

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 2em;">7</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Lloyd W ----- NICKNAME LAST SUFFIX Matthews	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 11 Redhaven Pl, The Woodlands, TX 77381		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 296-9618		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Lloyd W ----- NICKNAME LAST SUFFIX Matthews		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE 11 Redhaven Pl, The Woodlands, TX 77381		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 296-9618		
9 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 \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 02 / 07 / 2010 THROUGH 02 / 12 / 2010 BB fwm		
11 ELECTION	ELECTION DATE Month Day Year 05 / 08 / 2010	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Director - Appointed	13 OFFICE SOUGHT (if known) Director - Position 3 The Woodlands Township	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt / Suite #, City, State, Zip Code		

GO TO PAGE 2

02-12-10 A08:28 IN row

As directed by Texas Ethics Comm. on 2/11/2010

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr Lloyd W. Matthews 16 ACCOUNT # (Ethics Commission Filers) —

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

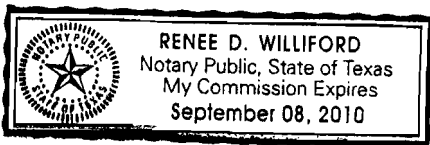
.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 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.



Lloyd W. Matthews
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lloyd W. Matthews, this the 12th day of February, 2010, to certify which, witness my hand and seal of office.

Renee D. Williford Renee D. Williford Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Mr. Lloyd W. Matthew

3 ACCOUNT # (Ethics Commission filers)

—

4 Date

02/11/2010

5 Payee name

Margaret M Matthew

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

11 Redhaven Place, The Woodlands, TX
77381

8 Purpose of payment (See instructions regarding type of information required.)

Return of Campaign Contribution

(If travel outside of Texas, complete Schedule T)

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

02/11/2010

Payee name

Robert E. Miller

Amount (\$)

100.00

Payee address; City; State; Zip Code

11 Redhaven Place, The Woodlands, TX
77381

Purpose of payment (See instructions regarding type of information required.)

Return of Campaign Contribution

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

—

Payee name

—

Amount (\$)

0

Payee address; City; State; Zip Code

—

Purpose of payment (See instructions regarding type of information required.)

—

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

Date

—

Payee name

—

Amount (\$)

0

Payee address; City; State; Zip Code

—

Purpose of payment (See instructions regarding type of information required.)

—

(If travel outside of Texas, complete Schedule T)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

02-12-10 A08:29 IN

row

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS FORM C/OH-UC
EXPENDITURES PG 2

8 C/OH NAME Mr. Lloyd W. Matthews **9 ACCOUNT #**(Ethics Commission files): —

10 Date 02/11/2010	11 Payee name Margaret M. Matthews 12 Payee address; City; State; Zip Code 11 Redhaven Pl, The Woodlands, TX 77381	13 Amount (\$) 100.00
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14 Purpose of expenditure Return of ^{campaign} contribution
 (If travel outside of Texas, complete Schedule T) (See Instruction Guide) **15** Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Date 02/11/2010	Payee name Robert E. Miller Payee address; City; State; Zip Code 11 Redhaven Pl, The Woodlands, TX 77381	Amount (\$) 100.00
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Purpose of expenditure Return of campaign contribution
 (If travel outside of Texas, complete Schedule T) (See Instruction Guide) **15** Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Date —	Payee name — Payee address; City; State; Zip Code —	Amount (\$) 0
------------------	--	-------------------------

Purpose of expenditure —
 (If travel outside of Texas, complete Schedule T) (See Instruction Guide) **15** Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

Date —	Payee name — Payee address; City; State; Zip Code —	Amount (\$) 0
------------------	--	-------------------------

Purpose of expenditure —
 (If travel outside of Texas, complete Schedule T) (See Instruction Guide) **15** Is expenditure a contribution to a candidate, officeholder, or political committee? Yes No

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

Mr Lloyd W. Matthews

2 ACCOUNT # (Ethics Commission filers)

—

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.

Lloyd W. Matthews
 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 final 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 - *Appointed*

** 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.

Lloyd W. Matthews
 Signature of Officeholder

02-12-10 A08:29 IN *RSW*

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME MATTHEWS, LLOYD (MR.) **16 ACCOUNT #** (Ethics Commission Filers)

17 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 45.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 14255.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 924.95

CONTRIBUTION BALANCE

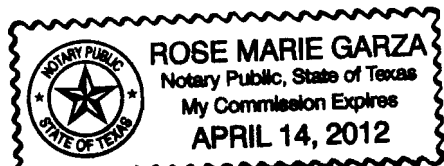
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 12290.05

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 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

Lloyd W. Matthews
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lloyd W. Matthews, this the 2nd day of April, 2010, to certify which, witness my hand and seal of office.

Rose M. Garza
Signature of officer administering oath

Rose M. Garza
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/12 Report: 4/15

2 FILER NAME Matthews, Lloyd (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
03/31/2010 BYRD, RICHARD (Mr.)

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
67 EMBER PINES COURT
CONROE, TX 77384

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
03/31/2010 CHICKERING, SCOTT (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1830 BREEZIN COURT
THE WOODLANDS, TX 77380

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
03/31/2010 COLCHIN, LORETTA

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
71 N INDIGO CIRCLE
THE WOODLANDS, TX 77381

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
03/31/2010 COOKE, WALTER (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
26 SKYLAND PLACE
THE WOODLANDS, TX 77381

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
03/31/2010 DAVIS, MARK (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
67 W MIRROR RIDGE CIRCLE
THE WOODLANDS, TX 77382

\$25.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/12 Report: 10/15	
2 FILER NAME Matthews, Lloyd (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/10/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MILLER, ROBERT (Mr.) 6 Contributor address; City; State; Zip Code 11 REDHAVEN PLACE THE WOODLANDS, TX 77381	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NORTON, DAVID (Mr.) Contributor address; City; State; Zip Code 41 DOVEWOOD PLACE THE WOODLANDS, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PEDDICORD, JS (Mrs.) Contributor address; City; State; Zip Code 51 ROBINDALE CIRCLE THE WOODLANDS, TX 77384	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) POIRER, CHARLES (Mr.) Contributor address; City; State; Zip Code 30 STRAWBERRY CANYON PLACE THE WOODLANDS, TX 77382	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/05/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICHMOND, MICHAEL (Mr.) Contributor address; City; State; Zip Code 59 NORTH ROYAL FERN THE WOODLANDS, TX 77380	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/12 Report: 11/15	
2 FILER NAME Matthews, Lloyd (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/31/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RIVERS, JASON (Mr.) 6 Contributor address; City; State; Zip Code 6 ROSEWATER PLACE THE WOODLANDS, TX 77381	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ROBB, EDMUND (Mr.) Contributor address; City; State; Zip Code 18 SPINDRIFT PLACE THE WOODLANDS, TX 77381	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SAMPSON, ROBERT (Mr.) Contributor address; City; State; Zip Code 90 W RACING CLOUD COURT THE WOODLANDS, TX 77381	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/01/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SANDERS, STEVE (Mr.) Contributor address; City; State; Zip Code 18 VIOLETTA COURT THE WOODLANDS, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) SCHMIDT, HAYDEN (Mr.) Contributor address; City; State; Zip Code 9706 WINTER RUN DRIVE HOUSTON, TX 77064	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/12 Report: 14/15	
2 FILER NAME Matthews, Lloyd (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 04/01/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WATTS, GARRY (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 18 DUNWOOD SPRINGS COURT SHENANDOAH, TX 77381	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WEST, WAYLAN (Mr.) <hr/> Contributor address; City; State; Zip Code 42 W PALMER BEND THE WOODLANDS, TX 77381	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/29/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WIDMEIR (Mr.) <hr/> Contributor address; City; State; Zip Code 130 W SHADOWPOINT CIRCLE THE WOODLANDS, TX 77381	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ZEALLOR, LOUISE <hr/> Contributor address; City; State; Zip Code 11 REDHAVEN PLACE THE WOODLANDS, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 15/15

2 FILER NAME Matthews, Lloyd (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name BERNSTEIN, GLEN	7 Amount (\$)
03/31/2010	6 Payee address; City; State; Zip Code 39 ORCHID GROVE PLACE THE WOODLANDS, TX 77385	\$50.00

8 Purpose of payment (See instructions regarding type of information required.) GAS FOR SIGN DELIVERY	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name EARL, KELSEY	Amount (\$)
03/10/2010	Payee address; City; State; Zip Code 46 WEST PALMER BEND THE WOODLANDS, TX 77381	\$200.00

Purpose of payment (See instructions regarding type of information required.) WEBSITE DESIGN & DEVELOPMENT	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name EARL, KELSEY	Amount (\$)
03/30/2010	Payee address; City; State; Zip Code 46 WEST PALMER BEND THE WOODLANDS, TX 77381	\$574.95

Purpose of payment (See instructions regarding type of information required.) WEBSITE DESIGN & DEVELOPMENT	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name THE WOODLANDS CHAMBER OF COMMERCE	Amount (\$)
03/22/2010	Payee address; City; State; Zip Code 1400 TIMBERLOCH # 300 THE WOODLANDS, TX 77380	\$100.00

Purpose of payment (See instructions regarding type of information required.) FEES FOR TOWNSHIP FORUM LUNCHEON	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Matthews, Lloyd (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,650.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	10,007.05
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CONTRIBUTION BALANCE

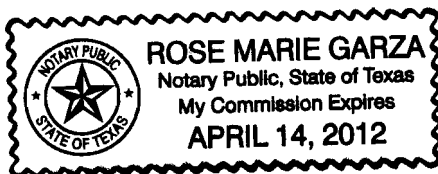
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,534.14
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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

Lloyd W. Matthews
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Lloyd W. Matthews, this the 30th day of April, 2010, to certify which, witness my hand and seal of office.

Rose M Garza
Signature of officer administering oath

Rose M Garza
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 4/6	
2 FILER NAME Matthews, Lloyd (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/22/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marling, Robert (Mr.) 6 Contributor address; City; State; Zip Code 1330 Lake Robbins Drive The Woodlands, TX 77380	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/23/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sampson, ROBERT (Mr.) Contributor address; City; State; Zip Code 90 W Racing Cloud Ct The Woodlands, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/22/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanders, Steve (Mr.) Contributor address; City; State; Zip Code 18 Vialetta Court The Woodlands, TX 77381	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yeates, Bryan (Mr.) Contributor address; City; State; Zip Code 96 W Stockbridge Landing Cir The Woodlands, TX 77382	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 5/6

2 FILER NAME Matthews, Lloyd (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Advantage Design Print & Mail	7 Amount (\$)
04/15/2010	6 Payee address; City; State; Zip Code 27326 Robinson Road # 202 Conroe, TX 77385	\$6,994.42

8 Purpose of payment (See instructions regarding type of information required.) Campaign mailers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Berstein, Glen	Amount (\$)
04/20/2010	Payee address; City; State; Zip Code 39 Orchid Grove Place The Woodlands, TX 77385	\$50.00

Purpose of payment (See instructions regarding type of information required.) Gas for sign delivery (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Canongate - The Woodlands Country Club	Amount (\$)
04/19/2010	Payee address; City; State; Zip Code 100 Grand Fairway Drive The Woodlands, TX 77381	\$746.49

Purpose of payment (See instructions regarding type of information required.) Event Cost - Fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Donor Town Square Inc	Amount (\$)
04/25/2010	Payee address; City; State; Zip Code PO Box 156 Crozet, VA 22932	\$21.00

Purpose of payment (See instructions regarding type of information required.) Website Contribution Processing Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 6/6

2 FILER NAME Matthews, Lloyd (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name	7 Amount (\$)
04/22/2010	Houston Community Newspapers 6 Payee address; City; State; Zip Code 1600 Lake Front Circle Suite # 190 The Woodlands, TX 77380	\$1,584.20

8 Purpose of payment (See instructions regarding type of information required.) Campaign newspaper advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name	Amount (\$)
04/09/2010	LJF Assocaites Inc Payee address; City; State; Zip Code 26419 Oakridge Drive The Woodlands, TX 77380	\$610.94

Purpose of payment (See instructions regarding type of information required.) Campaign flyer design (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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