

# 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:	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u>	FIRST <u>MATTHEW</u>	MI <u>0</u>	
	NICKNAME <u>MATT</u>	LAST <u>HART</u>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE			
	[REDACTED]			
<b>OFFICE USE ONLY</b>				
Date Received <u>7/16/2024</u> <u>@ 2:48 pm</u> <u>toq</u>				
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION			
	[REDACTED]			
Date Hand-delivered or Date Postmarked				
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>MS</u>	FIRST <u>CHARLOTTE</u>	MI	
	NICKNAME	LAST <u>BAGER</u>	SUFFIX	
Receipt # Amount \$				
Date Processed				
Date Imaged				
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE			
	[REDACTED]			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION			
	[REDACTED]			
<b>9 REPORT TYPE</b>	<input 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 checked="" 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)			
<b>10 PERIOD COVERED</b>	Month Day Year			
	<u>JAN. / 1 / 2024</u> THROUGH <u>JUNE / 30 / 2024</u>			
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month Day Year <u> / /</u>	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>WEST V. CITY COUNCIL</u>		<b>13 OFFICE SOUGHT (if known)</b>	
	[REDACTED]			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>			
	<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE NAME	
			COMMITTEE ADDRESS	
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
			COMMITTEE CAMPAIGN TREASURER ADDRESS	

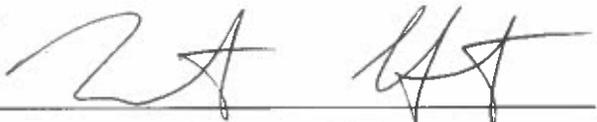
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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> MATTHEW HART		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ /
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ /
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 108.66
	4. TOTAL POLITICAL EXPENDITURES	\$ 108.66
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ /
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ /

**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 seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is MATTHEW HART and my date of birth is [REDACTED]  
 My address is [REDACTED] Harris (country) USA  
 Executed in Harris (street) County, State of TEXAS (city) on the 15th day of July (state) 2024 (zip code) (month) (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)