

# 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: <b>MR</b> NICKNAME: _____ FIRST: <b>Matthew</b> LAST: <b>Tuttle</b>	MI: <b>Roy</b> SUFFIX: _____	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold; font-size: 1.2em;">                     RECEIVED                 </div> <div style="border: 1px solid blue; padding: 2px; color: blue; font-weight: bold; font-size: 0.8em;">                     OFFICE USE ONLY                 </div> <div style="border: 1px solid blue; padding: 2px; color: red; font-weight: bold; font-size: 0.8em;">                     Date Received: <b>OCT 12 2022</b> </div> <div style="border: 1px solid blue; padding: 2px; color: blue; font-weight: bold; font-size: 0.8em;">                     ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS                 </div> <div style="border: 1px solid blue; padding: 2px; color: blue; font-size: 1.2em; margin-top: 10px;"> <i>C. C. C. C. C.</i> </div> <div style="border: 1px solid blue; padding: 2px; font-size: 0.8em;">                     Receipt # _____ Amount \$ _____                 </div> <div style="border: 1px solid blue; padding: 2px; font-size: 0.8em;">                     Date Processed _____                 </div> <div style="border: 1px solid blue; padding: 2px; font-size: 0.8em;">                     Date Imaged _____                 </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>150 FM 1360</b> APT / SUITE #: _____ CITY: <b>Woodsboro TX</b> STATE: _____ ZIP CODE: <b>78393</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>543-6110</b> EXTENSION: _____		Date Hand-delivered or Date Postmarked: _____
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>MR</b> NICKNAME: _____ FIRST: <b>Matthew</b> LAST: <b>Tuttle</b>		MI: <b>Roy</b> SUFFIX: _____
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>150 FM 1360</b> APT / SUITE #: _____ CITY: <b>Woodsboro</b> STATE: <b>TX</b> ZIP CODE: <b>78393</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(361)</b> PHONE NUMBER: <b>543-6110</b> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Day Year: <b>7 / 16 / 22</b> THROUGH Month Day Year: <b>10 / 10 / 22</b>		
11 ELECTION	ELECTION DATE: Month Day Year: <b>3 / 5 / 2024</b> 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) <b>Refugio County Sheriffs Office</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

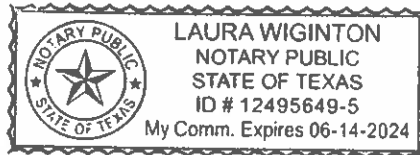
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Matthew Tuttle*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Matthew Tuttle this the 12<sup>th</sup> day of October, 2022, to certify which, witness my hand and seal of office.

Laura Wiginton Signature of officer administering oath  
Laura Wiginton Printed name of officer administering oath  
Asst VP 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)