

Official Public Records of Harris County Diane Trautman County Clerk

Campaign Finance Report

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COUNTY CLERK HARRIS COUNTY, TEXAS

FileNo:

2019260

Received By Clerk:

7/15/2019

File Date:

July 15, 2019

Office:

County Treasurer

Candidate:

Osborne, Matthew

Treasurer:

Hamilton, Merrick

Category:

Contributions And Expenditures

Delivered By:

Personal Appearance

Type:

COR

Harris County No Fee

FORM C/OH **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The C/OH Instruction Guide explains how to complete this form. 6 CANDIDATE / MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Matthew NAME Date Received LAST SUFFIX NICKNAME Osborne CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PO Box 6514 MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77265 Date Processed Date Imaged **CAMPAIGN** MS/MRS/MR FIRST TREASURER Merrick NAME NICKNAME LAST SUFFIX Hamilton STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; ZIP CODE TREASURER **ADDRESS** 4001 Fanin St Houston T: (Residence or Business) 77004 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER 713-545-9528 PHONE REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) X PERIOD Day Month Day Year Month Year COVERED 01/01/2019 **THROUGH** 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) County Treasurer Harris **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0ef01a4a

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| | | | | 2 of 6 | | |
|---------------------------------------|--|--|-------------------------------|----------------------|--|--|
| 13 C / OH NAME | Osborne, Matthew | | 14 Filer ID | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information | the candidate's or officeho | older's knowledge or | | |
| Additional Pages | COMMITTEE TYPE GENERAL | COMMITTEE NAME | · | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | · | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | ess | | | |
| 16 CONTRIBUTION TOTALS | | AL CONTRIBUTIONS OF \$50 OR LESS (OTHER ARANTEES OF LOANS), UNLESS ITEMIZED | THAN PLEDGES, | \$ 0.00 | | |
| | • | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN | IS) | \$ 1,000.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITIC | S ITEMIZED | \$ 0.00 | | | |
| | | \$ 155.00 | | | | |
| CONTRIBUTION BALANCE | REPORTING PE | LAST DAY OF THE | \$ 1,201.81 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | S OF THE LAST DAY | \$ 0.00 | | | |
| 17 AFFADAVIT | | I swear, or affirm, under penal true and correct and includes under Title 15, Election Code. | all information required to I | | | |
| | DAVID P CHANG My Notary ID # 1291342 Expires September 21, 2 | 157 02 | | | | |
| | | Signature of | of Candidate or Officeholde | er · | | |
| ri. | TARY STAMP / SEAL AB | | , this the | ТИ day | | |
| 100 | | David P. CHANG | | | | |
| | yas Ethics Commission | Printed name of officer administering | Title of officer a | dministering oath | | |

SUBTOTALS - C/OH

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

19 Filer ID **18 FILER NAME** Osborne, Matthew 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \mathbf{x} \$ 1,000.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. ' SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 155.00 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.0ef01a4a

| MONETARY POLITICAL CONTRIBUTIONS | 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 | 3 Filer ID |
| Osborne, Matthew | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | |
| 01/22/2019 Morin, Thomas | \$1,000.00 |
| 6 Contributor address; City; State; Zip Code 3743 Purdue St | |
| 3/43 Fullule St | |
| Houston, TX 77005 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | |
| Owner Daily Court Review | N |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| • | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overl Food/Beverage Expense Polling Exp 7 Gift/Awards/Memorials Expense Printing Exp | ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above) | | | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID | | | | | | |
| Sch: 1/2 Rpt: 5/6 | Osborne, Matthew | | | | | | | |
| 4 Date 01/29/2019 | 5 Payee name NationBuilder | | | | | | | |
| 6 Amount (\$) \$29.00 | 7 Payee address; City; State; Zip Cod 520 S Grand Ave | е | | | | | | |
| 8 PURPOSE OF EXPENDITURE | Los Angeles, CA 90071 (a) Category (See Categories listed at the top of this schedule) Advertising Expense | b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web services | | | | | | |
| 9 Complete <u>QNLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office soug | ht Office held | | | | | | |
| Date 03/01/2019 | Payee name NationBuilder | | | | | | | |
| Amount (\$) \$29.00 | Payee address; City; State; Zip Coc 520 S Grand Ave Los Angeles, CA 90071 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Services | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sougH | ht Office held | | | | | | |
| Date 03/29/2019 | Payee name NationBuilder | | | | | | | |
| Amount (\$) \$29.00 | Payee address; City; State; Zip Coo 520 S Grand Ave | de | | | | | | |
| | Los Angeles, CA 90071 | | | | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Services | | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sough | ht Office held | | | | | | |
| | | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | CONTRIBUTION | | • | | | | | | | | • |
|-----|---|-----------------------------|---|------------------|--|--------------------------------|--|-----------|--|------------------------|-----------------|
| _ | | | EXPENDITURE CA | TEGORI | ES FOR | ВО | X 8(a) | | | | |
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | se I | Loan Repa Office Over Polling Exp Printing Ex | ymen head/ ense pense | /Reimbursement Rental Expense | | Solicitation/Fundrai Fransportation Equ Fravel in District Fravel Out of Distri OTHER (enter a ca | ipment & Related ct | · |
| | Credit Card Payment | | The Instruction Guide e | xplains ho | ow to con | nplet | e this form. | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAMI | • | | | | | 3 | Filer ID | | |
| | Sch: 2/2 Rpt: 6/6 | Osborne, N | 1atthew | | | | | | <u></u> | · | |
| 4 | Date. 04/29/2019 | 5 Payee name NationBuild | | , . . | , | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; | State; | Zip Cod | de | | | , | | - - |
| | \$29.00 | 520 S Grar | - | , . | , | | | | | | |
| | | Los Angele | s, CA 90071 | | | | | | | | |
| 8 | PURPOSE | (a) Category (s | iee Categories listed at the top | of this sched | fule) | (b) | Description | | | | |
| | OF EXPENDITURE | Advertising | | | | | L | | e of Texas. Comple | ****** | |
| | | | | | | | Check if Austin. Web Services | | officeholder living e | xpense | |
| | | | · | | | | | | | | <u> </u> |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | iceholder name | Of | fice sou | ght | \ | | Office held | . | , |
| _ | Date | Payee name | · | | | _ | | | | | |
| | 05/29/2019 | NationBuild | | | | | | | * | | |
| | Amount (\$) | Payee addre | | State; | Zip Co | de | | | | • | , |
| | \$29.00 | 520 S Gran | nd Ave | | | | • | | | | |
| | · | Los Angele | es, CA 90071 | | | | | | | | |
| | PURPOSE | | See Categories listed at the top | e of this sehe | T calub | (b) | Description | | | | |
| | · OF | Advertising | | oi inis schei | aule) | (~) | | outsid | e of Texas. Compl | ete Schedule T. | |
| att | EXPENDITURE | | • | | | | | | officeholder living e | xpense | |
| 1 | | 1. | | | | | Web Services | S | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ficeholder name | Of | fice sou | ght | | | Office held | d | |
| | Date | Payee name | · | | | _ | <u>. </u> | | | | |
| | 01/31/2019 | Wells Farg | | | | | | | RECORDE | R'S MEMORA | MDUM. |
| _ | Amount (\$) | Payee addre | ess; City; | State; | Zip Co | de | | At th | ie time of reco | dation this i | nstrument was |
| | \$10.00 | 1500 Wau | gh Dr | | • | | , | repro | to be inadequated to be inadeq | se of illegibil | ity carbon or |
| | į | | | | | | | addil | o copy, discolor ions and chang | IAS WATA DIAR | ent at the time |
| | | Houston, | TX 77006 ; | | | | 1 | the ir | istrument was fi | led and record | led. |
| | PURPOSE | (a) Category (| See Categories listed at the top | of this sched | dule) | (b) | Description | _ | | | |
| | OF EXPENDITURE | Accounting | g/Banking | | . 1 | | 브 | | le of Texas. Compl | | |
| | | · | | | | | Account Fee | i, i X, i | officeholder living e | xpense | |

Forms provided by Texas Ethics Commission

Candidate/Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

Office held