



# 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	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

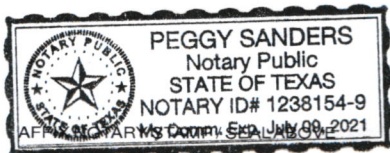
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,680.26</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>188.47</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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.

[Signature]

Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said ELTON R. MATHIS, this the 8th day of JULY, 2019, to certify which, witness my hand and seal of office.

[Signature] Peggy Sanders NOTARY PUBLIC  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME <i>ELTON R. MATHIS</i>		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,500.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,467.05
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 577.92
10. <input 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		\$ 635.29
12. <input 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

2/12/19

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Hooney + Conrad Law Firm

6 Contributor address;

City; State; Zip Code

918 Austin Street Hempstead, TX 77445

7 Amount of contribution (\$)

2,000.00

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Hooney + Conrad P.C.

Date

2-6-19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

John A. Moritz

Contributor address;

City; State; Zip Code

710 N. Post Oak Road #450 Houston, TX 77024

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Private Investigator

Employer (See Instructions)

SELF

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

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: **3**      2 FILER NAME: **Elton R. Mathis**      3 Filer ID (Ethics Commission Filers)

4 Date: **4-11-19**      5 Payee name: **WALLER PREGNANCY CENTER**

6 Amount (\$): **100.00**      7 Payee address; City; State; Zip Code: **1225 Farr Street Waller, TX 77484**

8 PURPOSE OF EXPENDITURE: **Event DONATION (Fundraiser)**

(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: **4-1-19**      Payee name: **AT + T**

Amount (\$): **186.54**      Payee address; City; State; Zip Code: **DALLAS, TX**

PURPOSE OF EXPENDITURE: **OTHER - CELLPHONE**

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: **6/20/19**      Payee name: **Elton R. Mathis**

Amount (\$): **327.92**      Payee address; City; State; Zip Code: **645 12th Street Hugarstead, TX 77445**

PURPOSE OF EXPENDITURE: **CELL PHONE Reimb.**

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: **3**      2 FILER NAME: **ELTON R. MATHIS**      3 Filer ID (Ethics Commission Filers)

4 Date: **3-1-19**      5 Payee name: **AT + T**

6 Amount (\$): **177.31**      7 Payee address; City; State; Zip Code: **DALLAS, TEXAS**

8 **PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule): **CELL PHONE SERVICE**

(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: **4-18-19**      Payee name: **Lori Pletter**

Amount (\$): **100.00**      Payee address; City; State; Zip Code: **645 12th Street Hempstead, TX 77445**

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): **Event expense BASKET - MVFD Fundraiser**

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: **4-17-19**      Payee name: **WALLER Co. Rotary Club**

Amount (\$): **100.00**      Payee address; City; State; Zip Code: **615 Hwy 290 Hempstead, TX 77445**

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule): **DOES ROTY CLUB**

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: **3**      2 FILER NAME: **Elton R. Mathis**      3 Filer ID (Ethics Commission Filers)

4 Date: **2-15-19**      5 Payee name: **Elton R. Mathis**

6 Amount (\$): **250.00**      7 Payee address; City; State; Zip Code: **645 12th Hempstead, TX 77445**

8 PURPOSE OF EXPENDITURE: **Reimbursement for TABLE SPONSOR FOCUSING FAMILIES**

(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: **3-15-19**      Payee name: **Elton R. Mathis**

Amount (\$): **125.28**      Payee address; City; State; Zip Code: **645 12th Street Hempstead, TX 77445**

PURPOSE OF EXPENDITURE: **Mileage - DPS Austin**

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: **2-28-19**      Payee name: **OPEN MIC BROADCAST**

Amount (\$): **100.00**      Payee address; City; State; Zip Code: **P.O. Box 891 Prairie View, TX 77446**

PURPOSE OF EXPENDITURE: **Advertising Station Sponsor**

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

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>1</b>	2 FILER NAME <b>Elton R. Mathis</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2-15-19</b>	5 Payee name <b>Focusing Families</b>
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6 Amount (\$) <b>250.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>910 9th Street Hempstead, TX 77445</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Exp. TABLE SPONSOR</b>	(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 <b>N/A</b>	Office sought	Office held
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Date <b>6-1-19</b>	Payee name <b>AT + T</b>
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Amount (\$) <b>156.46</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>DALLAS, TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER - CELLPHONE</b>	(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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-30-19</b>	Payee name <b>AT + T</b>
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Amount (\$) <b>171.46</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>DALLAS, TX</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>OTHER - CELL PHONE</b>	(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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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



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>3</b>	2 FILER NAME <b>Elton R. Mathis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>4-23-19</b>	5 Payee name <b>Bellville ISD</b>	
6 Amount (\$) <b>\$40.00</b>	7 Payee address; City; State; Zip Code <b>850 Schuman Road Bellville, TX 77418</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>Food / Bev. Exp.</b>	(b) Description (See instructions regarding type of information required.) <b>Hailey Hester Fundraiser</b>
Date <b>4-4-19</b>	Payee name <b>Classic Events</b>	
Amount (\$) <b>35.46</b>	Payee address; City; State; Zip Code <b>615 Hwy 290 Hurstead, TX 77445</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>Food / Bev. Exp.</b>	Description (See instructions regarding type of information required.) <b>Lunch meeting</b>
Date <b>4-3-19</b>	Payee name <b>Chappell Hill Bakery</b>	
Amount (\$) <b>45.96</b>	Payee address; City; State; Zip Code <b>8900 Hwy 290 E. Chappell Hill, TX 77426</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>Food / Bev. Exp.</b>	Description (See instructions regarding type of information required.) <b>Lunch meeting</b>
Date <b>4-2-19</b>	Payee name <b>Classic Events</b>	
Amount (\$) <b>12.71</b>	Payee address; City; State; Zip Code <b>615 Hwy 290 Hurstead, TX 77445</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>Food / Bev. Exp.</b>	Description (See instructions regarding type of information required.) <b>Lunch meeting</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>3</b>	2 FILER NAME <b>Elton R. Mathis</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-18-19</b>	5 Payee name <b>Mamie's Kitchen</b>	
6 Amount (\$) <b>159.18</b>	7 Payee address; City; State; Zip Code <b>3811 Ave. G. Pattison, TX 77466</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>Food/Bev.</b>	(b) Description (See instructions regarding type of information required.) <b>BREAKFAST CLUB SPONSOR</b>
Date <b>3-8-19</b>	Payee name <b>BEVERS KITCHEN</b>	
Amount (\$) <b>67.27</b>	Payee address; City; State; Zip Code <b>5162 MAIN STREET Chappell Hill, TX 77426</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>Food/Bev.</b>	Description (See instructions regarding type of information required.) <b>Investigator Luncheon</b>
Date <b>3-4-19</b>	Payee name <b>GO FUND ME - Mathu Skiffette</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 1329 Redwood City, CA 94063</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FUNERAL/MEMORIAL</b>	Description (See instructions regarding type of information required.) <b>-Expense/Donation</b>
Date <b>3-4-19</b>	Payee name <b>WALLER CO. Rotary Club</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>615 Hwy 290 Hurst, TX 77445</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>DUES</b>	Description (See instructions regarding type of information required.) <b>Rotary Club</b>

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <b>3</b>		2 FILER NAME <b>Elton R. Mathis</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-25-19</b>		5 Payee name <b>POLVOS</b>			
6 Amount (\$) <b>98.27</b>		7 Payee address; City; State; Zip Code <b>2004 S. 1st Street Austin, TEXAS 78704</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) <b>Food/Bev. Expense</b>		(b) Description (See instructions regarding type of information required.) <b>Meeting w/ special prosecutor</b>	
Date <b>2-25-19</b>		Payee name <b>SNOWFLAKE DONUTS</b>			
Amount (\$) <b>10.00</b>		Payee address; City; State; Zip Code <b>420 Austin Street Hempstead, TX 77445</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>Food Exp.</b>		Description (See instructions regarding type of information required.) <b>G.J. Donuts</b>	
Date <b>2-13-19</b>		Payee name <b>Arlan's Grocery</b>			
Amount (\$) <b>5.49</b>		Payee address; City; State; Zip Code <b>1005 12th Street Hempstead, TX 77445</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>Food/Bev. Exp.</b>		Description (See instructions regarding type of information required.) <b>Meeting of Water - CAC Advisory Board</b>	
Date <b>2-13-19</b>		Payee name <b>Hewman's Bakery</b>			
Amount (\$) <b>10.95</b>		Payee address; City; State; Zip Code <b>504 E. Main Street Bellville, TX 77418</b>			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) <b>Food/Bev. Exp.</b>		Description (See instructions regarding type of information required.) <b>Food - Meeting of CAC Advisory Board</b>	

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