CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	√ MI	OFFICE	E USE ONLY
NAME	Mr. Etton	· · · · · · · · · · · · · · · · · · ·	Date Received	
	NICKNAME LAST	SUFFIX		
	r lathis	-	***	english to the second
4 CANDIDATE / OFFICEHOLDER		CITY; STATE; ZIP CODE	anna €	r 0017
MAILING ADDRESS	23316 MACK W/A		11.2	3 2011
Change of Address	ROFID Itempstood,	, TX 77445	en e	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-deliverer	d or Date Postmarked
PHONE	(979) 826-7718			J or bare
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	₹. ^{MI}	Receipt #	Amount \$
NAME	NICKNAME LAST		Date Processed	
	Mathis	out it.	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	23316 MACK W	(AS HINGTON		
(Residence or Business)	ROHD, Hempster	7	~	
	100,000			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	(979) 826-771	18		
9 REPORT TYPE				
, , , , , , , , , , , , , , , , , , ,	January 15 30th day before e	election Runoff	treasurer a	fter campaign ppointment
	July 15 8th day before ele	ection Exceeded \$500 limit	(Officeholde	
		Cuon	i marriopo.	Λ (Attach U/Un - Fn)
10 PERIOD COVERED	Month Day Year	Month	Day Year	
OVERLED	1 /15/17	тнгоидн 6/	30/17	!
11 ELECTION	ELECTION DATE	ELECTION TYPE		
 	Month Day Year Primary	Runoff Other Description		
!	3 /6 /18 General	Special Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	refaller Co. Criminal D.A.			
	Criminal D.A.	SAME		
	GO TO	PAGE 2		
	40 10	PAGE Z		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Elton R. Mathis	er ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFOFOR SUCH EXPENDITURES.	THE CANDIDATE'S OR OFFICERDI DER'S
	COMMITTEE TYPE COMMITTEE NAME	
	GENERAL	
	SPECIFIC COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,550.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$6,605.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 486.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00
18 AFFIDAVIT, INTERPRETATION OF THE PROPERTY STAMP	true and correct and includes all information under Title 15, Election Code. OFTER ORES ORES	prequired to be reported by me
_	bed before me, by the said Ellon R. Maths	, this the 13th
day of JULY	20_) 7_, to certify which, witness my hand and seal of office.	
Inal	/May Elma Murcay ~	GTARY PUBLIC
Signature of officer ad	Ministering of the Printed name of the	e of officer administering oath
orms provided by Texas Ethi	cs Commission www.ethics.state.tx.us	Revised 9/8/2015

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,550.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,974.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$2,631.36
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

ScHEDULES FIA G IT SOME CASES ARE DUPLECATES
(Reinbursents for personal fund expanditures)

MONETARY POLITICAL CONTRI	BUTIONS SCHEDULE A1
The Instruction Guide explains how to complete this	form. 1 Total pages Schedule A1:
2 FILER NAME EHON R. Mathis	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC 6-30-17 6 Contributor address; City; State; 14718 Preo Power Arms	Zip Code # 50.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Date Full name of contributor out-of-state PAC	Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions) -(aller Co.
Date Full name of contributor Out-of-state PAC Anthony Edmonds Contributor address; City; State; 229 Heritage Trail Hottl Bellille, TX 774	Amount of contribution (\$) Zip Code
Principal occupation / Job title (See Instructions)	Employer (See Instructions) City of Houston
5402 Franz Road	Amount of contribution (\$) Zip Code Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Proporty Manager	Employer (See Instructions) 566
ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries Manes Contract Labor Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officenoider/Politic	The Instruction Guide explains how to	Vages: Contract Labor Other (enter a category complete this form.	y not listed above)
1 Total pages Schedule F1:	2 FILER NAME Elter R. Mathis	3 Filer ID (Ethics	Commission Filers)
4 Date 1-17-17	5 Payee name Focusing Families 7 Payee address; City: State; Zip Code		
6 Amount (\$) \$250.00		pstend, TX 7744	45
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser - Annual Charty Table Sporsor	(b) Description Check if travel outside of Texas. Complete Sch Check if Austin. TX. officeholder living ex	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought C	Office held
Date	Payee name		
1-17-17	Marna Lewis		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 50.00	16450 Methis Road Willer, TX 77484		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDACING - M.M. EVANS CANCER BENEFIT	Description Check if travel outside of Texas. Complete Sche Check if Austin, TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought O	ffice held
Date	Payee name		
1-19-17	ELTON MATHI	5	
#171.65	Payee address; City; State; Zip Code 23316 MACK WAS HING Itemsteed, TX 7749 Category (See Categories listed at the top of this schedule)	. TON	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Reinburgent ATT bill.	Check if travel outside of Texas. Complete Scheo	dule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name LHo ~ R. Math's		ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment Reimbursement Solicitation Fundraising Expense Accounting/Banking Office Overhead Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME R. Mathis 3 Filer ID (Ethics Commission Filers) 5 Payee name Liter R. Maths 7 Payee address; City: State: Zip Code 4 Date 1-19-17 23316 MACK WASHINGTON ROAD #55.00 He mins tree d, TX 77445 (a) Category (See Categories listed at the top of this schedule) (8 (b) Description Check if travel outside of Texas. Complete Schedule T. Reinborsent 4H **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Fundraiser Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Focusing Families ayee address; City: State; Zip Code 1-27-17 Amount (\$) Pavee address: 9th Street \$ 100.00 Itc-ps tend, TX 77445 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Fundreige OF Check if Austin, TX, officeholder living expense EXPENDITURE Austin- Ttem Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 2-6-17 AT+T

expenditure to benefit C/OH

Complete ONLY if direct

177.95

PURPOSE

OF

EXPENDITURE

Amount (\$)

Candidate / Officeholder name

Cell phone

Office sought

Description

Office held

EHON R. Mathi

Payee address; City; State; Zip Code

Category (See Categories listed at the top of this schedule)

service.

DALLAS, TX

w.c.D.A.

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

SAME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment Reimbursement Solicitation Fundraising Expense Accounting/Banking Consulting Expense Office Overhead Rental Expense Transportation Equipment & Related Expense Food Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EHON R. Mathis 5 Payee name Lite R. Math. S 7 Payee address; City; State; Zip Code 4 Date 23316 Mack Washington Cone 147.11 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Reinbursa + Check if Austin, TX, officeholder living expense Food (Ber expuss) **EXPENDITURE** Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Blake Denley 2-12-17 Amount (\$) Payee address; City: State; Zip Code 30951 Hongruckle LH 62.00 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** STAFF GIFTS Light Check if Austin, TX. officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Girl Scouts of America (Jennifer Blythe) 2-10-17 Payee address; Amount (\$) City; State; Zip Code Austin, TX \$ 20.00 78753 Category (See Categories listed at the top of this schedule) **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF Food (Beverage EXPENDITURE Lend Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor Solicitation.Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule FI: 2 FILER NAME	Candidate/Officeholder/Politic	, mining	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)
13 Flore K. Math. S Alban K. S Alb	Credit Card Payment	The Instruction Guide explains how to	complete this form.
6 Amount (\$) 6 Amount (\$) 7 Payce address; City: State: Zip Code Clob. 69 8 PURPOSE EXPENDITURE POR Class (2007) (See Categories listed at the top of this schedule) Food [Bes. Limit Fundament Candidate / Officeholder name Office sought Office sought Office held		2 FILER NAME Le Hon R. Mathis	3 Filer ID (Ethics Commission Filers)
B		5 Payee name R. Math's	
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Check if Austin. TX. officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Date AT + T Amount (\$) Payee address; City; State: Zip Code 177.95 Purpose OFFICE Categories listed at the top of this schedule) Purpose OFFICE CALL Phone Free's Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Check if Austin, TX, officeholder living expense Office sought Office held Check if Austin, TX, officeholder living expense	BUBBOSE		
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Date 3-6-17 Amount (\$) Payee name Amount (\$) Payee address; City; State; Zip Code 177.95 Dallas, TX Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Candidate / Office held Elfon R. Mathis Office sought Office held SAMC	EXPENDITORE	~ xpare	
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Cell phone fees Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name	Amount (\$)	Payee address; City; State; Zip Code	
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Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Electrical austin, TX, officeholder living expense Office sought Office held Electrical austin, TX, officeholder living expense Office held Electrical austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule)	Description
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held W.C.D.A. SAME	OF		1
expenditure to benefit C/OH LE /ton R. Mathis W.C.D.A. SAME	EXPENDITURE	Cell phone fees	L_J Check if Austin, TX, officeholder living expense
Letton R. Mathis W.C.D.A. SAME		Candidate / Officeholder name	Office sought
21/11/63	expenditure to benefit C/OH	Elton R. Mathis	1 2 2 1
		ATTACH ADDITIONAL COPIES OF THIS	21/11/6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation Fundraising Expense Accounting/Banking Office Overhead Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME R. Methis 3 Filer ID (Ethics Commission Filers) 5 Payee name Commity Christian Academ 7 Payee address; City: State: Zip Code 4 Date P.O. BOX 680 \$ 20.00 1 Houghtend, TX 77445 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE BOMITTEON Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Elton R. Mathis 3-10-17 Amount (\$) 23316 Markwester to LAME Payee address: City; State; Zip Code *155.33 Hapstond, Tx 77445 Category (See Categories listed at the top of this schedule) Description __ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Food (Beverye __ Check if Austin, TX, officeholder living expense PV A+ N/ Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 3-21-17 Etton R. Mathis Payee address; City; State; Zip Code 23316 Mach Washington Lane Itupesteed, TX 77445 Amount (\$) 23.82 Category (See Categories listed at the top of this schedule) **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Food (Bev. __ Check if Austin, TX, officeholder living expense Irushy-to-Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation. Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	Litton R. Ma	this	3 Filer ID (Ethics Commission Filers)
4 Date 3-21-17	5 Payee name Elto R. Mct	tu S	
6 Amount (\$)	It-peterd, TX	shorton have L 77445	
8	(a) Category (See Categories listed at the top of this sol		Complete Cohedula T
PURPOSE OF	Rinbursat	-	utside of Texas. Complete Schedule T. n. TX. officeholder living expense
EXPENDITURE	office Ludscaping		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2-24-17	Chris Seeker FB	30 SPCDS	
Amount (\$)	Payee address; City; State; Zip		
100.00	Box W. 3rd Street	17833	
	Category (See Categories listed at the top of this sch		
PURPOSE OF	DOMETION		side of Texas. Complete Schedule T. TX. officeholder living expense
EXPENDITURE	Dording		TX, unicertoider inving expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-28-17	Elton R. Mathss Payee address: City; State; Zip 23316 Mack Washin		
Amount (\$)	Payee address; City; State; Zip	Code	
50.00	MODIE INCORPORA	Too care	
	Hape tec d, TX 7	7445	
PURPOSE	Reinburset		ide of Texas. Complete Schedule T.
OF EXPENDITURE		, , ,	TX, officeholder living expense
	Donation	Tippit	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME R. Methis		3 Filer ID (Ethics Commission Filers)
4 Date 3-28 - 17	7 Payee address; City: State; Zip Code	<u></u>	
6 Amount (\$) 40.24	7 Payee address; City: State; Zip Code 23316 Mech Weshington Le	_	
70.27	Hompsted, IX 77744	5	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rein . Food (Ber.		side of Texas. Complete Schedule T. TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-29-17	Elton R Methis		
Amount (\$)	Payee address; City; State; Zip Code		
36.13	23316 Mach Weshington Hupstend, TX 7744		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reint. Office Plants	Description Check if travel outs	de of Texas. Complete Schedule T. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3-29-17	Elto- R. Meth.	\$	
Amount (\$)	Payee address; City; State; Zip Code		
62.33	23316 Mack washington	Leve 145	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Reinh. Food Bev.		de of Texas. Complete Schedule T. 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages Contract Labor Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1	2 FILER NAME L. Plan R. Mathis	3 Filer ID (Ethics Commission Filer	s)
4 Date 3-27-17	5 Payee name Mayne Ballutie	FBO Roton Club Weller	t.s .
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$30.00	2214 Waller Street Weller, TK 77484		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of "exas. Complete Schedule T.	
OF EXPENDITURE	DOMATEON / POPCORM	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
3-22-17	Weller Chale of Co.	Man -	
Amount (\$)	Payee address; City; State; Zip Code		
10.00	1110 Far Street Welly Texas 774	84	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Food Ber.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
4-10-17	AT+T		
Amount (\$)	Payee address; City; State; Zip Code		
173.61	DALLAS, TX		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Cellphone	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name EHb~ K. Math's	Office sought Office held $W.C.DA$. $SAMC$	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense

Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel In District

## Amount (\$) Payee address; City: State: Zip Code Candidate / Office held Candidate Candidate / Office held Candidate / Office held Candidate Candidate / Office held Candidate / Office held Candidate Candidate / Office held Candidate Candidate / Office held Candidate / Office	Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	ages/Contract Labor Other (enter a category not listed above)
Samount (\$) Payee address: City: State: Zip Code Chick if Austin. TX. officeholder living exponse Schedule T. Check if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Chick if Austin. TX. officeholder living exponse Candidate / Officeholder name Office sought Office held Office held Officeholder name Office held Officeholder name Office held Officeholder living exponse Offic	1 Total pages Schedule F1:	Z. Hon R. Mathis	3 Filer ID (Ethics Commission Filers)
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Houston, TX 7706 Secondary Candidate / Office sized at the top of this schedule) Check if Justin TX, efficeholder fiving expense	6 Amount (\$)		
PURPOSE OF EXPENDITURE Candidate Continue Continue Candidate Continue Continue Candidate Continue Continue Continue Candidate Continue C	3140.00		,
Check if Austin. TX. officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	
expenditure to benefit C/OH Date 4-18-17 Payee name Elto R. Mathi	OF	Gift-STAFF	
Amount (\$) Payee address: City: State: Zip Code 2331b Mck Washyth Len Impated, TX 77445 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Payee name 4-11-17 Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Payee name 4-11-17 Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Payee name 4-11-17 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) OFfice sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Office held
Amount (\$) Payee address; City: State: Zip Code 23316 Mcck Catalyte Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit COH Payee name 4-11-17 Amount (\$) Payee address; City: State: Zip Code 22000 Fairground Road Category (See Categories listed at the top of this schedule) Poscription Complete ONLY if direct expenditure to benefit COH Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	,	
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Date Payee name 4-11-17 Walber Co. Fair Assoc. Amount (\$) Payee address; City; State; Zip Code 100.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	OF	Category (See Calegories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$) Payee address: City: State: Zip Code 22000 Ferryround Road Impatted, TX 77445 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought Office held
Amount (\$) Payee address; City; State; Zip Code 22000 Fergrowd Road Impated, TX 77445 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	Payee name	
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PURPOSE OF EXPENDITURE Candidate / Officeholder name	` '	,,, <u></u>	
PURPOSE OF EXPENDITURE Dottertion Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	100.80	22000 Ferryround Road	14-peterditx 77445
OF EXPENDITURE Dotter Tipol Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	DUDDOG	Category (See Categories listed at the top of this schedule)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	OF	DOHFTION	
		Candidate / Officeholder name	Office sought Office held
	orms provided by Toygo Ethio		CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/Contract Labor

Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (out or a category set lighted above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	Ages:Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Elfon R. Mathis	3 Filer ID (Ethics Commission Filers)
4 Date 4-26-17	5 Payee name Elton R. Meths	<u> </u>
6 Amount (\$) 242.56	7 Payee address; City; State; Zip Code 23316 Mark was hongton Co	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reink C-2 Phone	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name KH, R. Mathi	Office sought Office held SAME
Date 4-20-17	Payee name First Methodist C	wreh
Amount (\$)	Payee address: City: State: Zip Code	upsteed, TX 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DOMFTTOM SUNDRATSER	Description Check if travel outside of Texas. Complete Schedule T. 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
5-5-17	Payee name Hengs: told Police Dep	ot.
Amount (\$) 90.00	Payee address: City; State; Zip Code	X 77445
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DOMATEON FUNORAISER	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officerolder/Pointic	The Instruction Guide explains how to c	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER DIAME R. Mathis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Elton R. Maths		
6 Amount (\$) 60.40	7 Payee address; City: State: Zip Code 23316 Mack Weshing	ton have	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reint. Food/Bes. Sopplies Relay for Life		tside of Texas. Complete Schedule T. . TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-6-17	EHOR R. Math. >		
Amount (\$) 出 125.00	Payee address; City; State: Zip Code 23316 Mack washington		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimb. Amrican Concer Do HAT ION Society	Description Check if travel outs	side of Texas. Complete Schedule T. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
5-2-17	Mia Magners		
Amount (\$) 119.47	Payee address: City; State; Zip Code 645 12th Hups beck	, TX 774	:45
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies (Food / Beu. Office Shooting Quelification	Description Check if travel outsi Check if Austin, 1	ide of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead Rental Expense Solicitation Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EHON R. Mathir 4 Date 5-9-17 City; State; Zip Code 23316 Meele Weshington Lan-483.60 potend, TX 77445 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF __ Check if Austin, TX, officeholder living expense TRAVEL DUT DE EXPENDITURE DISTRICT Candidate / Office holder name Choc R. Math. (U.C.D.A. 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Elton R. Mathis 5-12-17 Amount (\$) City; State; Zip Code Payee address; 23310 Meck wishington Lane 84.57 Hepeterd, TX 77444 Category (See Categories listed at the top of this schedule) ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Travel out of district Check if Austin, TX. afficeholder living expense EXPENDITURE Complete ONLY if direct Office sought expenditure to benefit C/OH w.c.D.A. Payee address; City; State; Zip Code 615 B.S. 290 H. 5-15-17 Amount (\$) 100.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF DUES ☐ Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sal	nting Expense Taries/Wages/Contract Labor C	Fravel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains ho	. 3	Filer ID (Ethics Commission Filers)
4 Date 5-19-17	5 Payee name Elton R. Math		
6 Amount (\$)	7 Payee address; City; State; Zip Co		
141.22	# 23316 Mack War Hupsterd, TX	27445	-
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Reinb. Food/Bes.		e of Texas. Complete Schedule T. X. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4-30-17	Waller Cheer B	poster Club	•
Amount (\$)	Payee address: City; State; Zip Co	de	
\$125.00	2214 Weller Street	1484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Dorta IDM/ Adwrtis:	Check if travel outside	of Texas. Complete Schedule T. . officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Co	de	
	Category (See Categories listed at the top of this schedul	- Description	
PURPOSE OF		\	of Texas. Complete Schedule T.
EXPENDITURE		Check If Austin, 1X.	, officeholder living expense
Complete ONLY if direct expenditure to benefit COA	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORES OF		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Grit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagns/Contract Leber

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	Intical Committee Legal Services Sa The Instruction Guide explains ho	alaries/Wages/Contract Labor ow to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule C	EHON R. Ma	this	3 Filer ID (Ethics Commission Filers)
4 Date 1-19-17	5 Payee name AT + T		
Amount (\$) 3171.65 Aeimbursement from	7 Payee address; City; State; Zip Co	de	
political contributions intended	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE OF EXPENDITURE	Cell phone fees	Check if travel outside of	of Texas. Complete Schedule T. officaholder living expensa
9 Complete ONLY if direc expenditure to benefit C		Office sought	A. SAME
Date 1-19-17	Payee name		
Amount (\$) # 55. 0 0 Reimbursement from political contributions	Payee address: City: State: Zip Cool 846 6th Street Itempsteed, TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 4H Fundraiser	(b) Description Check if travel outside of	l Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 1-31-17	Payee name Maric Di S		
Amount (\$) 47.33 Peimbursement from political contributions	Payee address; City; State; Zip Code 2104 5. Moket State Brahn, TX 77	et	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food (Berry Express)	(b) Description Check if travel outside of	Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	



SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment Reimbursement Solicitation: Fundraising Expense Accounting/Banking Office Overhead Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel in District Contributions/Donations Made By 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 G: E-Hon R. Mathis 5 Payee name 3 Filer ID (Ethics Commission Filers) 4 Date 2-1-17 6 Amount (\$) # 24.35 V-lestheim Road Reimbursement from political contributions Houston, TX 77098 (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Food (Berrye EXPENDITURE Check if Austin. TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 2-2-17 Classic Events Cafe Payee address; City: State; Zip Code Amount (\$) # 75.43 Bus. 290 H. 615 Reimbursement from political contributions Henpsterd, TX 77445 Category (See Categories listed at the top of this schedule) (b) Description PURPOSE ___ Check if travel outside of Texas. Complete Schedule T. OF Food /Benrage EXPENDITURE Check if Austin. TX. officeho der living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Classic Evals Cafe 2-13-17 City; State; Zip Code Amount (\$) Payee address; 615 Bus. 790 N. 16.69 Reimbursement from Herpsterd, TX 77445 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF ☐ Check if travel outside of Texas. Complete Schedule T. Food Beriel **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling 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 G: 2 FILER NAME Files NAME Elton R. Mathis 5 Payee name Knights of Columbus 7 Payee address; City; State; Zip Code 3 Filer ID (Ethics Commission Filers) 4 Date 2-13-17 6 Amount (\$) 22892 Macle Weshington LANE Reimbursement from Hapited, TX 77445 political contributions intended 8 (a) Category See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Fundain (Evat Exp. **EXPENDITURE** Li Check if Austin. TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 3-10-17 Cielito Lindo Amount (\$) Payee address; 155.33 31303 FM 2920 Reimbursement from political contributions Maller, TX 77484

3-21-17	Payee name Cul's BBQ	
Amount (\$) 23.87 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 31315 FM Z920 Heller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / 13<	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Current H Carron

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX officeholder living expense

Office sought

Office sought

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Candidate / Officeholder name

Food/Bev.

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intended

PURPOSE

OF **EXPENDITURE**

Complete ONLY if direct

Complete ONLY if direct

expenditure to benefit C/OH

expenditure to benefit C/OH

Office held

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule G:	2 FILER NAME L-Ho- R. Math's	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
3-19-17	Bluebonne + Herb Fo	vm
6 Amount (\$)	7 Payee address; City; State; Zip Code	
77.91	2105 13th	
Reimbursement from political contributions intended	Hersitand, TX 7744	15
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	OFFICE	Check if travel outside of Texas Complete Schedule T.
EXPENDITURE	LANCISCAPING-PLANTS	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held
Date	Payee name	
3-28-17	Tippit Family A	ssister Fund
Amount (\$)	Payee address; City; State; Zip Code	,
50.00	Tippit Family Fund (6 GOFUNDME
Reimbursement from political contributions intended	855 Jeffuson Ave,	Redwood, CA 94063
DURDOCE	Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	DOMATION	Check if travel outside of Texas Complete Schedule T.
EXPENDITURE	DOMIT! LON	Check if Austin. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held
Date	Payee name	
3-28-17	Chappel Hill Cal	e
Amount (\$)	Payee address; City; State; Zip Code	
40.24	8966 Hyhny 290 E	•
Reimbursement from political contributions intended	Chappell Hill, TX 77	426
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description
OF	T 1/2	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food (Rev.	Check if Austie, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name IH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense

xpense Travel I
xpense Travel (
Vages/Contract Labor Other (6

Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	•	Salaries/Wages/Contract Lat le explains how to complete this fo	((
1 Total pages Schedule G:	2 FILER NAME Elton R. M.	athis	3 Filer ID (Ethics Commission Filers)	
4 Date 3-29-17	5 Payee name Lowes			
6 Amount (\$) 36.\3	7 Payee address; City; St 275C) Huy 36	ate; Zip Code		
political contributions intended	Brenhan, TX	77833		
8 PURPOSE OF EXPENDITURE	(a) Category See Categories listed at the top	Check if tra	vel outside of Texas. Complete Schedule T. Austin. TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office held	
Date 3-29-17	Payee name	b le		
Amount (\$) 67.33		ate; Zip Code		
Reimbursement from political contributions intended	3939 Sen Felipa	1 77027		
PURPOSE	Category (See Categories listed at the top	of this schedule) (b) Description		
OF EXPENDITURE	Food (Bev.	Check if A	vel outside of Texas. Complete Schedule T. ustin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office held	
Date 4-10-17	Payee name Classic Eveta	Cafe		
Amount (\$) 69.48		te; Zip Code		
Reimbursement from political contributions intended	615 Bus. 290,	77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Lega	l Services	Salarie	s/Wages/Contract Labor	Other (enter a category	not listed above)
	Th	e Instruction Guide e	explains how t	o complete this form.		
1 Total pages Schedule G:	2 FILER NAME	R.Ma	this		3 Filer ID (Ethics C	commission Filers)
4 Date 4-26-17	5 Payee name AT+	_				
6 Amount (\$)	7 Payee address;	City; State	e; Zip Code			
Reimbursement from political contributions intended	Dark:	·, · · ×				
8 PURPOSE	(a) Category (See Ca	tegories listed at the top o	f this schedule)	(b) Description		
OF EXPENDITURE	Cell ph	wae			le of Texas. Complete Schedule X. officeholder living expens	
9 Complete ONLY if direct		Officeholder name		Office sought	0	ffice held
expenditure to benefit C/	Elton	R. Mat	his	w.c.pA		AME
Date	Payee name					
5-2-17	Bevers	Kitch	<u> </u>			
Amount (\$)	Payee address;	City; State	; Zip Code			
31.63	5162	Main S	tree t			
Reimbursement from political contributions intended	Chopse	11 (+111, 7	X 7	7426		
DURROCE	Category (See Ca	tegories listed at the top of	this schedule)	(b) Description		
PURPOSE OF	Food (T			Check if travel outside	e of Texas. Complete Schedule	Г.
EXPENDITURE	1000 (1	S€U.		Check if Austin, TX	C. officeholder living expense	•
Complete ONLY if direct expenditure to benefit C/C		Officeholder name		Office sought	O	ffice held
Date	Payee name					
5-5-17	relation	nu t				
Amount (\$)	Payee address;	City; State	; Zip Code			
12.15	625 H	right of	290 1	₹.		
political contributions intended	Huper	1, TX -	77445	•		
PURPOSE	Category (See Cate	egories listed at the top of	this schedule)	(b) Description		
OF EXPENDITURE	Relay For	hi fe		Check if travel outside	of Texas. Complete Schedule T	Ĺ
LAFENDITURE	Eva-t	- Expuse	_	Check if Austin, TX	, officeholder living expense	l
Complete ONLY if direct expenditure to benefit C/O	Candidate / C	officeholder name		Office sought	Off	ice held
	ATTACH AD	DITIONAL COPIE	S OF THIS S	CHEDULE AS NEEDE	ED .	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains hov	to complete this form.	
1 Total pages 3 hedule G:	2 FILER NAME R. Mathis	3 Filer ID (Ethics Commission Filers)	
4 Date 5-5-17	5 Payee name HLES		
6 Amount (\$) 16.67 Feimbursement from political contributions intended	7 Payee address; City: State; Zip Cod 2508 S. Dey Stree Bruhn, TX 77	+	
PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/C	(a) Category (See Categories listed at the top of this schedule) The Food Rehy For Life Candidate/ Officeholder name OH	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Office sought Office held	
Date 5-6-17	Payee name Relay For hike who	eller Co. (Anerican Concer Society)	
Amount (\$) * 125.00 Reimbursement from	2500 Fonder, #1	00	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Don't TIOM	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name)H	Office sought Office held	
Date 5-9-17	Payee name United Airline	٤	
Amount (\$) 483.60 Reimbursement from political contributions	Payee address; City: State; Zip Code 233 5. Weeker Drive Chicogo, IL 60606		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAUETL OUT OF DISTRIC	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefity CO		Office sought Office held SAME	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense

Frolling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

Solicitation, Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

,	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule G		. 5	3 Filer ID (Ethics Commission Filers)	
4 Date Z-8 - 17	5 Payee name Classic Eurts C			
6 Amount (\$) 37.10	7 Payee address: City: State: Zip Cod	L .		
Reimbursement from political contributions intended	Hupstead, TX	77445.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food (Berry)		e of Texas. Complete Schedule T K. officenolder living expense	
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held	
Date	Payee name			
2-27-17	SAME AS A	-BOVE		
Amount (\$)	Payee address; City; State; Zip Code	· • · · · · · · · · · · · · · · · · · ·		
28.69	·			
Réimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE			of Texas. Complete Schedule T.	
		Check if Austin. TX	officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
Date	Payee name			
5-19-17	SAME AS AB	こうしど		
Amount (\$)	Payee address; City; State; Zip Code			
Heimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE			of Texas. Complete Schedule T. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Co

Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation:Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Credit Card Payment Credit Card Payment The Instruction Guide explains how to complete this form. Candidate/Unicenology/Pointcal Committee Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schindule G: 2 FILER NAME R. Mathus 3 Filer ID (Ethics Commission Filers	s)		
4 Date 5 Payee name 6-3-17 Gundersons Bookkeepin			
6 Amount (\$) 7 Payee address; City: State; Zip Code 40644 Huy 290 Bosiness			
Heimbursement from political contributions intended Wall, TX 77494			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense			
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date Payee name			
Amount (\$) Payee address; City; State; Zip Code			
Heimbursement from political contributions intended DALLAS, TX			
Category (See Categories listed at the top of this schedule) PURPOSE (b) Description			
OF Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held Office held SAMC			
Date 6-17-17 АТ + Т			
Amount (\$) Payee address; City; State; Zip Code			
Reimbursement from political contributions intended DALLAS, TX			
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Cell is hore Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held SAME			
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 2 FILER NAME Elton R. Mathis 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F4 Schedule G Schedule F2 Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule F1 Schedule F2 Schedule G Schedule H Schedule F4 Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A2 Schedule & Schedule B(J) Schedule D Schedule F1 Schedule C2 Schedule F2 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED