

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Mathys for Congress

ADDRESS (number and street)

3401 W. Picacho Ave. #1

Check if different than previously reported. (ACC)

Las Cruces

NM

88007

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00695965

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NM

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M

/ D D

/ Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M

/ D D

/ Y Y Y Y

in the State of

5. Covering Period

M M

10

/ D D

01

/ Y Y Y Y

2019

through

M M

12

/ D D

31

/ Y Y Y Y

2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Mathys, Chris, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Mathys, Chris, , ,

[Electronically Filed]

Date

M M

01

/ D D

15

/ Y Y Y Y

2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Mathys for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1835.00	9001.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1835.00	9001.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25798.85	58841.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25798.85	58841.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200159.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	250000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Mathys for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1700.00	7200.00
(ii) Unitemized.....	135.00	1801.00
(iii) TOTAL of contributions from individuals ▶	1835.00	9001.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1835.00	9001.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	24000.00	250000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	24000.00	250000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25835.00	259001.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25798.85	58841.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	25798.85	58841.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200122.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25835.00
25. SUBTOTAL (add Line 23 and Line 24).....	225957.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25798.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200159.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mathys for Congress

A. Full Name (Last, First, Middle Initial)
Revie, Charles, , ,

Mailing Address 720 Sundown Court

City: Las Cruces State: NM Zip Code: 88011

FEC ID number of contributing federal political committee: **C**

Name of Employer: Retired Occupation: Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2019

Transaction ID : SA11AI.4292

Amount of Each Receipt this Period
200.00

Memo Item Contribution

B. Full Name (Last, First, Middle Initial)
Yates, John, Jr., ,

Mailing Address 809 Vogel Road

City: Artesia State: NM Zip Code: 88210

FEC ID number of contributing federal political committee: **C**

Name of Employer: Abo Empire, LLC Occupation: Manager

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2019

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period
1500.00

Memo Item Contribution

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	1700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mathys for Congress

A. Full Name (Last, First, Middle Initial)
Mathys, Chris, , ,

Mailing Address 3401 W. Picacho Ave. #1

City Las Cruces State NM Zip Code 88007

FEC ID number of contributing federal political committee. **C HONM02211**

Name of Employer Candidate Occupation Candidate

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2019

Transaction ID : SA13A.4302

Amount of Each Receipt this Period
 24000.00

Memo Item
Candidate Loan

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	24000.00
TOTAL This Period (last page this line number only)..... ▶	24000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mathys for Congress

Full Name (Last, First, Middle Initial) A. Airport Printing Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2019
Mailing Address 7 Leigh Fisher Blvd.		FEC Identification Number C C00695965
City EL Paso	State TX	Zip Code 79906
Purpose of Disbursement Mailer		Category/ Type 006
Candidate Name Mathys for Congress		Amount of Each Disbursement this Period 258.72
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4286
State: NM District: 02		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Andrade, Luis, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2019
Mailing Address 2240 E. Missouri Suite A		FEC Identification Number C C00695965
City Las Cruces	State NM	Zip Code 88001
Purpose of Disbursement Refund of Contribution		Category/ Type 010
Candidate Name Mathys for Congress		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4275
State: NM District: 02		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Brown, Roy, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2019
Mailing Address 4430 Carter		FEC Identification Number C C00695965
City Las Cruces	State NM	Zip Code 88011
Purpose of Disbursement Campaign Sign		Category/ Type 006
Candidate Name Mathys for Congress		Amount of Each Disbursement this Period 330.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4270
State: NM District: 02		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3088.72
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mathys for Congress

A. Capital Promotions

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 231

City Glenside State PA Zip Code 19038

Purpose of Disbursement Advertising Category/Type 006

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 09 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 3814.00

Transaction ID : SB17.4273

Memo Item

B. Comcast

Full Name (Last, First, Middle Initial)
Mailing Address 4800 Culter NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement Media Category/Type 004

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 09 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 447.30

Transaction ID : SB17.4274

Memo Item

C. Comcast

Full Name (Last, First, Middle Initial)
Mailing Address 4800 Culter NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement Media Category/Type 004

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 10 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 1399.00

Transaction ID : SB17.4276

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5660.30

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mathys for Congress

A. Comcast

Full Name (Last, First, Middle Initial)
Mailing Address 4800 Culter NE

City Albuquerque State NM Zip Code 87110

Purpose of Disbursement Media Category/Type 004

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 29 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 8943.78

Transaction ID : SB17.4284

Memo Item

B. Guerra, Helen, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 27 West Darby Rd

City Dexter State NM Zip Code 88230

Purpose of Disbursement Campaign Work Category/Type 001

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 19 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.4278

Memo Item

C. Guerra, Helen, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 27 West Darby Rd

City Dexter State NM Zip Code 88230

Purpose of Disbursement Campaign Work Category/Type 001

Candidate Name **Mathys for Congress**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NM District: 02

Date of Disbursement: 10 / 26 / 2019

FEC Identification Number: C C00695965

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.4279

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10943.78

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mathys for Congress

Full Name (Last, First, Middle Initial) A. Guerra, Helen, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2019	
Mailing Address 27 West Darby Rd			FEC Identification Number C C00695965	
City Dexter	State NM	Zip Code 88230	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Work		Category/ Type 001	Transaction ID : SB17.4280	
Candidate Name Mathys for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NM District: 02				

Full Name (Last, First, Middle Initial) B. Guerra, Helen, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2019	
Mailing Address 27 West Darby Rd			FEC Identification Number C C00695965	
City Dexter	State NM	Zip Code 88230	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Work		Category/ Type 001	Transaction ID : SB17.4281	
Candidate Name Mathys for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NM District: 02				

Full Name (Last, First, Middle Initial) C. Guerra, Helen, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2019	
Mailing Address 27 West Darby Rd			FEC Identification Number C C00695965	
City Dexter	State NM	Zip Code 88230	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Work		Category/ Type 001	Transaction ID : SB17.4282	
Candidate Name Mathys for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NM District: 02				

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mathys for Congress

Full Name (Last, First, Middle Initial) A. Guerra, Helen, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2019
Mailing Address 27 West Darby Rd		FEC Identification Number C C00695965
City Dexter	State NM	Zip Code 88230
Purpose of Disbursement Campaign Work	Category/ Type 001	Amount of Each Disbursement this Period 1000.00
Candidate Name Mathys for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM District: 02	Transaction ID : SB17.4283 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Spectrum Reach		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2019
Mailing Address 1633 Broadway Ave. 39th Floor		FEC Identification Number C C00695965
City New York	State NY	Zip Code 10019
Purpose of Disbursement Media	Category/ Type 004	Amount of Each Disbursement this Period 497.25
Candidate Name Mathys for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM District: 02	Transaction ID : SB17.4272 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Spectrum Reach		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2019
Mailing Address 1633 Broadway Ave. 39th Floor		FEC Identification Number C C00695965
City New York	State NY	Zip Code 10019
Purpose of Disbursement Media	Category/ Type 004	Amount of Each Disbursement this Period 912.90
Candidate Name Mathys for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NM District: 02	Transaction ID : SB17.4285 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2410.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mathys for Congress

Full Name (Last, First, Middle Initial) A. Spectrum Reach		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2019
Mailing Address 1633 Broadway Ave. 39th Floor		FEC Identification Number C C00695965
City New York	State NY	Zip Code 10019
Purpose of Disbursement Media		004
Candidate Name Mathys for Congress		Amount of Each Disbursement this Period 565.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4304
State: NM District: 02		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	565.00
TOTAL This Period (last page this line number only).....▶	25667.95

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Mathys for Congress** Transaction ID : **SC/10.4100**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mathys, Chris, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3401 W. Picacho Ave. #1			
City Las Cruces	State NM	ZIP Code 88007	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4950.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4950.00
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TERMS	Date Incurred M 01 / D 07 / Y 2019	Date Due M M / D D / Y 1/7/2022	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	4950.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mathys for Congress** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mathys, Chris, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3401 W. Picacho Ave. #1			
City Las Cruces	State NM	ZIP Code 88007	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 71050.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 71050.00
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TERMS	Date Incurred M 02 / D 12 / Y 2019	Date Due M M / D D / Y 2/12/22	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	71050.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Mathys for Congress** Transaction ID : **SC/10.4155**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mathys, Chris, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3401 W. Picacho Ave. #1			
City Las Cruces	State NM	ZIP Code 88007	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M 06 / D 28 / Y 2019	Date Due M M / D D / Y 5/28/2022	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Mathys for Congress** Transaction ID : **SC/10.4227**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mathys, Chris, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3401 W. Picacho Ave. #1			
City Las Cruces	State NM	ZIP Code 88007	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M 09 / D 27 / Y 2019	Date Due M M / D D / Y 9/27/2022	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mathys for Congress** Transaction ID : **SC/10.4302**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mathys, Chris, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3401 W. Picacho Ave. #1			
City Las Cruces	State NM	ZIP Code 88007	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 24000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 24000.00
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TERMS	Date Incurred M 12 / D 30 / Y 2019	Date Due M / D / Y 12/30/2022	Interest Rate (If none, enter 0) 9.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	24000.00
TOTALS This Period (last page in this line only).....▶	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.