

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Matthew Lindemann

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28,390.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,841.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,462.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

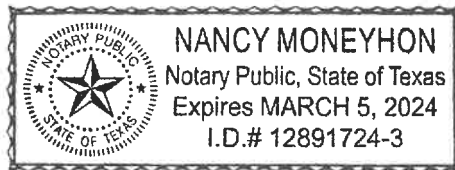
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Matthew Lindemann

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Matthew Lindemann this the 12 day of January, 2024, to certify which, witness my hand and seal of office.

Nancy Moneyhon Signature of officer administering oath
Nancy Moneyhon Printed name of officer administering oath
Notary 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)

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 28,390.00
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		\$ 5,841.68
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Culver ----- 6 Contributor address; City; State; Zip Code 524 Pettit Road Waco TX 76708	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/07/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim and Pattie Schwetner ----- Contributor address; City; State; Zip Code P.O. Box 1 Schwetner TX 76573	Amount of contribution (\$) \$ 10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noe Villarreal ----- Contributor address; City; State; Zip Code 820 County Road 222 Kemper TX 78539	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Klepac ----- Contributor address; City; State; Zip Code P.O. Box 82 Jarrell TX 76537	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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

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2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harold Lassiter	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4003 Linwood Road Temple TX 76502		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. W. Grimes Law Firm	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 310 South Austin Ave Georgetown TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Varkadoz	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 30100 Torrey Pines Circle Georgetown TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna and James Harrell	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 810 Pedernales Estates Road Fredericksburg TX 78624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Joseph Pasco, Jr. 6 Contributor address; City; State; Zip Code P.O. Box 1985 Georgetown TX 78627-1985	7 Amount of contribution (\$) \$ 1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. G. Lefan Contributor address; City; State; Zip Code 111 Lake Summerville Trl Georgetown TX 78633	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim C. McLendon Contributor address; City; State; Zip Code 415 Sheldon Lake Drive Georgetown TX 78633	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Roome Contributor address; City; State; Zip Code 935 South Evie Street Bartlett TX 76511	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senator Charles Schwertner	7 Amount of contribution (\$) \$ 5,000.00
6 Contributor address; City; State; Zip Code P.O. Box 2448 Georgetown TX 78627		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Rothell Living Trust/H. Rothell, Jr.	Amount of contribution (\$) \$ 5,000.00
Contributor address; City; State; Zip Code 2211 Mayfield Drive Round Rock TX 78681		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David F. and Vicki Brevell	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 106 Riviera Lufkin TX 75901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike and Sue Cowie	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 638 Shovel Mountain Cypress Mill TX 78663		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leland Gersbach	7 Amount of contribution (\$) \$ 500.00
	6 Contributor address; City; State; Zip Code 7872 Hackberry Road Holland TX 76534-4022	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatt Cottle	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 101 Appaloosa Jarrell TX 76537	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Chasteen	Amount of contribution (\$) \$ 50.00
	Contributor address; City; State; Zip Code 104 County Road 213 Bertram TX 78605	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Herrera	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 736 Xanadu Drive Jarrell TX 76537	
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

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2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire Lindemann	7 Amount of contribution (\$) \$ 10.00
6 Contributor address; City; State; Zip Code 29874 Wildcat Way Katy TX 77494		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Veronica Gideon	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 3928 Medicine Hat Leander TX 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Voight	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1216 Scenic Oaks Drive Georgetown TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noah Irving	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 205 Comet Drive Jarrell TX 76537		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Matthew Lindemann		3 Filer ID (Ethics Commission Filers)
4 Date 12/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deke Pierce <hr/> 6 Contributor address; City; State; Zip Code 105 Gabgrove Court Georgetown TX 78633	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Martin Bradley <hr/> Contributor address; City; State; Zip Code 12530 Admiralty Way, Unit A104 Everett Wa 98204	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 3	2 FILER NAME Matthew Lindemann	3 Filer ID (Ethics Commission Filers)
4 Date 07/01/23	5 Payee name GRAW-PAC	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code P.O. Box 342 Round Rock TX 78680	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Contributions/Donations Made by Officerholder
	(c) <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 07/06/23	Payee name United States Postal Service	
Amount (\$) \$63.00	Payee address; City; State; Zip Code 308 North Patterson Avenue Florence TX 76527-9998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Postage stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/30/23	Payee name D&L Printing	
Amount (\$) \$120.51	Payee address; City; State; Zip Code P. O. Box 210 Georgetown TX 78626	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description A-2 Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 3	2 FILER NAME Matthew Lindemann	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/23	5 Payee name United States Postal Service	
6 Amount (\$) \$66.00	7 Payee address; City; State; Zip Code 2300 Scenic Drive Georgetown TX 78626-9998	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Postage stamps
	(c) <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 11/17/23	Payee name United States Postal Service	
Amount (\$) \$166.00	Payee address; City; State; Zip Code 2300 Scenic Drive Georgetown TX 78626-998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Post Office Box Rental for campaign
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/23	Payee name Williamson County Republican Party	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 716 Rock Street Georgetown TX 78626	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 3	2 FILER NAME Matthew Lindemann	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/23	5 Payee name Vistago Printing, LLC	
6 Amount (\$) \$3,945.71	7 Payee address; 6706 Lohman Ford Road	City; Lago Vista State; TX Zip Code 78645
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard signs
	(c) <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 12/28/23	Payee name Anedot	
Amount (\$) \$51.16	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Solicitation/Fundraising Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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