CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST R. Elton	₹.	OFFICE USE ONLY
NAIVIE	NICKNAME LAST	SUFFIX	Date Received
	MATHIS	•	Waj
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	645 12th	CITY; STATE; ZIP CODE	Waller County Elec JUL 1 2 2018 Received
Change of Address	Hemps tead, T	/	y Ele 20
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 826-7711	EXTENSION	Date Hand-delivered Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	₩ MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	MATHIS		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SL		ZIP CODE
	Hemps tend, TX	- 77445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826- 77	EXTENSION 18	
9 REPORT TYPE	January 15 30th day before ele	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before elec	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	1 /1 /2018	THROUGH 6	30/18
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 6 18 General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Walter County Criminal D.A.	SAMO	<u>-</u>
	GO ТО I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ellon R. MATHIC 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				
*	COMMITTEE TYPE COMMITTEE NAME CI tizens Support. Duhon + Mattus COMMITTEE ADDRESS 18069 FM 359 Houpstood TX 77445 COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS 18069 Fm 359 18069 Hempsteed, TX	77445		
17 CONTRIBUTION TOTALS	PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0.00		
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00				
	4. TOTAL POLITICAL EXPENDITURES \$9.345.03				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STREET OF REPORTING PERIOD \$ 48.66				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$0.00		
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. LORI PFEFFER Notary Public, State of Texas Notary ID #12496604-6 My Comm. Exp. July 12, 2020 Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said EH-R. MeHi , this the 12th day of JULY, 2018, to certify which, witness my hand and seal of office.					
Signature of officer a	dministering oath	Printed name of officer administering oath Tit	NoTARY PUBLE		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$0.00
4.	SCHEDULE E: LOANS		\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 9,345.03
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0000
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	DNS	\$0.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 2,000. Looney + Conrad, P.C. Amount of contribution (\$) 2-8-18 Citizens Supporting Duhan + Makis Contributor address; City State; Zip Code 18069 Fm 359 Hemps bread, TX 77445 Employer (See Instructions) Principal occupation / Job title (See Instructions) PAC Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: State; Zip Code Contributor address; 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.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Control of Park Control of Park C

Credit Card Payment	The Instruction Guide explains how to c	Other (enter a category not listed above) complete this form.	
1 Total pages Schedule F1:	EHON R. Nath's	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
1-2-18	7 Payee address; City; State; Zip Code	of Commerce	
6 Amount (\$)	The same of the sa		
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	CACKSING,		_
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description Charlest programme Consider Control of Target Con	
PURPOSE OF	Event Expense /	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
	Food /Bes. Expose		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
1-16-18	Awards + More		
Amount (\$)	Payee address; City; State; Zip Code		
HOM 12	3518 J. Tex. Ave.		
487.13	Bryon, TX M802		
-	Category (See Categories listed at the top of this schedule)	Description	_
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF	Citts (Awards Expuse	Check if Austin, TX, officeholder living expense	
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expenditure to benefit C/OF			
Date	Payee name		=
1-2-18	JOAN SARGENT	CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code		
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250.	Hensetred, TX 774	145	
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OF EXPENDITURE	Contribution to a	Check if Austin, TX, officeholder living expense	
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	CAROLDATE		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
experientale to benefit 0/01	JOAN SARGENT W	.C. Treaver SAME	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	By Gift/Awa	everage Expense ards/Memorials Expense	Loan Repayment/F Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	Rental Expense	Travel In District Travel Out Of Distri	uipment & Related Expense	•
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PURPOSE OF EXPENDITURE		tion to Can		Check if travel o	outside of Texas. Complete in, TX, officeholder livin		
9 Complete ONLY if direct expenditure to benefit C/OF		ficeholder name	W.	Office sought	·k h	Office held	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printin	depayment/Reimbursement Overhead/Rental Expense (Expense g Expense s:Wages/Contract Labor o 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. Mate	hi r	3 Filer ID (Ethics Commission Filers)
4 Date 1-26-18	5 Payee name Focusin Families		
6 Amount (\$)	7 Payee address: City: State: Zip Code P.O. Box 1053 Herrschend, TX	77445	•
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Table Sponsor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-2-18	AT+T		
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - CELL PHONE		atside of Texas. Complete Schedule T. 1, TX, officeholder living expense
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Date	Payee name		
1-3-18	Di Iorios Merk	et	
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PURPOSE OF EXPENDITURE	Category (See Categories isted at the top of this schedule) Gift/Awrds Expre		itside 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			

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
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d Tribuna Cabadula Etu	The Instruction Guide explains	s how to complete this form.			
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held		
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	ROTARY CLUB				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lox Fees Off Food/Beverage Expense Po dy Gift/Awards/Memorials Expense Pri	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)	
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4 Date 1-25-18	5 Payee name HES CAFE			
6 Amount (\$) 21.76	7 Payee address; City; State; Zip Co Z40 Austin Stree Itempsteed, Te	+	5	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule) Food / Bev. Expure	Check if travel ou	tside of Texas. Complete Schedule T. . TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
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Amount (\$) 86.97	Payee address; City; State; Zip Co	X 77445		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Food BeJ. Exp-	Check if travel outs	side of Texas. Complete Schedule T. TX, officeholder living expense	
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense		
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EXPENDITURE	Category (See Categories listed at the top of this school DOMATION 37 OFFICEHOLD	Description Check if travel outsi Check if Austin, 1	de of Texas. Complete Schedule T. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
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	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Fees Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made	By Gift/Awards/Memorials Expense	Polling Expense Printing Expense	Travel In District Travel Out Of District
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OF EXPENDITURE	DOMIT (204 134	Check if Austin	n, TX, officeholder living expense
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	OFFICEHOLDER	_	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
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2-14-18	J.R. 12 colley	Compaign	
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500,	Walter, TX	774804	
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Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE	Food Beu. Exp.	Check if Austin,	TX, officeholder living expense
	·		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
2	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEED	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Office Overhead/Rental 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 2-20-12 TEXES 8 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 Office held expenditure to benefit C/OH Payee name 2-21-18 Amount (\$) Pavee address: City; State; Zip Code City of Wolfer, TX Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 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 Pleasat Hill M 2-23-18 Amount (\$) Payee address; City: State; Zip Code **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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By 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 6 Amount (\$) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** DONATION BY Check if Austin, TX, officeholder living expense **EXPENDITURE** OFFICE HOLDER Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 2-23-18 Amount (\$) Pavee address: State: Zip Code 100.00 Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** DOMATION OF Check if Austin, TX, officeholder living expense **EXPENDITURE** OFFICEHOLDER Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 2-13-18 FAITH Amount (\$) Payee address: 1,040.00 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	E	EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
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1 Total pages Schedule F1:	E/6	~ R.Mo	zthis		3 Filer ID (Eth	nics Commission Filers)
2-16-18	5 Payee name	Housete	- 9			
6 Amount (\$) 200.**	7 Payee address	ilkins St	Zip Code en t Texos	77445	5	*
8	(a) Category (See C	ategories listed at the top of this	schedule)	(b) Description		
PURPOSE				Check if travel or	utside of Texas. Complete	e Schedule T.
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9 Complete ONLY if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name					
2-14-18		Luton				
Amount (\$)	Payee address;	Zth City; State; Z	Zip Code			
100.00	Hempst	red, TX	774	45		
•	Category (See Category	ategories listed at the top of this	schedule)	Description		
PURPOSE	CONTRAC	T LABOR		Check if travel out	tside of Texas. Complete	Schedule T.
OF EXPENDITURE				Check if Austin,	, TX, officeholder living	g expense
		T FUNDRAE	SER			
	90	MATION				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name		Office sought		Office held
Date	Payee name					
2-1-18	Classia	e Evats	Cafe			
Amount (\$)	Payee address;	City; State; Z	ip Code			
42.05	615 H	my 290	7 7	744~		
PURPOSE OF EXPENDITURE		tagories listed at the top of this s	chedule)		side of Texas. Complete S	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ficeholder name		Office sought		Office held
	ATTACHA	DDITIONAL COPIES	OF THIS SC	HEDULE AS NEED	DED	

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:		5.	3 Filer ID (Ethics Commission Filers)
4 Date 2-5-18	5 Payee name	in Rest.	
6 Amount (\$)	7 Payee address:) City; State; Zip	Code -w Y	
208.61	Cypress, T)	L 77433	
8	(a) Category (See Categories listed at the top of this scho	, , , ,	
PURPOSE OF EXPENDITURE	Food Bev. Exp.		tside of Texas. Complete Schedule T TX, officeholder living expense
	STAFE		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		3
IF 2-5-18	Anczon.com		
Amount (\$)	Payee address; City; State; Zip	Code	
185.00	410 Terry Are. H. Seattle, WA	7 98109	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Evet Expece		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		
2-12-18	Amazon.com		
Amount (\$)		Code	
88.00	410 Terry Ave. H Seattle WA	98109	
	Category (See Categories listed at the top of this scher		
PURPOSE OF EXPENDITURE	Evet Expece		de of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Orms provided by Tayan Fabi	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	9	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ton R. N	Pattice	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	(ainis	
2-12-18	Ameron com		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
63.79	410 Terry Ave	. H. A 98109	}
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE	Evet Expec	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
56.82	Ameron . com		
Amount (\$)	Payee address; City; State; Zip	Code	
56.82	410 Terry Ave. Seattle WA	H. 98109	
	Category (See Categories listed at the top of this sch	Description	
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE	Gilat	Check if Austin,	TX, officeholder living expense
	Evat Expres		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-14-18	HALGREEN S		
Amount (\$)	Payee address; State; Zip	Code Street	
59.89	Brenham, TX	77833	
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF			side of Texas. Complete Schedule T.
EXPENDITURE	Gift /Aw-ds	Check if Austin,	TX, officeholder living expense
	Experce	_	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
orms provided by Taxas Ethi	0		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Elfon R. Math's 4 Date 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Food Bes. Expre EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date PLOFT 2-16-18 Amount (\$) Pavee address: City; State; Zip Code 1150 University Dr. E. 23.99 College Station Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Food Bes. Exp EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Cliff HANGER S 2-16-18 City; State; Zip Code 20.10 Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food Bev. EXP. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense 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) EHL R. Meth's 4 Date C Herpstead, TK 48.60 CLEVELAND, TEXAS (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Gift Expre Check if Austin, TX, officeholder living expense **EXPENDITURE** CMASSHIC FUNDRAISER Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name HES CAFE 2-22-18 Amount (\$) Payee address; City; State; Zip Code 240 Austin Store + 23.71 He-pstrad, TX Description ___ Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Bes. Expuce Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name AMICO HAVE 2-23-18 Payee address; City; State; Zip Code 203 E. Villa Maria Road 166.40 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Food Bew. Experse 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 E Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling i Git/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor 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 TOO R. Ma	this	3 Filer ID (Ethics Commission Filers)
4 Date 2-26-18	5 Payee name Breakfast Paradise		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1118 Austra Street		
27.62	Hupsteed, TX	7744	5
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Rev. Exp.		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-27-18	Eddie V's		
Amount (\$)	Payee address; City; State; Zip Code	+	
85.45	Austra, Texas 78	701	
BUBBOOF	Category (See Categories listed at the top of this schedule)	Description Check if travelous	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Food Bes. Exp.		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-28-18	Di Iorios		
Amount (\$)	Payee address; City; State; Zip Code	E.	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gift/Aurds/Menorials Exp.	Check if travel out	side 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			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EHON R. Methis 4 Date 3-5-18 State: 169.38 (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas, Complete Schedule T **PURPOSE** DTHER Check if Austin, TX, officeholder living expense **EXPENDITURE** CECL PHONE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 3-6-18 Amount (\$) Payee address: City; State; Zip Code 400.0D Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** DONATION B9 Check if Austin, TX, officeholder living expense **EXPENDITURE** OFFICEHOLDER Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 3-1-18 Amount (\$) City; State; Zip Code 57.47 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food / Bev. Exp. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By **Printing Expense** Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 60.07 8 Check if travel outside of Texas. Complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense Food Bes. EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) 10.38 WIALLER, 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 Food (Bes. Exp. **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH LAS FUEHTES Payee address; City; State; Zip Code 18.65 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Food / Bew. 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 29.53 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Food Bew. Exp. EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 3-8-18 Amount (\$) Payee address: City; State; Zip Code 50.70 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Food/Ben. Exp. EXPENDITURE Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 3-12-18 DELTA Amount (\$) 422.00 Category (See Categories listed at the top of this schedule **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF TRAVEL - OUT OF Check if Austin, TX, officeholder living expense **EXPENDITURE** DISTRICT

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Elton R. N/aths 4 Date 3-12-18 HAMHER COUNTRY City; State; Zip Code 7 Payee address; 32.95 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Food / Beu. Expen OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Comm. Service workers 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 3-23-18 Veritas Rest. Amount (\$) Payee address; 49,00 Category (See Categories listed at the ip of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Food Bes. Exp. Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH exica Rest. 3-26-18 Amount (\$) Payee address; City; State; Zip Code Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T.

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Food/Bev. Exp.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling B By Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense ixpense Expense Wages/Contract Labor 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 TO R. MC	th s	3 Filer ID (Ethics Commission Filers)
4 Date 3-27-18	5 Payee name CLASSIC EVENTS	CAFE	
6 Amount (\$)	7 Payee address; City: State; Zip Code 615 Hung 290 Herstend. TX	7744	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Bev. Expres		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3-29-18	SHOW FLAKE DOHUTS		
Amount (\$) 14.35	Payee address; City; State; Zip Code 420 Auster Steet Hapsteed, TX	77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Bev. Exp.		tside 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		
4-12-18	Ted Krenek		
Amount (\$)	Payee address; City; State; Zip Code	3410 Pattiso.,	1st Street
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTION TO CANDIDATE	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 J.P. # 4
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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	EXPEND	ITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	xpense Office Over polling Expense Printing Ex Salaries N	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	T	on Guide explains how to	complete this form.	
1 Total pages Schedule F1:	EKON R	. Mathis		3 Filer ID (Ethics Commission Filers)
4 Date 4-2-18	5 Payee name AT+T	C		
6 Amount (\$) 169.38	7 Payee address; Co	Z90 Well	, t 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste			outside of Texas. Complete Schedule T.
EXPENDITURE	CELL PITE	WE EXP.		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	rname	Office sought	Office held
Date	Payee name			
4-6-18	CLASSIC	EVENT	5	
Amount (\$) 34.70	615 Itny	City; State; Zip Code 290	17445	
PURPOSE OF EXPENDITURE	Category (See Categories liste			utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Office sought	Office held
Date	Payee name			
4-18-18	JOSHUA S		7	
Amount (\$)	11803 Icac	City; State; Zip Code	787<7	
PURPOSE OF EXPENDITURE		ed at the top of this schedule)	Description Check if travel outs	tside 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				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide explains	how to complete this form.		
1 Total pages Schedule F1:	Elba R. Max	4 S	3 Filer ID (Ethics Commission Filers)	
4 Date 4-16-19	5 Payee name Supershutte			
6 Amount (\$) 25.96	7 Payee address; City: State: Zip 4502 Ditmars Ro Astoria H4			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch TRAVEC OUT OF DISTRICT	(b) Description Check if travel ou Check if Austin	itside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4-R-18	Utica Taxi Con	ter		
Amount (\$)	Payee address; City; State; Zip			
106.50	465 Utica Ave Brooklyn, My	11203		
PURPOSE OF EXPENDITURE	TRAVEL OUT DE	Description Check if travel out:	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			
4-23-18	BARNABIS CAF	E		
Amount (\$) 45.78	Payee address; City; State; Zip of South Shephad Dr. Ha	ston, TX -	17019	
PURPOSE OF EXPENDITURE	Fool Bw. Exp.	Check if travel outs	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				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa cal Committee Legal Se	everage Expense ards/Memorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule F1	2 FILER NAME	R. Ma	-tws		3 Filer ID (Eth	nics Commission Filers)
4 Date 4-21-18	5 Payee name	Evats	Cafe			
6 Amount (\$)	7 Payee address;	City; State;	Zip Code	77445		
8	(a) Category (See Cate	egories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Be	"Exp.			utside of Texas. Complet n, TX, officeholder livi	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Offi H	ceholder name		Office sought		Office held
Date	Payee name					
5-4-18	willis	Lenton	_			
Amount (\$)	Payee address; 6식 5	City; State; 12th St 1tupste.	Zip Code	C 774	4	
PURPOSE OF EXPENDITURE	Cantract	gories listed at the top of this	s schedule)		side of Texas. Complete TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Offic	ceholder name		Office sought		Office held
Date	Payee name					
\$ 5-30-18	EL RA	HCHIT	0			
Amount (\$) 29.33	Payee address;		Zip Code	7484		
PURPOSE OF EXPENDITURE	Category (See Category	ories listed at the top of this			ide of Texas. Complete :	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	- 1 - 2 - 2	Office sought	1	Office held
		DITIONAL COPIES	OF THIS SC	HEDULE AS NEED)ED	
rms provided by Taxas Ethi	oc Commission					

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instri	ction Guide explains how to complete	e this form.	1 Total pages Schedule T:		
2 FILER NAME	Hon R. Mathis	3 Filer ID (Ethics Commission Filers)			
	Corporation or Labor Organization / Pledg	gor / Payee			
5 Contribution / Expend	ture reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling Flor R. Mattw S 8 Departure city or name of departure lo				
4-18-18	8 Departure city or name of departure to	ocation			
4-24-18	9 Destination city or name of destination Newsky, H.T.	n location			
10 Means of transportati		ing name of conference, s	eminar, or other event)		
DELTA AJ		CE - AER			
	Corporation or Labor Organization / Pledg				
Contribution / Expend	ture reported on:		_		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling ELTOH R. MA	THE			
4-18-18	Departure city or name of departure lo				
-110	Austin				
4-24-18	Destination city or name of destination	n location			
	Hew-k, M.J.				
Means of transportati		ing name of conference, so			
PRIVATE DR	WER CONFEREN	ICE - AE	ERA (SLAHERY)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expend	ture reported on:				
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling LLTOH R. MATHES				
4-18-18					
4-24-18	Austin				
9-2 (- ()	Destination city or name of destination	location			
Means of transportation	Purpose of travel (includi	no name of conference, se	eminar or other event\		
Means of transportation Purpose of travel (including name of conference, seminar, or other event) TAXI / SHUTTLE CONFERENCE - PERA (SUPERSHUTTLE)					
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED		