

Hidalgo County Bar Association

323 W. Cano Street, Suite 100

Edinburg, TX 78539

(956) 380-1691

Invoice

Date	Invoice #
6/20/2023	300008079

Bill To
Kristalee Mata Hidalgo County Probate Court 100 N. Closner 2nd Floor Edinburg, TX 78539 United States

Member Information
Mrs. Kristalee Guerra Mata Thirteenth Court of Appeals 100 E. Cano 5th Floor Edinburg, TX 78539 United States

PAID

PO	Terms	Due Date
	Due on receipt	6/20/2023

Description	Amount
Appellate Law Section	\$25.00
Judge or Government/Public Service Lawyer	\$75.00
Total	\$100.00

Payments/Adjustments

Description	Amount
Payment via Credit Card (using card xxxxxxxxxxxx9504) <i>Applied to invoice on 10/27/2023 10:07:55 AM</i>	(\$100.00)
Total Payments/Adjustments	(\$100.00)
Balance Due	\$0.00



PLEASE PROCESS THIS INVOICE / CREDIT MEMO COPY. THIS REQUEST IS DUE TO ORIGINAL INVOICE BEING AN EBILL OR WAS NOT RECEIVED.

PROBATE COURT

[Handwritten signature]

INVOICE RECEIVED BY:

[Handwritten signature] ON 11/16/23

FOR SERVICES RECEIVED BY:

[Handwritten signature] ON 11/16/23

APPROVED BY:

[Handwritten signature]

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, KRISTALEE MATA, do hereby state that the item(s) listed on the invoice(s) named below
(PURCHASER'S NAME)
were purchased for the exclusive use of Hidalgo County, using my personal funds:

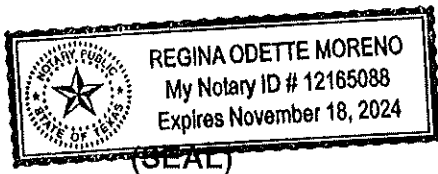
INVOICE NO.	DATE	AMOUNT	NAME OF COMPANY
<u>300008079</u>	<u>6/20/23</u>	<u>\$100.00</u>	<u>HIDALGO COUNTY BAR ASSOC</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		<u>\$100.00</u>	

I further state that I was authorized to make such a purchase(s).
I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

SIGNATURE: *Kristalee G. Mata*

TITLE: ASSOCIATE JUDGE
PERSON MAKING PURCHASE

Before me, REGINA MORENO, a Notary Public, appeared KRISTALEE MATA and on ~~he~~/she oath deposed and stated that the foregoing facts as set forth in the above request for expense reimbursement are true and correct in every respect. ~~He~~/She further stated ~~he~~/she requested payment of the same.



[Signature]
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

APPROVAL: _____ DEPARTMENT HEAD

APPROVAL: _____ COUNTY AUDITOR

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, ASSOC. JUDGE KRISTALEE MATA, do hereby state that membership in the _____
HIDALGO COUNTY BAR ASSOC, and dues to be paid to the association, serve to accomplish one or more
of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

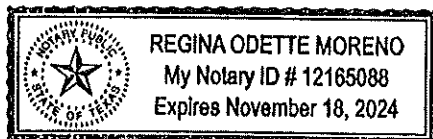
I further state that ASSOC. JUDGE KRISTALEE MATA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Kristalee G. Mata*
TITLE: ASSOCIATE JUDGE-PROBATE COURT

DATE: 11/27/2023

Before me REGINA MORENO, a Notary Public, appeared ASSOC. JUDGE KRISTALEE MATA and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(SEAL)



[Signature]
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026