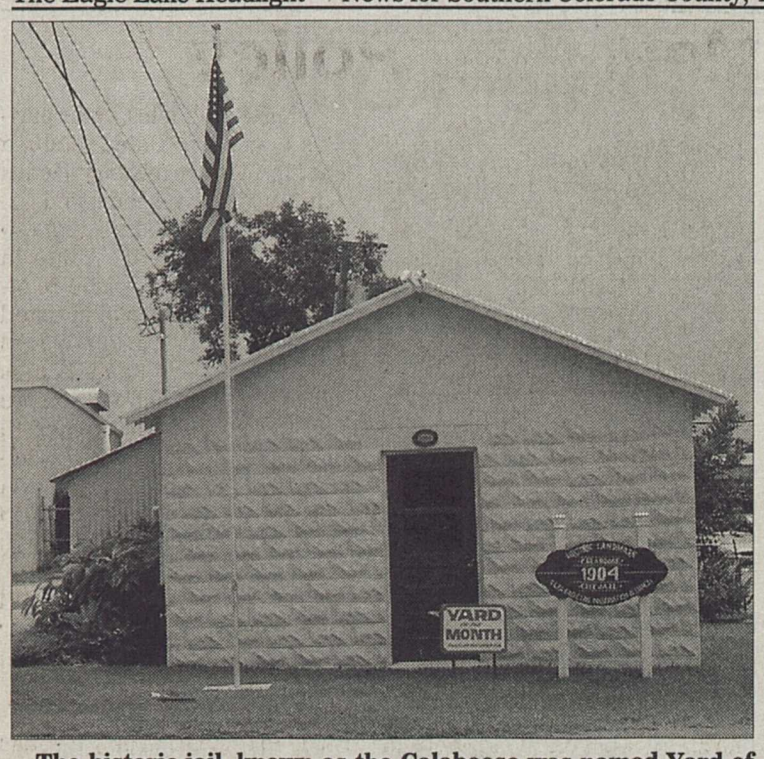
Historic Jail Named August Yard Of Month



The historic jail, known as the Calaboose was named Yard of The Month for August by the Eagle Lake Garden Club. It is located at 210 S. McCarty.

By Patty Holloway

The Eagle Lake Preservation Alliance Inc. (ELPA) certainly improved the appearance of the little neglected building known as the Calaboose (the historical 1903 jail) at 210 S. McCarty.

Along with the fresh white paint and the new roof it has been beautifully landscaped.

The colorful display consists of several different gingers, plumerias, Mexican heather, espiranzas and an orchid tree.

On the east side of the building is a Dwight D. Eisenhower Green Ash tree planted in honor of all World War II military and the citizens of the U.S.

The tree is a seedling from an ash tree located at the birthplace of the 24th U.S. President in Dennison, Texas, donated by the VFW to ELPA.

The pleasing design and the plant donations are by John and Susan Stacy of Garwood.

Drive by 210 S. McCarty and enjoy this Yard of the Month.

Fair Catalogues Now Available

The 2006 Colorado County Fair catalogues with rules for home economics, fine arts and some special events, along with the official entry forms for all home economics and fine arts contests, are now available.

Pick one up at any of the following locations: the Colorado County Extension office and Potter's Western Store in Columbus, Weimar City Hall, First National Bank in Eagle Lake, Larry's Super Service in Garwood, Nada Grocery, Sandy Creek Drive-In in Sheridan, Bernardo Farm and Ranch Supply, Heinsohn's Store in Frelsburg, and Schulz's Store in New Ulm.

For information on the livestock show, contact livestock superintendent Karl Valenta at (979) 732-5441;

The home economics show and country store, Beverly Tuck at (979) 732-7277; the queens' pageant and little/junior mister/miss contests, Pamela Potter at (979) 732-2705;

The western art contest, Melissa Kilpatrick at (979) 732-2705; the western art contest, Melissa Kilpatrick at (979) 732-5934; the art show, Deborah Petrosky at (979) 732-3564;

Photography contest, Patsy Warschak at (979) 732-3823; the parade, Kim Dyer at (979) 732-8385; the rodeo and arena events, Kaylee Brune at (979) 357-2531;

Commercial exhibits, Jane Meldahl at (979) 234-5981; food concessions, Henry Schneider at (979) 732-2579; the antique tractor pull, Keith Potter at (979) 732-6201; or

For the barbecue cookoff, Rhonda Schneider at (979) 732-2579.

For all other information, call the fair office at (979) 732-9266. Information is also available on the fair's website at www.coloradocountyfair.org.

The 28th annual Colorado County Fair will run Sept. 14-17, at the Colorado County Ag Complex located on the highway 71 bypass near Columbus.

County Fair Contests Slated

Colorado County Fair Association will host contests for children of the county prior to the 2006 fair.

The Little Mister and Miss Contest is for children ages 4-6 and the Junior Mister and Miss Contest is open to children ages 7-9 as of Sept. 1.

All contestants must be residents of the county or attend school within the county. Brandy Tuck will serve as chairman and mistress of ceremonies for the event.

The Little Mister and Miss contest will be at 10 a.m. and the Junior Mister and Miss Contest will be at 2 p.m. Saturday, Sept. 9, at St. Paul's Lutheran Church fellowship hall in Columbus.

It will consist of an on-stage interview before a panel of out-of-county judges. Contestants will be scored 90 percent on personality and 10 percent on dress. Contestants in both contests must wear western attire.

For a complete list of contest rules and an entry form, contact George Fox at the Columbus Area Chamber of Commerce at (979) 732-8385; Diana Brunner in Eagle Lake at (979) 234-5671; and Donna Guentert at the Hair Stop in Weimar at (979) 725-6635.

The deadline to enter both contests is 5 p.m. Friday Sept. 1. There will be no exceptions.

New Arrivals

Cleveland 'Tre' Scott, III

Candace and Cleve Scott, Jr., of Katy are pleased to announce the birth of their first child, a son, born July 24 at 4:02 a.m. at Memorial City Hermann Hospital in Houston.

'Tre' weighed six pounds, four ounces and measured 18-1/2 inches at birth.

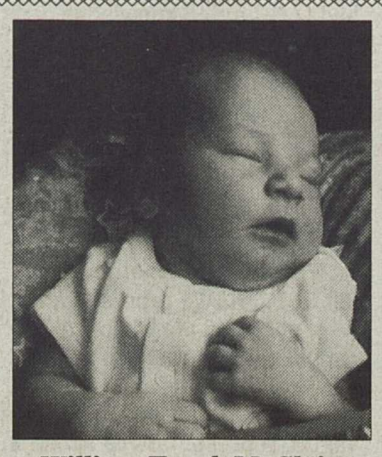
Maternal grandparents are Patrick and Lisa Barley of Katy.

Paternal grandparents are Cleveland Sr. and Valarie Scott of Eagle Lake.

Maternal great-grandparents are Dr. Blanche and Ben Barley of Katy and Mary and Tommy Lee of Brookshire.

Paternal great-grandparents are Alex and Alvina Ramirez, Jesse and Martha Yanez and Doris and Norman Foster all of Eagle Lake.

'Tre' also was welcomed home by his two great-great grandmothers, Anita Contreras and Angelita Yanez, both of Eagle Lake.



William Frank McClain

Frank and Bethany McClain are pleased to announce the birth of their first child, William Frank McClain.

William was born at 1:11 a.m. Saturday, May 6 at Shreveport Hospital in Shreveport, Louisiana.

He weighed eight pounds, 11 ounces and measured 21.5 inches in length.

Proud grandparents are Frank and Jeanne McClain of Rock Island and Cheri West of Arizona.

Paternal late grandparents are Mr. and Mrs. Clarence Matherne of Houma, Louisiana.

Late great-grandparents are Mr. and Mrs. Bill Coates of Texas City.

Maternal grandparents are Libby and Kerlin Keller of New Mexico and Grandpa Wayne West.

Samantha Ann Ortiz

Jesus and Mary Lou Ortiz of Eagle Lake are pleased to announce the birth of their third child, a daughter, born August 1 at 5:10 a.m. at Rice Medical Center in Eagle Lake.

Samantha Ann weighed six pounds, five ounces and measured 19 inches at birth.

She was welcomed home by a brother, Jesus Nathaniel Ortiz, Jr., age 5; and Elizabeth Nicole Ortiz, age 3.

Maternal grandparents are Frankie and Janie Coronado of Eagle Lake.

Paternal grandparents are Benjamin and Margaret Ortiz of Nada.

Great-grandmother is Verda Fern Niswonger of Lynn, Arkansas.

Multi-Child Free and Reduced-Price School Meals Application for 2006-07

Rice Consolidated I. S. D. _____ District/Charter School

Part 1. Children in School *(Use a separate application for each foster child.)*

Names of all children in school (Last, First, Middle Initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Food Stamp or TANF case # (if any)
1.				
2.				
3.				
4.				
5.				
6.				

If you listed a Food Stamp/TANF case # for one child, skip to Part 4.

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check box • and list the amount of the child's personal use monthly income: $_____. Skip to Part 4.

Part 3. Household Members and Gross Income From Last Month *(List each person in the household. For each person who receives income, write the amount received and how often it is received.)*

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane B.	$200/E	$50/M			•
1.					•
2.					•
3.					•
4.					•
5.					•
6.					•
7.					•
8.					•
9.					•

Part 4. Signature and Social Security Number *(Adult must sign.)*

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the "Instructions for Applying" page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Date: _____

Social Security Number: ____ - ____ - ____ • ☐ I do not have a Social Security Number.

Printed Name: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Do not fill out this part. For school use only.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: _____ Household Size: _____ FS/TANF: _____ Date Withdrawn: _____

Eligibility: Free: _____ Reduced: _____ Denied: _____ Reason: _____

Temporary: Free: _____ Time Period: _____ (expires after _____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Follow-up Official's Signature: _____ Date: _____

Multi-Child Free and Reduced-Price School Meals Application for 2006-07 — continuation sheet

Part 1. Children in School — continuation sheet

Names of all children in school (Last, First, Middle initial)	School Name	Social Security #, Student I.D. or Date of Birth (OPTIONAL)	Grade	Food Stamp or TANF case # (if any)
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part 3. Household Members and Gross Income From Last Month *(List each person in the household. For each person who receives income, write the amount received and how often it is received.)*

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
10.					•
11.					•
12.					•
13.					•
14.					•
15.					•
16.					•
17.					•
18.					•
19.					•
20.					•
21.					•

Privacy Act Statement: This explains how we will use the information you give us. The National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your children for free or reduced-price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We WILL use your information to see if your children are eligible for free or reduced-price meals, to operate the program, and to enforce the rules of the program. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into misuse of program rules.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SOLICITUD DE NIÑOS MULTIPLES PARA COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO 2006-2007

Rice Consolidated I. S. D. _____ Distrito/Escuela (District/Charter School)

Parte 1. Niños en escuela *(Use una solicitud diferente para cada hijo de crianza)*

Apellido, Nombre, Inicial del Segundo Nombre	Nombre de la Escuela	Número de Seguro Social, identificación de estudiante o fecha de naciemiento (opcional)	Grado	# de Cupones de Alimentos o TANF (si aplica).
1.				
2.				
3.				
4.				
5.				
6.				

Si anotó el numero de cupones de alimentos/TANF para uno de los niños, vaya a la parte 4.

Parte 2. Hijo de Crianza

Si esta solicitud es para un niño que es responsabilidad de una agencia de bienestar social o una corte, marque este cuadro ☐ luego anote la cantidad de ingreso personal que recibe el niño mensualmente: $_____. Vaya a la parte 4.

Parte 3. Miembros del hogar que viven en casa e ingreso bruto del mes pasado de su hogar. (Indique cada persona que vive en la casa. Para cada persona que recibe un ingreso, escriba la cantidad que recibe y cuando la recibe.)

1. Nombre (Anote a todos en su hogar)	2. Ingreso bruto y frecuencia *Ejemplo: $100/mes $100/dos veces al mes $100/cada 2 semanas $100/semanales*				3. Marque si no hay ingresos
	Ganancias del trabajo antes de deducciones	Asistencia de beneficios sociales, sustento de menores, pensión de divorcio	Pensiones, jubilación, ingresos de Seguro Social	Otros ingresos	
(Ejemplo) Smith, Jane B.	$200/semanales	$150/semanales	$100/mes		☐
1.					☐
2.					☐
3.					☐
4.					☐
5.					☐
6.					☐
7.					☐
8.					☐

Parte 4. Firma y Número de Seguro Social (Un Adulto debe firmar)

Un miembro adulto de la familia deberá firmar esta solicitud. Si completa la parte 3, el adulto que firma la solicitud deberá anotar su número de Seguro Social o marcar el cuadro que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad al dorso.)

Prometo que toda la información en esta solicitud es verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos Federales basado en la información que yo provea. Entiendo que los oficiales de la escuela pueden verificar dicha información. Entiendo que si deliberadamente proveo información falsa, mis niños podrían perder los beneficios de comidas y yo podría ser procesado legalmente.

Firme Aquí: X_____ Nombre deletreado: _____ Fecha: _____

Dirección: _____ Teléfono: _____

Número de Seguro Social: ____ - ____ - ____ ☐ No tengo número de Seguro Social

No escriba en esta área. Esto es para uso oficial de la escuela.

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Monthly Income: _____ Household size: _____ Date Withdrawn: _____

Eligibility: Free _____ TANF/FS Free: _____ Reduced _____ Denied _____ Reason: _____

Temporary: Free _____ Time Period: _____ (expires after _____ days)

Reviewing Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

SOLICITUD DE NIÑOS MULTIPLES PARA COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO 2006-2007—continuado

Parte 1. Niños en escuela *(Use una solicitud diferente para cada hijo de crianza)—continuado*

Apellido, Nombre, Inicial del Segundo Nombre	Nombre de la Escuela	Número de Seguro Social, identificación de estudiante o fecha de naciemiento (opcional)	Grado	# de Cupones de Alimentos o TANF (si aplica).
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Parte 3. Miembros del hogar que viven en casa e ingreso bruto del mes pasado de su hogar. (Indique cada persona que vive en la casa. Para cada persona que recibe un ingreso, escriba la cantidad que recibe y cuando la recibe.)

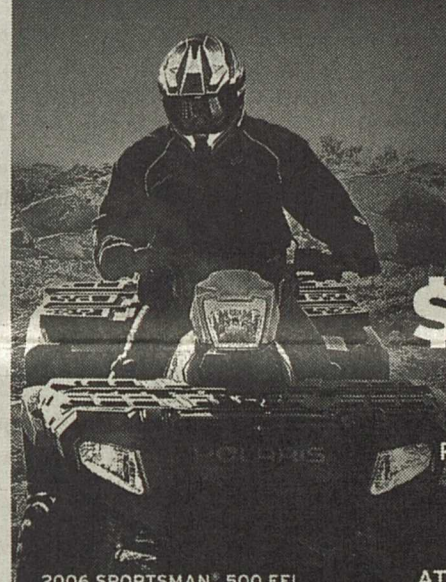
1. Nombre (Anote a todos en su hogar)	2. Ingreso bruto y frecuencia *Ejemplo: $100/mes $100/dos veces al mes $100/cada 2 semanas $100/semanales*				3. Marque si no hay ingresos
	Ganancias del trabajo antes de deducciones	Asistencia de beneficios sociales, sustento de menores, pensión de divorcio	Pensiones, jubilación, ingresos de Seguro Social	Otros ingresos	
9.					☐
10.					☐
11.					☐
12.					☐
13.					☐
14.					☐
15.					☐
16.					☐
17.					☐
18.					☐
19.					☐
20.					☐

Declaración del Acta de Privacidad: Esto explica como nosotros usaremos la información que usted nos provea. La Ley Nacional de Almuerzo Escolar, Richard B. Russell, exige la información en esta solicitud. Usted no tiene que proveer la información pero si no lo hace, nosotros no podemos autorizar que sus hijos reciben comidas gratis o a precio reducido. Se requiere el número de Seguro Social del miembro adulto del hogar quien firma la solicitud. El número de Seguro Social no es necesario si usted está solicitando para un hijo de crianza o usted anota el número de caso de Cupones para Alimentos, Asistencia Temporera para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) asignados a los niños para los cuales está solicitando. Tampoco es necesario proveer el número de Seguro Social si usted indica que el miembro adulto del hogar que firmó la solicitud no tiene un número de Seguro Social. Nosotros usaremos su información para evaluar si sus hijos califican para comidas gratis o a precio reducido, para desarrollar el programa, y para hacer cumplir con las reglas del programa. Nosotros PODRÍAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudar a esos programas a evaluar, financiar o determinar beneficios; con auditores que revisan programas; y con personal de justicia para ayudarles a investigar violaciones a las reglas de estos programas.

Declaración de No-Discriminación: Esto explica qué hacer si usted cree que se le ha tratado injustamente. De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad. Para presentar una queja por discriminación, por favor escriba a *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* o llame al (800) 795-3272 o 202-720-5964 (voz y TDD). USDA no discrimina en sus programas y empleo.

2006-2007 Multi-Child Spanish Application

REAL-WORLD PERFORMANCE AT AN UNREAL PRICE.



FREE POLARIS® WINCH** PLUS REBATES OF UP TO $500 (ON SELECT MODELS) PLUS PAYMENTS AS LOW AS $49 MO. AT 6.9% FOR 24 MONTHS*

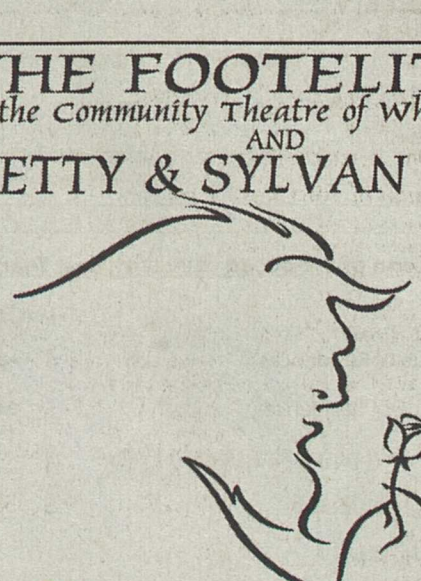
2006 SPORTSMAN® 500 EFI

POLARIS® FACTORY AUTHORIZED CLEARANCE

Potter Tractor Co.
3969 Hwy. 90 E. & Reese Lane • Columbus
979/732-6201

WARNING! ATVs can be hazardous to operate. For your safety, always wear a helmet, eye protection, and protective clothing and never carry passengers unless the adult ATV has been designed by the manufacturer specifically for that purpose. Polaris adult models are for riders aged 16 and older. Be sure to take a safety training course. For safety and training information, call the SVIA at (800) 887-2887. You may also contact your Polaris dealer or call Polaris at (800) 342-3764. *Offer is good at participating Polaris dealers through September 30, 2006, on select models and subject to product availability. Rebates are not available on all models, and rebates vary by model. See participating Polaris dealers for complete program details and eligible models. Finance offer is valid subject to credit approval on the Polaris StarCard® on qualified consumer purchases financed during the promotion period. Maximum finance amount: $10,000. 6.9% APR and $49/month payments plus any late fees are effective for 24 months. Paying only this amount will not pay off the purchase during this period. Thereafter, the regular Minimum Monthly Payment and Standard 17.9% APR apply. For Accounts not current, the promotion is canceled, and the Default APR 21.9% and regular Minimum Monthly Payments apply. Minimum Finance Charge: $1. Certain rules apply to the allocation of payments and Finance Charges on your promotional purchase if you make more than one purchase on your Polaris StarCard. Call 1-888-367-4310 or review your Cardholder Agreement for information. **Free Polaris 2,500-lb. winch is not available on all models and does not include installation. ©2006 Polaris Sales Inc.

THE FOOTELITERS
of the Community Theatre of Wharton, Inc.
AND
BETTY & SYLVAN MIORI
present



Disney's BEAUTY AND THE BEAST

Music by Alan Menken Lyrics by Howard Ashman and Tim Rice Book by Linda Woolverton

PRODUCED BY ARRANGEMENT WITH MUSIC THEATRE INTERNATIONAL

THE PLAZA THEATER
on the Square in Wharton, Texas
August 4-20, 2006
Fridays & Saturdays at 7:30 p.m.
Sundays at 2:30 p.m.

$15 adults
$13 seniors, students & groups of 10 or more

For tickets or reservations, please contact the Plaza Box Office at Hensley Medical Claims, 212-B North Richmond Road 979-282-2970
www.whartonplazatheater.org