CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	™ MI	OFFICE USE ONLY	
NAME	Mr. Elton	SUFFIX	Date Received	
	MATHIS		Waller County Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	1 Hempster d, TX		JAN 1 9 2018 Received	
Change of Address	1107/3262 0, 17			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 826-771	8	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI →	Receipt # Amount \$	
NAME	NICKNAME LAST	SUFFIX	Date Processed	
	MATHI	5	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE	
ADDRESS	23316 MACK CL			
(Residence or Business)	Hupstreed, T	× 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-771	E XTENSION		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
COVERED	07/1/2017	тняоидн 17/	/ 31 / 17	
11 ELECTION	ELECTION DATE Mosth Pow Yoar Primary	ELECTION TYP	E	
1	Month Day Year General	Description		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)	
	Walter Co. Criminal D. A	SAM	ne -	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME £/ton R. Mathis 15 Filer ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME	1 -		
	GENERAL	Citizens Supporty Matt	nis (Dohon		
,	SPECIFIC	COMMITTEE ADDRESS			
		18069 FM 359			
		Henrs tond, TX 77445			
Additional Pages		Tim Jorek			
		COMMITTEE CAMPAIGN TREASURER ADDRESS 18069 FM 359			
Alan digital		Hempsterd, TX 7244 5	5		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00		
	AND ADDRESS OF THE PROPERTY OF	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,529.90		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00				
	4. TOTAL POLITICAL EXPENDITURES \$16, 913.16				
CONTRIBUTION BALANCE	5. TOTAL F	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$6,019.44		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY 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.					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAME	P/SEALABOVE				
Sworn to and subscr	ibed before me, b	y the said ELTON R. MATHES	this the 16th		
day of JAN.		o certify which, witness my hand and seal of office			
Signature of officer ac	ero	Peggy Sanders (**)	PEGGY SANDERS Notary Public STATIF OF TEXAS OTARY ID# 1238154-9 Utanii, ettic supelministering oath		
	955	A monte of the N	y Contin. Exp. July 09, 2021		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
2- Hon R. Wather		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,529.90
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ NIA
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	· · · · · · · · · · · · · · · · · · ·	s NI A
4. SCHEDULE E: LOANS		\$ M/A
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$10,959.46
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$NIA
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ N/A
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$1,965.42
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$2,043.77
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ N/A
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$1,944.51
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTED TO FILER	TIONS	\$ HIA

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Elton R. Mathis 7 Amount of contribution (\$) 7 Amount of contribution (7-14- Citizes Supports Durbon Meths 2017 6 Contributor address; City; State; Zip Code 18069 FM 359 Hempster d, Th 7 Amount of contribution (#5,000.00 8 Principal occupation / Job title (See Instructions) PAC - IH STATE 9 Employer (See Instructions) PAC - FM STATE 9 PAC Amount of contribution (\$) SEE ABOUE Principal occupation / Job title (See Instructions) Date Full name of contributor C: times 5-pp Dibani Methis Contributor address; Contributor address; City; State; Zip Code SFE ABOUE #9,529.90 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) PAC- IH STATE PAC Employer (See Instructions) Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	EXPEN	DITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Office Expense Pollir norials Expense Printi	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruct	on Guide explains how	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Liton R 5 Payee name	. Math	\$	3 Filer ID (Ethics Commission Filers)
8-1-17	PVVFI)		
6 Amount (\$)		City; State; Zip Coo		6
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories li	xpice	Check if travel ou	utside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	ler name	Office sought	Office held
Date	Payee name			
8-1-17	Friends of	HRA.		
Amount (\$)	Payee address; 11250 Wa Fairfax, 1	City; State; Zip Coc ples M:1 PA 220	11 Road	
PURPOSE OF EXPENDITURE	Category (See Categories list		Check if travel out	tside of Texas. Complete Schedule T. . TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold		Office sought	Office held
Date	Payee name			
8-3-17	Bridgette	Schnid +	-	
Amount (\$) Z 50 , 30	A 1	City; State; Zip Coo	Drive	
PURPOSE OF EXPENDITURE	Evat Expanded Fundamental Category (See Category 6 lie Category 6	رحد	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehold	ler name	Office sought	Office held
	ATTACH ADDITIO	ONAL COPIES OF TI	HIS SCHEDULE AS NEE	DED

	EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:		this	3 Filer ID (Ethics Commission Filers)	
4 Date 11-27-17	5 Payee name Maria Puerte			
6 Amount (\$)	7 Payee address; City; State; 2 31317 FM 7	7484		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Food expense		itside of Texas. Complete Schedule T. i. TX, officeholder living expense	
	Office Thanksgiving			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder rame	Office sought	Office held	
Date	Payee name			
11-28-17	Kora Hackett			
Amount (\$)	Payee address; City; State; Z 23312 MACK W Itupsteed, TX	ip Code)ASHZN670~/ ~77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Description Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-29-17		epublica Per	+>	
Amount (\$)	Payee address; City; State; Zi 32623 FM Hempsterd,	p Code 1488 72 72445		
PURPOSE OF EXPENDITURE	OTHER - Filing Fee	Check if travel outsi	ide of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Travel In District Travel Out Of District Polling Expense Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 10-18-17 6 Amount (\$) \$ 7.80.00 (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event expense / OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH aller County Shriff's Foundation 12-13-17 City: State: Zip Code \$ 250,00 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Event Expre Check if Austin, TX, officeholder living expense EXPENDITURE comes Dinners for need Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 12-12-17 Amount (\$) City; State; Zip Code \$36.00 Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. STATE DF OF __ Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12-19-17 JOAN 7 Pavee address: City; State; Zip Code 8 (b) Description Check if travel outside of Texas. Complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought expenditure to benefit C/OH JOAN SARGEN T Date Payee name 12-19-17 Amount (\$) Island \$ 250,00 Check if travel outside of Texas, Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Office Lolder Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Delbi Holla Payee name Date 12-28-17 Amount (\$) Payee address; \$ 500 00 Category | See Categories | Isted at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Elton R. 1 City; State; Zip Code 7 Pavee address: 6 Amount (\$) 23316 MACK WAS HINGTON 66.74 (b) Description 8 Check if travel outside of Texas. Complete Schedule T PURPOSE Food / Ber Exp. OF Check if Austin, TX, officeholder living expense EXPENDITURE Reinburgent 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C OH Pavee name 11-2-17 / Elton R. Mathis Amount (\$) SEE ABOUT 82.78 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Food/Ben. Exp. Check if Austin, TX, officeholder living expense EXPENDITURE Reinbergent Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Elton R. Mathis Payee address; City: State; Zip Cod 10-26-17 Amount (\$) SEE ABOUE 64.88 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food Bes. Exp. OF Check if Austin, TX, officeholder living expense EXPENDITURE Reinburant Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME R. (3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Elton R. Mathis 10-19-17 6 Amount (\$) \$109.67 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin. TX, officeholder living expense Reinborgent EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Elton R. Math. S Payee address; City; State; Zip Code 10-17-17 Amount (\$) #195.57 JAME AS ABAUE Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Food | Bev. Expunce Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Elfon R. Mathis yee address; City; State; Zip Code 10-12-17 Amount (\$) AME AS ABOUT Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Reinburgent - STAFF LAFO OF Check if Austin, TX, officeholder living expense EXPENDITURE Food Beu. EXP. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1		this	3 Filer ID (Ethics Commission Filers)	
4 Date 10-6-17	5 Payee name	Assoc.		
6 Amount (\$) \$\frac{1}{2},750.00	Payer address; City; State; Zip	Code		
8	(a) Category See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Check if Austin	tside of Texas. Complete Schedule T TX, officeholder living expense	
	- Fair Project s	ale		
9 Complete ONLY if direct expenditure to benefit CO	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
9-7-17	Waller Co. Fair	Assoc.		
Amount (\$)	Payee address; City; State; Zip			
100.00	SEE ABOUE			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Event Expense Senior Citizen Do	Check if travel cuts Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-6-17	Elton R. Math	· ' S		
Amount (\$)	Payee address; City; State; Zip (23316 MACK WASH	Code HINGTON/ 27445		
PURPOSE OF EXPENDITURE	Category (Sea Categories listed at the top of this sche Rembus - + - Food/Bes Donction Exp.	Description Check if travel outs	ide of Texas. Complete Schedule T. TX. officeholder living 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				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ies/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME R. Math.	(3 Filer ID (Ethics Commission Filers)			
4 Date 9-22-17	5 Payee name	,				
6 Amount (\$) 268.96	7 Payee address; City; State; Zip Cooperation P.O. 1304 537104 Attack, GA 303					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
7-31-17	Classic Events					
Amount (\$)	Payee address; City; State; Zip Cod 615 Huy 290 Hups Hee d TX	77445				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food Burge Exp. Rody Club land	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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7-31-17	Walter Co. Roty Clul	0				
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Check if travel out	tside of Texas. Complete Schedule T. TX, officeholder living expense			
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expenditure to benefit C/OH		Office sought	Office neid			

		EXPENDITURE CAT	EGORIES F	FOR BOX 8(a)	
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1 Total pages Schedule F1:	2 FILER NA	ME O			3 Filer ID (Ethics Commission Filers)
11	LItte	on R. Meth	- 5		
4 Date 8-8-17	5 Payee nan	R. Mat	hi s		
6 Amount (\$)	7 Payee add 2331	MACK WAS	HIN6		
39.98		ostrod, TX		15	
8	(a) Category	See Categories listed at the top of this	s schedule)	(b) Description	with a Tarray Committee Colonial to T
PURPOSE OF EXPENDITURE	Food	Bew. Exp.			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Reimb.			
9 Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder name		Office sought	Office held
Date	Payee nam	ne			
8-8-17	Hell	o Hompste	ed		
Amount (\$)	Payee add	ress; City; State; Milkers Stansteed, T	Zip Code	7445	
PURPOSE OF EXPENDITURE	Evet	See Categories listed at the top of this EXP TO SCHOOL DR			utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held
Date	Payee nan	ne			
8-8-17	1+enp	steed Yout	h 5	ports 1	Assoc.
Amount (\$)	Payee add	ress; City; State; Box 433 Osterd TX		145	
PURPOSE OF EXPENDITURE	Category (ee Categories listed at the top of this + Expect - Consorship	s schedule)		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought	Office held
	ATTA	ACH ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NE	EDED

		EXPEND	TURE CATE	GORIES	FOR BOX 8(a)		
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Credit Card Payment		The Instructio	n Guide explair	ns how to co	omplete this form.	,	,
1 Total pages Schedule F1:	2 FILER N	AME R.	Mat	h·s		3 Filer ID (E	thics Commission Filers)
4 Date 9-19-17	5 Payee na	ime	~ R-	fo.	ter Fc	Ilen	
6 Amount (\$)	7 Payee ac		eity; State; Z		7445		
8 PURPOSE OF EXPENDITURE		Y (See Categories lister Fee	uce	schedule)		outside of Texas. Comp tin, TX, officeholder I	
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholde	r name		Office sought	s 17	Office held
Date	Payee na	ıme					
8-19-17	Fri-	- Ls of	+ HE	RS			
Amount (\$)	, , -		1	ip Code	Road 30	,	
PURPOSE OF EXPENDITURE	Category Ev-		ad at the top of this s			outside of Texas. Compl in, TX, officeholder li	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder	name		Office sought		Office held
Date	Payee na	ame					
7-20-17	A	T+7	—				
Amount (\$)	Payee ad	ldress; C	ity; State; Z	ip Code			
149.48	P.O.	Box Honta,	53710 64	3035	3		ž
PURPOSE OF EXPENDITURE		(See Categories liste				outside of Texas. Complein, TX, officeholder lin	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholde	r name		Office sought		Office held
	АТТ	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Political Credit Card Payment	Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri Il Committee Legal Services Sai	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains ho	ow to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME R. Math	is	3 Filer ID (Ethics Commission Filers)	
4 Date 9-29-17	5 Payee name Z. Mat	h·s		
6 Amount (\$) 404.96		0de N6704 145		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description		
PURPOSE	Reinbursent -	Check if travel ou	tside of Texas. Complete Schedule T.	
OF EXPENDITURE	Evet Expuse	Check if Austin	, TX, officeholder living expense	
	STAFF LUNCHEON			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
9-13-17	EHO- R. Math	ı. 2		
Amount (\$)	Payee address; City; State; Zip Co	ode		
157.96	SEE ABOVE			
	Category (See Categories listed at the top of this schedu	Description		
PURPOSE	Reinburgent	Check if travel out:	side of Texas. Complete Schedule T.	
OF EXPENDITURE	OTHER- Cell phone		TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
40-5-17	Elto- R. Math	5		
Amount (\$)	Payee address; City; State; Zip Co	ode		
477.52	SEE ABOVE			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Reinburget - Verrous Reported the Trul-Foot Been - Bift	Check if travel out Check if Austin,	side of Texas. Complete Schedule T. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation:Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4:	EHO R M	th. 3	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name SPECS		
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
#32.45	1729 Tex Auc. College Statio	S.	840
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	an and
PURPOSE OF	Gift-	Checkif	travel outside of Texas. Complete Schedule T.
EXPENDITURE	Politica Funda	aiser	f Austin TV affianhaldar living avpages
11 Complete ONLY if direct expenditure to benefit C/Of	Candidate / Officeholder name H	Office sought	Office held
Date 12-7-17	Payee name Brookshire Broth	ecs	
Amount (\$)	Payee address; City; State;		
#100.00	300 Bus. 290 Hepster J.		5
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Gift - County Christnes Po	Check if	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
-4	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILERHAME R. Matt	ls S	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED		\$
5 Date 12-8-17	Amico Have Res	tar +	-
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
# 86.16	203 E. Villa Bryon, TX		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF	(a) Category (See Categories listed at the top of this	Check if	on travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food Berrye Exp Networkin	Chack	f Alistin, TV, officeholder fining expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12-8-17	Payee name Rachito		
Amount (\$)	Payee address; City; State; 2	Zin Code	
#30.42	31317 FM 297	11	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this.	Check if	n ravel outside of Texas. Complete Schedule T. 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 SCHEDUI F AS NE	-DED

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
1 Total pages Schedule F4:	2 FILERNAME R. Math S 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	8 Payee name Bella Mails
7 Amount (\$) \$ 240.00	8 Payee address: City: State: Zip Code 31303 FM 2970 How Waller, TX 77484
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift - secretaries Check if Austin TV afficial advances
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 17-11-17	Payee name Marshall's
Amount (\$) #97.31	Payee address; City: State; Zip Code 2887.0 Itwy 29.0 Cypres, TX 77433
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	EGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	h's	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name Doller Gener	l	
7 Amount (\$)	8 Payee address: City: State; 560 Hung 290 Henps tea d, 1		
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Conference o	Checkif	travel outside of Texas. Complete Schedule T.
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-11-17	Payee name Walmer		
Amount (\$)	Payee address; City; State;	Zin Code	
270.39	625 Huy 290	E. 7744	5
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category See Categories listed at the top of the Gifts - Focusing Families / Re Needy family CM	Check if	travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting:Banking Consulting Expense Contributions:Donations Made E Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Travel Out Of District
1 Total pages Schedule F4:	2 FILERNAME R. Moths 5 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
12-20-17	Chappell Hill Baking
7 Amount (\$) \$\pm\$ 21.00	8 Payee address; City; State; Zip Code 8900 Ituy 290 East Chappact Hill, TX 77426
9 TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food - 5teff CMS Chack if Austin TV afficial at the top of this schedule T Chack if Austin TV afficial at the top of this schedule T
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 12-20-17	Payee name Di Torios
Amount (\$)	Payee address; City; State; Zip Code + 790 Itury 290 Ecs + Hursetted, TX 7744
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense 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
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPENDITURE CATE	EGORIES FOR	BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repaymen Office Overhead Polling Expense Printing Expens Salaries/Wages	nt/Reimbursement d/Rental Expense e e e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER	HAME R. Me	this		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM		ENDITURES CHARGE		ITCARD	\$
5 Date 12-21-17	6 Payee	name	2		
7 Amount (\$) 56.48	8 Payee 23	address; City; State;	Zip Code	7429	
9 TYPE OF EXPENDITURE		Political	Non-Political		
PURPOSE OF EXPENDITURE		- Approachis	~		n travel outside of Texas. Complete Schedule T. f Austin TY off pahelder living expanse.
11 Complete ONLY if direct expenditure to benefit C/O	Can H	didate / Officeholder name	Office	sought	Office held
Date 17-72-17 Amount (\$)	Payee Ao No	ghorn Salo	Zip Code	7833	
TYPE OF EXPENDITURE	P	Political	Non-Political		
PURPOSE OF EXPENDITURE	STAT	FOOD (BEV			n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	lidate / Officeholder name	Office s	sought	Office held
	ATTAC	ADDITIONAL COPIES O	DE THIS SOUE		DED
	ATTAC	H ADDITIONAL COPIES O	DF THIS SCHEE	DULE AS NEE	DED

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4: 2 FILER NAME R. Maths 3 Filer ID (Ethics Commission F						
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$0.00			
5 Date	6 Payee name					
12-1-17	He's cafe					
7 Amount (\$)	8 Payee address; City; State;					
50.87	240 Austin Street, TX	77445				
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	nn.			
BUBBOSE		, , , , , , , , , , , , , , , , , , , ,				
PURPOSE OF	Food for law enforce	emunt. Checki	travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check	if Austin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held			
Date 12-1-17	Payee name Veritas Restaur	_ +				
Amount (\$)	Payee address; City; State;	Zin Code				
	830 University	Dr. E.				
183.72	1.	1	10			
	College Stoto	, TX 7784	10			
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of this	s schedule) Description	on.			
DUBBOOK	Category (See Categories listed at the top of this		travel outside of Texas. Complete Schedule T.			
PURPOSE	- 1/-		1			
EXPENDITURE	rood / Berrage	Check i	f Austin, TX, officeholder living expense			
	Food/Berrage Metworking expansion	nce				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	0//			
expenditure to benefit C/OF		Office sought	Office held			
			5 1			
			1			
A section						
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED			

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILEB NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 5 Date 6 Payee name 12-5-17 **7** Amount (\$) City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OTHER-OF EXPENDITURE OFFICE SUPPLIES 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12-7-17 Amount (\$) Payee address: 77840 TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Gift- Staff CMAS OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	Schebble 1 4
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made t Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
4 7	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME R. Metti's 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 12-14-17	6 Payee name Di Jorio S
7 Amount (\$)	8 Payee address; City: State: Zip Code 790 Henry 290 E.
	Hypster N. TV 77445
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	G:ft- Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Froit boxes for law enforcement.
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date 12-15-17	Payee name Ite's Cafe
Amount (\$) 世 34.54	Payee address; City: State: Zip Code 240 Austra 5t.
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Transportation Equipment & Related Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 12-26-17 LAS ALAMEDAS **7** Amount (\$) 8 Payee address; City; State; Zip Code 23501 Cinco Rach Blud. # F140 95.92 KATY, TX TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Food Bev. __Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Low Enforcent Appreciation 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Amount (\$) Pavee address: City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Accounting/Banking Fees Office Overh Consulting Expense Food/Beverage Expense Polling Expe Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Exp						g Expense s/Wages/Contract Labor	Solicitation/Fundraising Expens Transportation Equipment & Rei Travel In District Travel Out Of District Other (enter a category not lister	ated Expense
4	T-1-1	0 50 55 10						
1	Total pages Schedule G:	2 FILER NA	2 Z.	Math	25		3 Filer ID (Ethics Commiss	sion Filers)
4	Date	5 Payee na	me					
	11-20-17	A-		T			,	
6	Amount (\$)	7 Payee ad	dress;	City; State;	Zip Code			
	Reimbursement from	P.O.	Box	23	2104	ł		
	political contributions intended	A+	tenta,	6A 3	035			
8	PURPOSE	(a) Category	(See Categories	s listed at the top of this	s schedule)	(b) Description		1
	OF EXPENDITURE	OTIT	ER -	CELL	_		e of Texas. Complete Schedule T. K, officeholder living expense	
_	0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1		
9	Complete ONLY if direct expenditure to benefit C/C		late / Officel	holder name		Office sought	Office h	eld
	Date	Payee nar	me					
	1-8-17	Class		,-ts				
	Amount (\$)	Payee ad	dress;	City; State;	Zip Code			
4	66.74	615	Huy	290				
	Reimbursement from political contributions intended	Hen	p,tro	d. TX	7	7445		
		Category	See Categories	listed at the top of this	schedule)	(b) Description		
	PURPOSE OF	Food /	2., 1	Exa		Check if travel outside	e of Texas. Complete Schedule T.	
	EXPENDITURE	1004	Dev C	- 76.		Check if Austin, TX	(, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/C		ate / Officel	holder name		Office sought	Office h	eld
	Date	Payee nar	me					
	11-2-17	,		Event	\$			
	Amount (\$)	Payee ad		City; State;				
	82.78							
	Reimbursement from political contributions intended	5E	E,	ABOU				=
	interiore.	Category	(See Categories	s listed at the top of this	schedule)	(b) Description		
	PURPOSE	Catogory	, 200 Catogories	at the top of this			e of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food	Bev	Exp.			(, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/0		late / Officel	holder name	1	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense 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: 2 FILER NAME R. Retws 3 Filer ID (Ethics Commission Filers) 4 Date Applebee 5 7 Payee address; City; 10-26-17 6 Amount (\$) 47.28 Reimbursement from College Status, 7 77840 (a) Category (See Categories listed at the top of this schedule) (b) Description political contributions **PURPOSE** Check if travel outside of Texas. Complete Schedule T Food Bes. Exp. **EXPENDITURE** Check if Austin, TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 10-26-17 Payee address; City; State; Zip Code Amount (\$) \$17.60 Reimbursement from political contributions Hupsteed, TX 77445 (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Ben. Exp. **EXPENDITURE** Check if Austin, TX. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 10-19-17 Amount (\$) 109.67 Reimbursement from political contributions intended **PURPOSE** STAFF - Food / Bes. Exp. Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	2 FILER NAME R. Mat	his	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
0 - 17 - 17 6 Amount (\$)	7 Payee address City: State: Zip	Code				
\$195.52	27030 HWFL	-4				
Reimbursement from political contributions intended	Cypress, TX	77429				
8 PURPOSE	(a) Category (See Categories listed at the top of this schi		e of Texas. Complete Schedule T.			
OF EXPENDITURE	STAFF CONTEST WINH		X. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
10-12-17	Classic Events					
Amount (\$) # 117.03 Reimbursement from	Payee address: City; State; Zip 615 Huy 290					
political contributions intended	Hays tred, 1X	77445				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Food Reu. LAW EHFORGEMENT STA	Check if travel outside	e of Texas. Complete Schedule T. K. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	. Office held			
Date 9-6-17 Amount (\$)	Payee name One Tenne Payee address; City; State; Zip					
Reimbursement from political contributions	2000 7					
intended	/tupstred, T	edule) (b) Description	2			
PURPOSE OF EXPENDITURE	Food / Beurge Exp.		e of Texas. Complete Schedule T. (, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	nting/Banking Fees Off Illing Expense Food/Beverage Expense Productions/Donations Made By Gift/Awards/Memorials Expense Fidate/Officeholder/Political Committee Legal Services Sa			Repayment Reimbursement Overhead Rental Expense g Expense ig Expense es/Wages/Contract Labor	Solicitation, Fundraising Ex Transportation Equipment Travel In District Travel Out of District Other (enter a category not	& Related Expense	
oredit oard Fayment		The Instruction Guide ex	xplains how	to complete this form.			
1 Total pages Schedule G	E160	R.M	athi	3	3 Filer ID (Ethics Com	nmission Filers)	
4 Date 7-18-17	5 Payee name						
6 Amount (\$)							
6.00	7809	F. Ben Whit	e 131	vd.			
Reimbursement from political contributions intended	+	in, TX 78	•				
8 PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b) Description			
OF EXPENDITURE	Food T	Bev.			e of Texas. Complete Schedule T. X. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/		/ Officeholder name		Office sought	Offic	e held	
Date	Payee name						
7-18-17	Jush	wa Slat	reg				
Amount (\$) 40 0		3 Tedford	Stree				
political contributions intended	Aust	in, TX 7	875	3			
PURPOSE OF EXPENDITURE		Categories listed at the top of th	nis schedule)		e of Texas. Complete Schedule T. C. officeholder living expense	-	
Complete ONLY if direct expenditure to benefit C/C		Officeholder name		Office sought	Office	e held	
Date	Payee name						
7-19-17		ed Airl					
Amount (\$) 25.00	Payee address	Presid-t		3126.			
Reimbursement from political contributions intended	tost	12, 14 -	787	19			
PURPOSE	Category (See C	Categories listed at the top of thi	is schedule)	(b) Description			
OF EXPENDITURE	Trasport	BAGGAGE	-		of Texas. Complete Schedule T. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	9	Office sought	Office	held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7-29-17 Buston, MA political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin. TX. officeholder living expense BACGAGE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 8-1-17 China Inn Payee address; City; State; Zip Code 240 Austin Street Amount (\$) Hempsterd, TX 77445 political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF STAFE **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Pavee name 9-3-17 Amount (\$) City; State; Zip Code 23.71 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		EXPENDITU	RE CATEG	ORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift Awards/Memorials Legal Services The Instruction Gi	se Expense	Office Overho Polling Exper Printing Exper Salaries/Wag	ense ges/Contract Labor	Transportation E Travel In Distric Travel Out Of D	
					mpiete tills form.		
1 Total pages Schedule G:	2 FILER NA	ton R. 1	Vath	his		3 Filer ID (E	thics Commission Filers)
4 Date 8-1-17	5 Payee nar	ne 15:c Ev.					
6 Amount (\$) 25.79	7 Payee add	dress; City; Bus 290 h	State; Zip C	Code			
Reimbursement from political contributions intended	Hemp	steed, T	X 7	7445	2		
8	(a) Category	See Categories listed at the	e top of this sched	dule) (b)	Description		
PURPOSE OF EXPENDITURE	Food 1	Beuruse	- stet	+		tside of Texas. Complete S . TX. officeholder living	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder na	ame	Off	fice sought		Office held
Date	Payee nan	16					
7-29-17	Tan	.	tro				
# 51. Z5	Payee add	ress; City;	State; Zip C	Code			1 1
Reimbursement from political contributions intended		AM, MA		210			
PURPOSE	Category	See Categories listed at the	top of this schedu	ule) (b)	Description		
OF EXPENDITURE	Food	Beu.				side of Texas. Complete So	
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder na	me	Offi	ce sought		Office held
7-29-17	Payee nam	ephonie's	s hou	1192	_		
Amount (\$)	Payee add	ess; City; S	State; Zip Co	ode			
52.67 Reimbursement from		er bosside		_			
political contributions intended		, MA	021				
PURPOSE	Category (S	ee Categories listed at the t	top of this schedul	(b) [escription		
0.5	Food	Beu.				ide of Texas. Complete Sch TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder nan	ne	Offic	ce sought		Office held
- 1	ATTAC	H ADDITIONAL CO	OPIES OF TH	HIS SCHE	DULE AS NEE	DED	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli	e By Gift/Awards/Memorials Expense	Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:		this	3 Filer ID (Ethics Commission Filers)			
9-28-17	5 Payee name Ericks					
6 Amount (\$) 54.96 Reimbursement from	7 Payee address; City: State; Zip (
political contributions intended 8 PURPOSE	Hempstered, TX 7' (a) Category (See Categories listed at the top of this sched	dule) (b) Description				
OF EXPENDITURE	Food (Beu-Staff lon		e of Texas. Complete Schedule T. C. officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
9-29-17	Oak Hollow Cit	cizens W/c	tel Group			
Amount (\$) 200.00	Payee address: City; State; Zip C					
Reimbursement from political contributions intended	Magnolia, TX 7	17355				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Check if travel outside	of Texas. Complete Schedule T. , officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
Pate 9-79-17	Payee name Lori Pfiff					
Amount (\$)	Payee address; City: State; Zip C					
political contributions intended	Hempster d, TX 774					
PURPOSE	Category (See Categories listed at the top of this schedu					
OF EXPENDITURE	Gift Expuse Senior Citiza Day		of Texas. Complete Schedule T. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	ED			

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide expla	ains how to complete this form.					
1 Total pages Schedule G		this	3 Filer ID (Ethics Commission Filers)				
7-20-17	5 Payee name Brewhahe						
6 Amount (\$)	7 Payee address; City; State;	Zip Code					
33.71	33.71 Zo marshell street						
political contributions intended	Morth Adus, Mi						
8 PURPOSE	(a) Category (See Categories listed at the top of this						
OF EXPENDITURE	Food Bes.		de of Texas. Complete Schedule T. X. officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held				
Date	Payee name						
7-19-17	Calileo Ber.	- Chacago Ai	rport				
Amount (\$)	Payee address: City; State; Z						
13.34	10,000 west	O'the Are.					
Reimbursement from political contributions intended	Chingo, IL	60666					
PURPOSE	Category (See Categories listed at the top of this s	schedule) (b) Description					
OF EXPENDITURE	Food (Beu		e of Texas. Complete Schedule T. C. officeholder living expense				
Complete ONLY if direct expenditure to benefit C/0		Office sought	Office held				
Date	Payee name						
7-19-17		c + B~					
Amount (\$) 13.58	Payee address: City; State; Z	til Blud.					
Reimbursement from political contributions intended	Austin, TY	78719					
	Category (See Categories listed at the top of this se	chedule) (b) Description					
PURPOSE OF	T 112.	Check if travel outside	e of Texas. Complete Schedule T.				
EXPENDITURE	Food Bev.	Check if Austin, TX	C. officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment	Fee: Foo: e By Gift tical Committee Leg.	d/Beverage Expense Awards/Memorials Expense al Services	Office Overho Polling Exper Printing Exper Salaries/Wag	nse es/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
		e Instruction Guide expla	ins now to con	iplete this form.		
1 Total pages Schedule G	2 FILER NAME	R. Math.	3		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name					
4-29-17	-	Suder S				
6 Amount (\$)	7 Payee address	City: State: Z		1887		
Reimbursement from political contributions intended	ite	imported of	•			
8 PURPOSE	(a) Category (See Ca	stegories listed at the top of this si	chedule) (b)	Description		
OF	- I			Check if travel outs	side of Texas. Complete Sched	dule T.
EXPENDITURE	LV-T	Noc leitize	3~	Check if Austin.	TX. officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		Officeholder name	Off	ice sought		Office held
Date	Payee name					
9-29-17		Dors				
Amount (\$)	Payee address;	City; State; Zi	ip Code			
50.00	15107	Trumpet '	Vine			
Reimbursement from political contributions intended	Hous	Trumpet iton, TX	7743	3		
DUDDOGE	Category (See Ca	tegories listed at the top of this so	chedule) (b)	Description		
PURPOSE OF EXPENDITURE	Evet	Expuse Nor Citara D.			de of Texas. Complete Sched	
Complete ONLY if direct expenditure to benefit C/0	Candidate / 0	Officeholder name	Off	ce sought		Office held
Date	Payee name					
9-13-17	AT+T					
Amount (\$)	Payee address;					
157.96	P.o. B	ox 5371	04			
Reimbursement from political contributions intended	Atlant	a, 6A 31	0353			
PURPOSE	3 ,	egories listed at the top of this sc	hedule) (b)	Description		
OF	UTHER	-			de of Texas. Complete Sched	
EXPENDITURE	CELL	PHONE		Check if Austin, T	TX. officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/C		Officeholder name	Offi	ce sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift Awards/Memorials Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7-29-17 6 Amount (\$) 7 Payee address; 20,70 Neimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ___ Check if travel outside of Texas. Complete Schedule T. OF Bew. tood **EXPENDITURE** Check if Austin, TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 7-79-17 Cindy City; State; Zip Code Amount (\$) Payee address: 100.00 1104 Reimbursement from political contributions intended (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Payee address: City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T OF **EXPENDITURE** Check if Austin, TX. officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment	itical Committee	Event Expense Fees Food/Beverage Exp Gift: Awards/Memo Legal Services The Instruction		Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Transportation Travel In Distr Travel Out Of	
1 Total pages Schedule G:	5 Payee nam	4. R.		× 5		3 Filer ID (Ethics Commission Filers)
8-8-17		ic Ev.	<u>-+s</u>				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	Hugster d	y; State; Zip 29 0 TX	774	45		
8 PURPOSE OF EXPENDITURE	(a) Category (s	iee Categories listed a るとい。 当てみます	at the top of this sch		escription Check if travel outsign	de of Texas. Complete	
9 Complete ONLY if direct expenditure to benefit C/0		te Officeholder	name	Offic	e sought		Office held
Date	Payee name	е					
Amount (\$) Reimbursement from political contributions	Payee addr	ess; City	r; State; Zip	Code			
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed a	t the top of this sche	edule) (b) De		de of Texas. Complete:	
Complete ONLY if direct expenditure to benefit C/C		e / Officeholder	name	Øffice	e sought		Office held
Date	Payee name	9					
Amount (\$)	Payee addre	ess; City	State; Zip	Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (Se	e Categories listed at	the top of this sche	dule) (b) De		e of Texas Complete S X. officeholde Niving	
Complete ONLY if direct expenditure to benefit C/O		e Officeholder	name	Office	sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							
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SCHEDULE I

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME Elton R. Mothy	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name AT+T		
6 Amount (\$) 119.59	7 Payee address: City; State; Zip Code P.D. Box 537104 Atlata, Georgia 3	20353	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) Cell phone Service	
Date 11-20-17	Payee name AT+T		
Amount (\$) 149.59	Payee address; City; State; Zip Code SEE ABOUL		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Cell phase 5-ervice	
Date 10-18-17	Payee name Valler Area Chamber	of Comme	
Amount (\$)	Payee address; City; State; Zip Code 1110 For Street Yolker TX 7748		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food expense	Description (See instructions regarding type of information required.) Monthly Juncheon	
Date	Payee name Elton R. Mathis		
Amount (\$) 130.33	Payee address; City; State; Zip Code 23316 MACK WAS HENG HEPS Lead, 7X 77	6 TON 1445	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Cell phase / OTHER	Description (See instructions regarding type of information required.) Cell phore + cover	

SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I	2 FILERNAME EHON R. Mathis	3 Filer ID (Ethics Commission Filers)		
4 Date 9-21-17	5 Payee name St. Pal's Christia Day	5chool		
6 Amount (\$)	7 Payee address City; State; Zip Code 305 VL. 37d 778	33		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) Fundacise		
Date 9-23-17	Payee name Faith Academy			
Amount (\$)	Payee address: City: State: Zip Code 12/77 TX Hun 36 Brillville, TX 77	5. 1418		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Event Expense	Description (See instructions regarding type of information required.) Fundraiser		
Date 9-12-17	Payee name West I-10 Charb	~		
Amount (\$)	Payee address: City: State: Zip Code 907 Barrs Street Brookshire, TX 7	7423		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Food/Bes. Expre	Description (See instructions regarding type of information required.)		
Date 8-22-17	Payee name Focusing Fuilies			
Amount (\$)	Payee address; City; State; Zip Code 910 Brenond Street	17445		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Event Experies	Description (See instructions regarding type of information required.) Fun Scal wo		

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SCHEDULE |

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I	2 FILERNAME EHO~ R. Methis	3 Filer ID (Ethics Commission Filers)		
4 Date 12-8-17	5 Payee name Tiffen Johnson			
6 Amount (\$)	7 Payee address: City: State: Zip Code 26/129 Formst Hills WALLER, TX	Lue 17484		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Event expect	(b) Description (See instructions regarding type of information required.) Donation for School Production		
Date 12-16-17	Payee name Loci Pfeff			
# 90.00	Payee address; City: State: Zip Code 1209 Shephod Street 1thepotred, TX 77	445		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructors regarding type of information required.) Office Supplies		
Date 9-21-17	Payee name St. Pa. L's Christin Day	School		
Amount (\$)	Payee address: City: State: Zip Code 305 v4. 3rd Brushum TX 778	33		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date 9-21-17	Payee name Fow my Families			
Amount (\$)	Payee address. City: State; Zip Code 910 Bremond Street Henrited TX	77445		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.) Energy Shell DV		
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SCHEDULE |

	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule I	2 FILERNAME L-140, R. Mathis	3 Filer ID (Ethics Commission Filers)	
4 Date 7-14-17	5 Payee name		
6 Amount (\$)	7 Payee address: City; State: Zip Code 31303 Fm 2920 Wally, TX 77484		
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.) Administrative Professionals	
EXPENDITURE	Gifts - Secretairs	DAY GIFT S	
Date	Payee name		
Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (Scalinstructions for examples of acceptable categories.)	Description (Ese instructions eguliang type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS SCHEDULE T 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule G Schedule F4 Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 7-19 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Mass. Co. Liber L Arts 4is line Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F1 Schedule G Schedule F2 Schedule F4 Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location 7-29 Boston, MA Destination city or name of destination location Means of transportation 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 Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED