

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Matthew	MI
	NICKNAME	LAST Cone	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	11927 Churchill CT LN		
	Houston, TX 77024		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Jonathan</i>	MI
	NICKNAME	LAST <i>Johnson</i>	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	11911 Churchill Ct LN		
Houston TX		77024	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	832	714	0008
8 REPORT TYPE	<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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	04	27	2024
THROUGH		Month	Day
		07	15
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	04	2024
<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) <i>SPEECH POS 3</i>

GO TO PAGE 2

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**CANDIDATE / OFFICEHOLDER REPORT:
 SUPPORT & TOTALS**

**FORM C/OH
 COVER SHEET PG 2**
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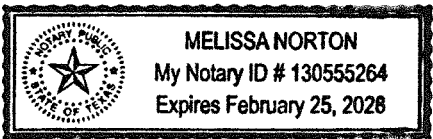
13 C / OH NAME Cone, Matthew	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 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)	\$	805.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	744.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	75.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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 Cone

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MATTHEW CONE, this the 15TH day of JULY, 2024, to certify which, witness my hand and seal of office.

<i>[Signature]</i> Signature of officer administering	Melissa Norton Printed name of officer administering	Notary Public Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH
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18 FILER NAME Cone, Matthew	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 805.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 744.76
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Cone, Matthew		3 Filer ID
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eads, Millie <hr/> 6 Contributor address; City; State; Zip Code 519 GreenPark Dr Houston, TX 77079	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) High School Teacher		9 Employer (See Instructions) Alief
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Andrew <hr/> Contributor address; City; State; Zip Code 5100 San Felipe ST Houston, TX 77056	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickering, Daniel <hr/> Contributor address; City; State; Zip Code 1636 North BLVD Houston, TX 77006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Pickering Energy Partners
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkirson, Stacy <hr/> Contributor address; City; State; Zip Code 11014 Hunters Park DR Houston, TX 77024	Amount of Contribution (\$) \$280.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

FIVE
JUL 15 2024

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

BY: _____

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/6	2 FILER NAME Cone, Matthew	3 Filer ID
4 Date 04/30/2024	5 Payee name Sprint2Print	
6 Amount (\$) \$744.76	7 Payee address; City; State; Zip Code 8748 Clay RD STE 300 Houston, TX 77080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs For Polling Locations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

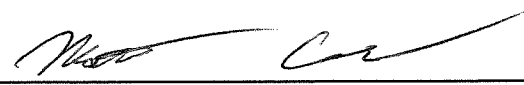
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The Instruction Guide explains how to complete this form. BY: _____
** Complete only if "Report Type" on page 1 is marked "Final Report" ** Page 6 of 6

1 C/OH NAME Cone, Matthew	2 Filer ID matt@mattcone4sbisd.com
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3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder ****

A CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

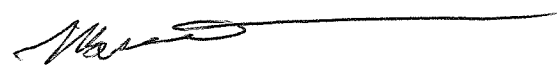
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.

B ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.



Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder