

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 filed: 28
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: ELton MI: R. NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center; font-size: 1.2em;">MATHIAS</p>	OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> Received JUL 12 2018 Waller County Elections </div> <hr/> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 645 12th Hempstead, TX 77445		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-7718		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: ELton MI: R. NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center; font-size: 1.2em;">MATHIAS</p>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 645 12th Hempstead, TX 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 826-7718		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 2018 THROUGH 6 / 30 / 18		
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 18	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Waller County Criminal D.A.	13 OFFICE SOUGHT (if known) SAME	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME ELTON R. MATHIS 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME
Citizens Supporting Duhon + Mathis

COMMITTEE ADDRESS
18069 FM 359
Hempstead, TX 77445

COMMITTEE CAMPAIGN TREASURER NAME
Tim Junek

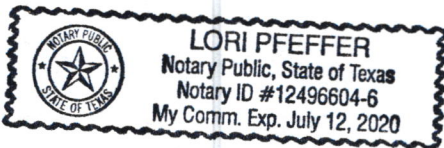
COMMITTEE CAMPAIGN TREASURER ADDRESS
18069 FM 359
Hempstead, TX 77445

Additional Pages

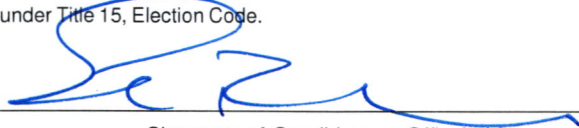
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,345.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT

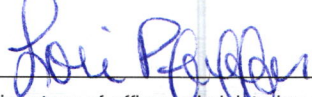
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE


Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elton R. Mathis, this the 12th day of JULY, 20 18, to certify which, witness my hand and seal of office.

 Lori Pfeffer Lori Pfeffer
Signature of officer administering oath Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,500. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,345.03
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Elton R. Mathis

3 Filer ID (Ethics Commission Filers)

4 Date

1-18-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Looney + Conrad P.C.

7 Amount of contribution (\$)

2,000.00

6 Contributor address; City; State; Zip Code

918 Austin, Hempstead, TX 77445

8 Principal occupation / Job title (See Instructions)

Attorneys

9 Employer (See Instructions)

Looney + Conrad, P.C.

Date

2-8-18

Full name of contributor out-of-state PAC (ID#: _____)

Citizens Supporting Duhon + Mathis

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

18069 Fm 359 Hempstead, TX 77445

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

PAC

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>23</i>	2 FILER NAME <i>Ethan R. Mathis</i>	3 Filer ID (Ethics Commission Filers)			
4 Date <i>1-2-18</i>	5 Payee name <i>West I-10 Chamber of Commerce</i>				
6 Amount (\$) <i>36.00</i>	7 Payee address; City; State; Zip Code <i>907 Bains Street Brookshire, TX 77423</i>				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense / Food / Bev. Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>1-16-18</i>	Payee name <i>Awards + More</i>				
Amount (\$) <i>487.13</i>	Payee address; City; State; Zip Code <i>3518 S. Tex. Ave. Bryan, TX 77802</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Gifts (Awards Expense)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>1-2-18</i>	Payee name <i>JOAN SARGENT CAMPAIGN</i>				
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>836 Austin Hempstead, TX 77445</i>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution to a CANDIDATE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name <i>JOAN SARGENT</i></td> <td style="width:25%;">Office sought <i>W.C. Treasurer</i></td> <td style="width:25%;">Office held <i>SAME</i></td> </tr> </table>		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JOAN SARGENT</i>	Office sought <i>W.C. Treasurer</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>JOAN SARGENT</i>	Office sought <i>W.C. Treasurer</i>	Office held <i>SAME</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>23</i>	2 FILER NAME <i>Elton R. Mathis</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-3-18</i>	5 Payee name <i>Debbie Hollan</i>		
6 Amount (\$) <i>\$250.00</i>	7 Payee address; City; State; Zip Code <i>836 Austin Hempstead, TX 77445</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contribution to Candidate</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <i>Debbie Hollan</i>	Office sought <i>W.C. Clark</i>	Office held <i>W.C. Clark</i>
Date <i>1-3-18</i>	Payee name <i>Republican Party of Weller County</i>		
Amount (\$) <i>500.00</i>	Payee address; City; State; Zip Code <i>32623 FM 1488 Hempstead, TX 77445</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought	Office held
Date <i>1-18-18</i>	Payee name <i>Weller County Rotary Club</i>		
Amount (\$) <i>200.00</i>	Payee address; City; State; Zip Code <i>615 Hwy 290 Hempstead, TX 77445</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees / Dues</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-18	5 Payee name Focusing Families	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code P.O. Box 1053 Hempstead, TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Table sponsor	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-2-18	Payee name AT + T	
Amount (\$) 165.24	Payee address; City; State; Zip Code 109 Hwy 290 West Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER -	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	CELL PHONE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 1-3-18	Payee name Di Iorio's Market	
Amount (\$) 100.18	Payee address; City; State; Zip Code 750 Business Hwy 290 E. Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Gift/Awards Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME ETHEL R. MATHIS	3 Filer ID (Ethics Commission Filers)
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4 Date 1-11-18	5 Payee name HE'S CAFE
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6 Amount (\$) 31.59	7 Payee address; City; State; Zip Code 240 Austin Street Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev Expense L.E. MEAL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-23-18 1-23-18	Payee name Snow Flake Donuts
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Amount (\$) 11.08	Payee address; City; State; Zip Code 420 Austin Street Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-23-18 1-23-18	Payee name Classic Events Cafe
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Amount (\$) 164.21	Payee address; City; State; Zip Code 615 Hwy 290 Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Expense ROTARY CLUB	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Hon. R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 1-25-18	5 Payee name HES CAFE
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6 Amount (\$) 21.76	7 Payee address; City; State; Zip Code 240 Austin Street Hempstead, Texas 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-26-18	Payee name Erick's Mexican Rest.
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Amount (\$) 86.97	Payee address; City; State; Zip Code 735 10th Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp - STAFF	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-29-18	Payee name Amazon.COM
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Amount (\$) 260.97	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, Washington 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 1-30-18	5 Payee name Black's BBQ
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6 Amount (\$) 25.37	7 Payee address; City; State; Zip Code 215 N. Main Street Lockhart 78644
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-21-18	Payee name AT + T
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Amount (\$) 176.70	Payee address; City; State; Zip Code 109 Hwy 290 West Brenham, TX 77833
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - CELLPHONE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-7-18	Payee name Friends of Royal FFA
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Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. Box 669 Brookshire, TX 77423
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
4 Date 2-1-18	5 Payee name Focusing Families	
6 Amount (\$) 450.00	7 Payee address; City; State; Zip Code P.O. Box 1053 Hempstead, TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 2-14-18	Payee name J.R. Woolley Campaign	
Amount (\$) 300.00	Payee address; City; State; Zip Code 34444 FM 2979 Waller, TX 77484	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION TO CANDIDATE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: J.R. Woolley Office sought: J.P. #2 Office held: N/A	

Date 2-21-18	Payee name Knights of Columbus	
Amount (\$) 24.00	Payee address; City; State; Zip Code 22892 MACK WASHINGTON/ Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 2-20-18	5 Payee name Waller Chamber of Commerce
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6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 53 Waller, Texas 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Sponsorship	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-21-18	Payee name Waller's Club of Waller
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 40 City of Waller, TX P.O. Box 239 Waller, Texas 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution made by officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-23-18	Payee name Pleasant Hill Masonic Lodge
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Amount (\$) \$300.00	Payee address; City; State; Zip Code Schneider Road Waller, Texas 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation made by officeholder	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
4 Date 2-23-18	5 Payee name Hempstead Texas Masonic Lodge	
6 Amount (\$) 70.00	7 Payee address; City; State; Zip Code MAIN Street Hempstead, TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION BY OFFICEHOLDER (tickets)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2-23-18	Payee name Hempstead Texas Masonic Lodge	
Amount (\$) 100.00	Payee address; City; State; Zip Code MAIN Street Hempstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 2-13-18	Payee name FAITH ACADEMY	
Amount (\$) 1,040.00	Payee address; City; State; Zip Code 12177 Highway 36 18 Bellville, TX 77444	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / DONATION BY OFFICEHOLDER CANDIDATE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 2-16-18	5 Payee name Hello Hempstead
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6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 914 Wilkins Street Hempstead, Texas 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION TO OFFICE HOLDER	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-14-18	Payee name Willis Linton
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Amount (\$) 100.00	Payee address; City; State; Zip Code 645 12th Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR ROTARY FUNDRAISER DONATION	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-1-18	Payee name Classic Events Cafe
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Amount (\$) 42.05	Payee address; City; State; Zip Code 615 Hwy 290 Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Edna R. Methz	3 Filer ID (Ethics Commission Filers)
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4 Date 2-5-18	5 Payee name Gringo's Mexican Rest.
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6 Amount (\$) 208.61	7 Payee address; City; State; Zip Code 27030 NW FWY Cypress, TX 77433
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp. STAFF	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 15 2-5-18	Payee name Amazon.com
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Amount (\$) 185.00	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-12-18	Payee name Amazon.com
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Amount (\$) 88.00	Payee address; City; State; Zip Code 410 Terry Ave. N. Seattle, WA 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **23** 2 FILER NAME: **Elton R. Mathis** 3 Filer ID (Ethics Commission Filers)

4 Date: **2-12-18** 5 Payee name: **Amazon.com**

6 Amount (\$): **63.79** 7 Payee address; City; State; Zip Code: **410 Terry Ave. N. Seattle, WA 98109**

8 PURPOSE OF EXPENDITURE: **Event Expense**

(a) Category (See Categories listed at the top of this schedule): **Event Expense**

(b) Description: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: _____ Office sought: _____ Office held: _____

Date: **56.82** Payee name: **Amazon.com**

Amount (\$): **56.82** Payee address; City; State; Zip Code: **410 Terry Ave. N. Seattle, WA 98109**

PURPOSE OF EXPENDITURE: **Gift**

Category (See Categories listed at the top of this schedule): **Event Expense**

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: _____

Date: **2-14-18** Payee name: **K-ALGREENS**

Amount (\$): **59.89** Payee address; City; State; Zip Code: **2411 S. DAY Street Brenham, TX 77833**

PURPOSE OF EXPENDITURE: **Gift/Awards Expense**

Category (See Categories listed at the top of this schedule): **Gift/Awards Expense**

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: _____

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 2-15-18	5 Payee name SALTGRASS
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6 Amount (\$) 91.33	7 Payee address; City; State; Zip Code 23952 HW FWY CYPRESS, TX 77429
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-18	Payee name ALDFT
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Amount (\$) 23.99	Payee address; City; State; Zip Code HDS 1150 University Dr. E. College Station, TX 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-16-18	Payee name Cliff HANGERS
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Amount (\$) 20.10	Payee address; City; State; Zip Code 29241 Highway 6 Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>23</i>	2 FILER NAME <i>ETHEL R. METTIS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-20-18</i>	5 Payee name <i>JO ELLEN AMBERG</i>	
6 Amount (\$) <i>48.60</i>	7 Payee address; City; State; Zip Code <i>CLEVELAND, TEXAS</i> <i>22000 Fairground Road</i> <i>Hempstead, TX</i> <i>77445</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gift Expense</i> <i>(MASONIC FUNDRAISER)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-22-18</i>	Payee name <i>HES CAFE</i>	
Amount (\$) <i>23.71</i>	Payee address; City; State; Zip Code <i>240 Austin Street</i> <i>Hempstead, TX</i> <i>77445</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Bev. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-23-18</i>	Payee name <i>AMICO HAUER</i>	
Amount (\$) <i>166.40</i>	Payee address; City; State; Zip Code <i>203 E. Villa Maria Road</i> <i>Bryan, TX</i> <i>77801</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Bev. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 2-26-18	5 Payee name Breakfast Paradise
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6 Amount (\$) 27.62	7 Payee address; City; State; Zip Code 1118 Austin Street Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-27-18	Payee name Eddie V's
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Amount (\$) 85.45	Payee address; City; State; Zip Code 301 E. 5th Street Austin, Texas 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-28-18	Payee name Di Ionios
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Amount (\$) 30.08	Payee address; City; State; Zip Code 750 Bus. Hwy 290 E. Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 23	2 FILER NAME Elton R. Methis	3 Filer ID (Ethics Commission Filers)
4 Date 3-5-18	5 Payee name AT + T	
6 Amount (\$) 169.38	7 Payee address; City; State; Zip Code 109 Hwy 290 West Brambling TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER CELL PHONE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-6-18	Payee name Humpstead FFA	
Amount (\$) 400.00	Payee address; City; State; Zip Code 2532 9th Street Humpstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION BY OFFICEHOLDER	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3-1-18	Payee name HES CAFE	
Amount (\$) 57.47	Payee address; City; State; Zip Code 240 Austin Street Humpstead, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 3-1-18	5 Payee name Classic Events Cafe
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6 Amount (\$) 60.07	7 Payee address; City; State; Zip Code 615 Hwy 290 Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-7-18	Payee name ShIPLEY Donut
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Amount (\$) 10.88	Payee address; City; State; Zip Code 19757 Stokes Road WALLER, TX 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-7-18	Payee name LAS FUENTES
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Amount (\$) 18.65	Payee address; City; State; Zip Code 601 10th Street Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 3-8-18	5 Payee name HES CAFE
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6 Amount (\$) 29.53	7 Payee address; City; State; Zip Code 240 Austin Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-8-18	Payee name Cielito Linda
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Amount (\$) 50.70	Payee address; City; State; Zip Code 31303 Fm 2920 Weller, TX 77484
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-12-18	Payee name DELTA AIRLINES
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Amount (\$) 422.00	Payee address; City; State; Zip Code 3600 Presidential Blvd. Austin, TX 78719
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TRAVEL - OUT OF DISTRICT	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 3-12-18	5 Payee name HAMNER COUNTRY STORE
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6 Amount (\$) 32.95	7 Payee address; City; State; Zip Code 27409 Fields Store Road Waller TX 77484
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Expense Comm. Service Workers	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-23-18	Payee name Veritas Rest.
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Amount (\$) 48.00	Payee address; City; State; Zip Code 830 University Dr. East College Station, TX 77840
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-26-18	Payee name Frick's Mexican Rest.
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Amount (\$) 29.07	Payee address; City; State; Zip Code 735 10th Street Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Mathis	3 Filer ID (Ethics Commission Filers)
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4 Date 3-27-18	5 Payee name CLASSIC EVENTS CAFE
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6 Amount (\$) 16.69	7 Payee address; City; State; Zip Code 615 Hwy 290 Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-29-18	Payee name SNOW FLAKE DONUTS
-----------------	---------------------------------

Amount (\$) 14.35	Payee address; City; State; Zip Code 420 Austin Street Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-12-18	Payee name Ted Kronek
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Amount (\$) 150.00	Payee address; City; State; Zip Code 12620 FM 1887 Hempstead, 3410 1st Street Pattison, TX 77466
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION TO CANDIDATE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Ted Kronek	Office sought J.P. #4	Office held J.P. #4
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>23</i>	2 FILER NAME <i>Elton R. Mathis</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4-2-18</i>	5 Payee name <i>AT+T</i>
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6 Amount (\$) <i>169.38</i>	7 Payee address; City; State; Zip Code <i>109 Hwy 290 West Branham, TX 77833</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>OTHER- CELL PHONE EXP.</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-6-18</i>	Payee name <i>CLASSIC EVENTS</i>
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Amount (\$) <i>34.70</i>	Payee address; City; State; Zip Code <i>615 Hwy 290 Hempstead, TX 77445</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Bev. EXP.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-18-18</i>	Payee name <i>JOSHUA SLATTERY</i>
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Amount (\$) <i>60.00</i>	Payee address; City; State; Zip Code <i>11803 Tedford Street Austin, TX 78753</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>OUT OF TRAVEL IN DISTRICT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **23** 2 FILER NAME: **Elton R. Mathis** 3 Filer ID (Ethics Commission Filers)

4 Date: **4-16-18** 5 Payee name: **Supershuttle**

6 Amount (\$): **25.96** 7 Payee address; City; State; Zip Code: **4502 Ditmars Road Blvd. Astoria, NY 11105**

8 PURPOSE OF EXPENDITURE: **TRAVEL OUT OF DISTRICT**

(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 expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:

Date: **4-19-18** Payee name: **Utica Taxi Center**

Amount (\$): **106.50** Payee address; City; State; Zip Code: **465 Utica Ave. Brooklyn, NY 11203**

PURPOSE OF EXPENDITURE: **TRAVEL OUT OF DISTRICT**

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: Candidate / Officeholder name: Office sought: Office held:

Date: **4-23-18** Payee name: **BARNABY'S CAFE**

Amount (\$): **45.78** Payee address; City; State; Zip Code: **1701 South Shepherd Dr. Houston, TX 77019**

PURPOSE OF EXPENDITURE: **Food/Bev. Exp.**

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: Candidate / Officeholder name: Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23	2 FILER NAME Elton R. Matws	3 Filer ID (Ethics Commission Filers)
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4 Date 4-21-18	5 Payee name Classic Events Cafe
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6 Amount (\$) 16.00	7 Payee address; City; State; Zip Code 615 Hwy 290 # Hempstead, TX 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-4-18	Payee name Willis Linton
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 645 12th Street Hempstead, TX 77445
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-30-18	Payee name EL RANCHITO
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Amount (\$) 29.33	Payee address; City; State; Zip Code 31317 FM 2920 Weller, TX 77484
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bev. Exp.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: 1

2 FILER NAME Elton R Mathis

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
N/A

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

6 Dates of travel
4-18-18
4-24-18

7 Name of person(s) traveling
Elton R. Mathis

8 Departure city or name of departure location
Austin

9 Destination city or name of destination location
Newark, N.J.

10 Means of transportation
DELTA AIR

11 Purpose of travel (including name of conference, seminar, or other event)
CONFERENCE - AERA

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
N/A

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel
4-18-18
4-24-18

Name of person(s) traveling
ELTON R. MATHIS

Departure city or name of departure location
Austin

Destination city or name of destination location
Newark, N.J.

Means of transportation
PRIVATE DRIVER

Purpose of travel (including name of conference, seminar, or other event)
CONFERENCE - AERA (SLATTERY)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
N/A

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS

Dates of travel
4-18-18
4-24-18

Name of person(s) traveling
ELTON R. MATHIS

Departure city or name of departure location
Austin

Destination city or name of destination location
Newark, N.J.

Means of transportation
TAXI / SHUTTLE

Purpose of travel (including name of conference, seminar, or other event)
CONFERENCE - AERA (SUPERSHUTTLE UTECA TAXI)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED