 1 Fi	ler ID (Ethics Commis	ssion Filers)	2 Total pages t	filed: 7
3 CANDIDATE/ OFFICEHOLDER	мs/мrs/мr Mr.	FIRST Matt		мı W		OFFICI	EUSEONLY
NAME	NICKNAME	Masden		su	FFIX	Pate Received	IVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 132	APT / SUITE #; 2, Pinehurst, TX	©ITY; 77362	STATE; ZIP	CODE	JAN 1 MONTGOME ELECT	9 2024 BY COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 635-8768		EXTENSION		Date Hand-delivers	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms/Mrs/Mr Ms.	FIRST Evelyn	11.11.1.1	MI		Date Processed	Amount
	NICKNAME	Butler		SU	FFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); AP Bough Lane, Ma	et / suite #; agnolia,	CITY: TX 77354	-	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 259-6776		EXTENSION			
9 REPORT TYPE	January 15	30th day bel	fore election	Runoff			after campaign appointment der Only)
	July 15	8th day befo	re election	Exceeded Reporting		Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 6	Day Year / 30 / 23	ר	'HROUGH	Month 12	Day Ye	
11 ELECTION	ELECTION DAY	Year Prin	mary neral	Runoff (OTION TYPE Other Description		
12 OFFICE	OFFICE HELD (If any) Justice of t	he Peace, Pc	t. #5	13 OFFICE SOUGH	HT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUT CEHOLDER. THESE EXPENDI S AND OFFICEHOLDERS ARE R COMMITTEE NAME	TURES MAY HA	VE BEEN MADE WITHO	UT THE CANE	DIDATE'S OR OFFICER	OLDERIS KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN					
		GO 7	TO PAG	E 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Matt Masden		6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 339.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,774.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 11,215.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	Signature of Cano	didate or Officeholder
	Please complete either option below:	
Notary i	NNA BARTON PUBLIC, STATE OF TEXAS Y ID #579235-0 B June 25, 2027 before me by Math Masden this the	1th day of <u>January</u> ,
20 <u>3 4 ,</u> to certify	which, witness my hand and seal of office. Susanna Barton	Notary Public
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declarati	on on	
My name is	, and my date of birth is	-
My address is		
Executed in	(street) (city) (state, on the day of	ate) (zip code) (country) , 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er name : Masden	20 Filer ID (Ethics Cor	nmission Filers)	
21 SC NA	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	_	\$		
4. SCHEDULE E: LOANS			\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	\$			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

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 (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Matt Masden		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
07/19/2023	Tuff Foundation			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1,000.00	6606 F.M. 1488, Ste. 148-686, Mag	nolia, TX 77354		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Who is	
PURPOSE	Event Expense	Fundraiser		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
07/28/2023	Brownwood Baptist Church			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00	P.O. Box 835, Montgomery, TX 773	56		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift	Donation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austln, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/31/2023	Walmart			
Amount (\$)	Payee address;	City;	State; Zip Code	
226.90	10001 Woodlands Parkway, Spring,	TX 77382		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Supplies		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED	

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Other (enter a catego	ry not listed above)
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Matt Masden		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		10.	
09/05/2023	Magnolia Baseball			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	P.O. Box 11, Magnolia, TX 77353			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	**F-*-	
PURPOSE	Event Expense	Donation		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		-	
09/11/2023	Texas Seminoles			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	24344 Riley Road, Plantersville, TX	77363		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Event Expense	Donation		
OF EXPENDITURE	·			
	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/Ot	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/04/2023	Magnolia ISD Livestock Show			
Amount (\$)	Payee address;	City;	State;	Zip Code
10,000.00	P.O. Box 88, Magnolia, TX 77353			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Livestock Shov	V	
	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 COPIES OF THIS	SCHEDULE AS NFF	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NO₄T 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 Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Saladies/Manes/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 c	omplete this form.	Otner (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME Matt Masden	, , , , , , , , , , , , , , , , , , ,	3 Filer ID (Ethics	Commission Filers)
4 Date 12/07/2023	5 Payee name Our Little Miss, Inc.			
6 Amount (\$) 200.00	7 Payee address; 1223 Sherwood Forest Blvd., Baton F	c _{ity;} Rouge, LA 7081	State; 5	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 12/13/2023	Payee name Pecos Grill			
Amount (\$) 274.23	Payee address; 28900 Hwy 249, Tomball, TX 77375	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food	Description Luncheon		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/19/2023 Amount (\$) 500.00	Payee name Magnolia Republican Club Payee address; P.O. Box 558, Pinehurst, TX 77362	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	FDFD	

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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to a	Vages/Contract Labor	Other (enter a category not listed above)	
Total pages Schedule F1:	2 FILER NAME Matt Masden		3 Filer ID (Ethics Commission Filers)	
1 Date 12/20/2023	5 Payee name HEB			
5 Amount (\$) 173.19	7 Payee address; 13663 F.M. 1488, Magnolia, TX 7735	City; 54	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Memorials Expense	Flowers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
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 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		in, 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 Ausl	tin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	