

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

**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: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST MICHAEL	MI
	NICKNAME	LAST MATOS - HOOGHUIJTER	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE
	6932 WHITE RIVER DRIVE, FORT WORTH, TX, 76179		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 422 - 1040		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST JASON	MI K
	NICKNAME	LAST ADAMS	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		
	4213 JENNY LAKE TRL, FORT WORTH, TX, 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817) 705 - 4421		
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1 / 15 / 19		THROUGH 4 / 4 / 19
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 / 4 / 19		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			Fort Worth City Council DT



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MICHAEL MATOS - HOOGLIWTER **15 Filer ID (Ethics Commission Filers)**

16 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. 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>445⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,645⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>456⁶²</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,993⁵⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>707¹⁵</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0⁰⁰</u>

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Michael Matos - Hoogliwter
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael Matos - Hoogliwter, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME MICHAEL MATOS - HOOGHUTER		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,645 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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,808 ⁰³
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,185 ³⁴
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
1 of 3

2 FILER NAME **MICHAEL MATOS - HOODLUTER** 3 Filer ID (Ethics Commission Filers)

4 Date 1/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERAL WHITAKER	7 Amount of contribution (\$) \$ 100 200
6 Contributor address; City; State; Zip Code 13907 MONTFORT DR, DALLAS, TX, 75240		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 1/27/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUSTIN MITCHELL	Amount of contribution (\$) \$ 50 200
Contributor address; City; State; Zip Code 4200 BUCKLEY ST, FOOT WORTH, TX, 76137		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 2/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE NAVE	Amount of contribution (\$) \$ 100 200
Contributor address; City; State; Zip Code 1455 COMMONWEALTH AVE, APT 418, BOSTON, MA, 02135		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 2/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERICK RAMIREZ	Amount of contribution (\$) \$ 100 200
Contributor address; City; State; Zip Code 2021 2212 WISTERIA WAY, MCKINNEY, TX, 75071		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total Pages Schedule A1: 2 of 3
2 FILER NAME Michael Matos - Hoodlunter		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRANDY HICKS	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 15149 GLENWOOD AVE, OVERTON PARK, KANSAS, 66223		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/2/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSE MARGARIS	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1917 CAYMAN BEND LN, POPLAND, TX, 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA MARTINEZ	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5600 DENNIS AVE, FT WORTH, TX, 76114		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID WALBY	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5916 SANDHURST LN, DALLAS, TX, 75206		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

MICHAEL MATOS - HOODLINTER

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/19

5 Full name of contributor out-of-state PAC (ID#: _____)

JUSTIN MITCHELL

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

4200 BUCKEYE ST, FT WORTH, TX, 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor out-of-state PAC (ID#: _____)

DAVID WALBY

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

5916 SANDHURST LN, DALLAS, TX, 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor out-of-state PAC (ID#: _____)

TORI KRAMER

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

4913 PERSHING AVE, FT WORTH, TX, 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/19

Full name of contributor out-of-state PAC (ID#: _____)

JUSTIN MITCHELL

Amount of contribution (\$)

\$ 50.00

Contributor address; City; State; Zip Code

4200 BUCKEYE AVE, FT WORTH, TX, 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 1 of 3	2 FILER NAME MICHAEL MATOS - HOOGWIJTEK	3 Filer ID (Ethics Commission Filers)
4 Date 1/28/19	5 Payee name DEFOREST GARCIA	
6 Amount (\$) 103 20	7 Payee address; City; State; Zip Code 2341 DULLES STATION BLVD, APT 5, HERNDON, VA, 20171	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING 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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/28/19	Payee name VISTA PRINT		
Amount (\$) 132 30	Payee address; City; State; Zip Code 275 WYMAN ST, WALTHAM, MA, 02451		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/31/19	Payee name TEXAS DEMOCRATIC PARTY		
Amount (\$) 205 20	Payee address; City; State; Zip Code 1106 LAVACA ST # 100, AUSTIN, TX, 78701		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 2 of 3	2 FILER NAME MICHAEL MATOS - HOOGHOUTER	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/19	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) 205 00	7 Payee address; City; State; Zip Code 1100 LAVACA ST #100, AUSTIN, TX, 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/9/19	Payee name AGE GRAPHICS	
Amount (\$) 305 00	Payee address; City; State; Zip Code 52231 STATE ROUTE 248, LONG BOTTOM, OH, 45743	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/12/19	Payee name VISTA PRINT	
Amount (\$) 235 76	Payee address; City; State; Zip Code 275 WYMAN ST, WALTHAM, MA, 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 1	2 FILER NAME MICHAEL MATOS - HOOGHOUTER	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0
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5 Date 3/28/19	6 Payee name EDWARDS & PATTERSON SIGNS
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7 Amount (\$) \$ 1185³⁴	8 Payee address; City; State; Zip Code 203 S. BELTUNE RD, IRVING, TX, 75060
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING 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
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED