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	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH Cover Sheet pg 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Clifford	MI	OFFICE USE ONLY
	NICKNAME LAST Matt Hayes	SUFFIX	1-9-2014 Interoffice R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDDECC /BO DOV. ADT / CI IITE #- OTV	стате; ZIP CODE	Date Hane Helivered of Pastmarked
change of address			
5 CANDIDATE/ OFFICEHOLDER PHONE	*	ENSION	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. Lac	MI	
	NICKNAME LAST	SUFFIX	101 101
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	January 15 30th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholderonly)     Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year /2013
11 ELECTION	Month Day Year Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (ITany) Justice of the Peace Precinct 7	13 OFFICE SOUGHT (if known	n)
	GO TO PAC	GE 2	

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CANDIDAT SUPPORT	-	CEHOLDER REPORT: .S	FORM C/OH Cover Sheet pg 2
14 C/OH NAME	Me	att Hayes	<b>15</b> ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		T/ 2011 ELEC
		COMMITTEE ADDRESS	FI ARRAN JAN I STEVE
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$ 102000
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	<sup>ED</sup> \$ 1020 <sup>00</sup> \$ 10244 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	102
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1100763 DAY \$ 641027
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 6410 <sup>27</sup>
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	THE \$ 500000
18 AFFIDAVIT	scribed before	is true and correct and includes all me under Title 15, Election Code. Signature of Car me, by the said	ndidate or Officeholder

Constable Clerk

Marie Barks Printed name of officer administering oath

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Signature

of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Matt Hayes 8 In-kind contribution 7 Amount of contribution (\$) description (if applicable) 15000 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor \_\_\_\_\_ out-of-state PAC (10#\_\_\_\_\_\_ Ben/i Arstanouski 9-20-13 Contributor address; City; State; Zip Code 915 W. Debbie Ln Amount of In-kind contribution contribution (\$) description (if applicable) GiftCertitlak 2000 Manstield, TX 76063 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor \_\_\_\_\_ out-of-state PAC (ID#\_\_\_\_\_\_ Kelly Carnatt Gontributor address; City; State; Zip Code 505 5, Fielder Amount of In-kind contribution description (if applicable) contribution (\$) Arlington TX 76013 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) 9-20-13 Ples \$165 Mansfleld TX 76063 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC(ID#\_\_\_\_\_ Carey Walket 9-20-13 Contributor address; City; State; Zip Code 1402 Woodbline St Arlington DX 76012 In-kind contribution Amount of contribution (\$) description (if applicable) \$ 7500 (If travel outside of Texas, complete Schedule T) 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 foradditional reporting requirements. Revised 09/28/2011 www.ethics.state.tx.us

Texas Eth	ics Corr	mission
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POLITI	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	FILE	D Dunty	SCHEDULE A
		- 2014 JAN 13 A		
The	Instruction Guide explains how to complete th	Is form. STEVE RAS	1 Total pages Sch	ZOKL
2 FILER NAME	Matt Hay		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor _ out-or-state PAC (10#:_ Ray Bailey	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-20-13	6 Contributor address; City; State; Zip Code 313 Cagle Crock Rd Manshield The 760	· · · · · · · · · · · · · · · · · · ·	\$75000	Helicopter Ride
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	······································	of Texas, complete Schedule T)
				·
Date	Full name of contributor I out-of-state PAC(ID#_ Wayne Simmons		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code 1071 Country Club	DA-	\$ 9000	Massage
	Monsheld, TX 76	063	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#_ James Munterd		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code POBOX 8970		\$100000	
	Ft Worth, TX 76	124	(If travel outside r	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		in restau; comprese concease ry
Date	Full name of contributor out-of-state PAC (ID#:_ Raul Gonzalez		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code 2211 Woodmont CT		×1000	
	Arlington TX 76	017	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code 3422 Mc Famy Oar Arlington TX 760	ks Tr	\$12000	Keurig Coffee
	Arnaqion A 160		(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
	ATTACH ADDITIONAL COPIES ( ontributor is out-of-state PAC, please see inst			requirements.
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P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS TARRA	TILED NT COUNTY	
The	Instruction Guide explains how to complete this	STEV	13 AM 8: 14 1 Total pages Scho E RABORN	560
2 FILER NAME		ELECTIONS	3 ACCOUNT # (#	hics Commission Filers)
4 Date 9-20-13	<ul> <li>5 Full name of contributor □ out-of-state PAC(ID#</li> <li>5 a 5 am BODSingeo</li> <li>6 Contributor address; City; State; Zip Code</li> <li>34ZZ McKamy C</li> <li>Arlington TX 76</li> </ul>	- Jakstr	contribution (\$) P19400	8 <sup>-</sup> In-kind contribution description (if applicable) Keardy Lottee makes
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	·····	of Texas, complete Schedule T)
Date 9-20-13	Full name of contributor I out-of-stale PAC (ID#_ ROSC Cipolla Contributor address; City: State: Zip Code 3529 13:19[ade Rd Ft. Worth, TX 76	5/33	Amount of contribution (\$)	In-kind contribution description (if applicable) Dog Prize Package
Principal occup	L pation / Job title (See Instructions)	Employer (See I		·
Date	Full name of contributor out-of-state PAC (ID#:_ Chris Garcia Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13 Principal occu	Contributor address; City; State; Zip Code 6454 Woodstock Ro FF Woodh, TX 761 pation / Job title (See Instructions)	K 16 Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor 🛛 out-of-state PAC (ID#_ Karen Schroedeo	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; State; Zip Code 1701 Hay 287 N Suite 105 Manslield TX 760	063	#500°	Estate Planning Package
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Art Berger	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address' City: State: Zin Code	y Dz1		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		n Tonda, complete d'utedule 1)
lfc	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instr			requirements.

Texas Ethics Corr	mission P.O. Box 12070	Austin, Tex	as 78701 2020	(512) 463-5800	(TDD 1-800-735-2989
POLITI	CAL CONTRIBUTIC	NS T	ARRANT COUP	ITY	
	THAN PLEDGES C		SAN 13 AN 1	B: 44	SCHEDULE A
The	Instruction Guide explains how to	complete this	STEVE RACORN C <b>hon</b> s Acministi	1 Total pages Sche	idule A: 4 of 6
2 FILER NAME	Matt	Haye	25	3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Full name of contributor 000	t-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-20-13	6 Contributor address; City; S 1600 Hwy : Man Aidd				Toothbrush Package
9 Principal occuj	pation / Job title (See Instructions)		10 Employer (See		f Texas, complete Schedule T)
Date	Fred Per		)	Arnount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; SI 4001 Brya Albuquerque	m Ave			BB/Pellet Gum
Principal occu	pation / Job title (See Instructions)		Employer (See		
Date	BarryThom			Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; Sl 4916 Tamr NRH, TX 7	a Ct			f Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)		Employer (See I		
Date	Debres	Perf		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	Contributor address; City; SI 3703 Day Dalworthra	ate; Zip Code stin Tr. gton Ge	audens TX	15 co	Texas, complete Schedule T)
Principal occur	bation / Job title (See Instructions)		Employer (See I		
Date	Full name of contributor out Andy Ugc Contributor address; City; Si	it-of-state PAC (ID#: (Y E M vate; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20-13	P.O. Box 15 Arlington	-1272	05	*100=	
Principal occu	pation / Job title (See Instructions)		Employer (See	······································	f Texas, complete Schedule T)
, lf c	ATTACH ADDITIO		FTHISSCHEDULE		requirements.

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	19		TY SCHEDULE A
		<u>_</u>	JAN 13 AM 8	
The	Instruction Guide explains how to complete this	<b>F</b> 1 <b>F</b> 2 <b>F</b>	1 Total pages Sch STEVE RABORH	50f6
2 FILER NAME	Matt Hayes	BY:	31 ACCOUNT # 1(E	mission Filers)
4 Date	5 Full name of contributor _ out-of-state PAC (1D#_ Lady Theresa Thos	u65	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-20-13	6 Contributor address; City; State; Zip Code 4916 Tamra Ct North Richland Hills,	72 76/80	™100€	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 9-20-13	Full name of contributor $\Box$ out-of-state PAC (ID#_ Linka Davis Contributor address; City; State; Zip Code PO Bax 25		Amount of contribution (\$) # 1000	In-kind contribution description (if applicable)
Principal occur	Ar lington T2 760	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor [] out-of-state PAC (ID#:_ Kimberly Fifz path	ick	Amount of contribution (\$)	In-kind contribution description (if applicable)
9-20+13	Contributor address; City; State; Zip Code ZZO & Woodsong Anlington TX 760	•	(If travel outside	I     of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID# <i>Mary Louise Gan</i> Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
-1-20-13	6454 Woodsong Of Worth TX 76	<i>46</i>		   of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
7-20 13	3529 Bilglade Rd Et Worth TX 76	5133	(If travel outside	of Texas, complete Schedule T)
Principal occur	bation / Job title (See Instructions)	Employer (See I		
lfc	ATTACH ADDITIONAL COPIES C ontributor is out-of-state PAC, please see instr			requirements.

Texas Ethics Commission	Texas	Ethics	Comn	nissior
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POLITIC OTHER	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	FILED	)UNTY	SCHEDULE A
		2014 JAN 13 A	M 9: 45 1 Total pages Sch	
The	Instruction Guide explains how to complete this		3RH	6046
2 FILER NAME	Mart Hayes	ELECTIONS AUTIL	3 ' ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Apartment Associat	Hon of	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12-11-13	Apartment Associat 6 Contributor address; City; State; Zip Code 6 3 50 Baker Blud	PAC	3500	
	Richland Hilds, T7.	76(18	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor Dout-of-state PAC (10#:	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12-29-13	Contributor address: City; State: Zip Code 2600 Crystal Dr #208 Arlington IX Z.	77(17)	25000	[ ] 
		1		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	i .
Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			Í.
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Dut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Dut-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
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Principal occup	pation / Job title (See Instructions)	Employer (See I		
lf c	ATTACH ADDITIONAL COPIES ( contributor is out-of-state PAC, please see inst			requirements.
www.ethics.state.t	x.us			Revised 04/19/2013

LOANS		FILED TARRANT COUNTY	
LUANU			
The	Instruction Guide explains how to co		pages Schedule E:
		ELECTIONS ADMINISTRAT	
FILER NAME	Matthe	aye SBY:	OUNT # (Ethics Commission Filer
ΤΟΤΑ	L OF UNITEMIZED LOANS:	$\Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow \Rightarrow$	\$
Date of Ioan ノス - 30-/ご	7 Name of lender Matt Ha	out-of-state PAC (ID#:	_) 9 Loan Amount (\$)
is lender a financial Institution?	8 Lender address; City; State; GOO N. W	ZipCode la (nut-Creek #(25	10 Interest rate
Y N	Manshiel	(J, 77 76063	11 Maturity date 12-31-14
2 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Col	lateral	15 Check if personal funds were deposi	ited into political account
6 GUARANTOR	17 Name of guarantor		<b>19</b> Amount Guaranteed (\$
INFORMATION	18 Guarantor address; City;	State; Zip Code	
0 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	_) Loan Amount (\$)
ls lender a financial	Lender address; City; State;	Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were deposit	ted into political account
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$
🗔 ast spalleskis	Guarantor address; City;	State; Zip Code	
not applicable			l

Texas Ethics Commissio	on P.O. Box 12070 A	ustin, Texas 7871	1-2070 (512)	) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES		FILED ARRANT COU	_	SCHEDULE F
		201	4 JAN 13 AM	8:45	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITUR Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Travel In District Travel Out Of Dist Office Overhead/R	ontadtLaborRAHLS ColorRAHLS Color Inict Inict Inital Expense OT	ontributions/Donat Candidate/Office HER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME	H Hay			# (Ethics Commission Filers)
4 Date 7-1-13	5 Payee name Michae				
6 Amount (\$) \$58.23	204 4° N Man	stield T.	87 X 7606	3	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the to A D Exp	op of this schedule)	(b) Description (If tr Parado		s, complete Schedule T) ora Hon S
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	•	Office sought		Office held
Date 7-7-13	Payee name Craig	, Oaunb	Ý		
Amount (\$) 73/668	Payee address; City; S >/06 Ar (i)	r Ocurb tate: Zip Code Lightha rafon To	ouse R.O K 76002	2	
PURPOSE	Category (See categories listed at the to	p of this schedule)			, complete Schedule T)
OF EXPENDITURE	Cansalting &	Exp	Cons	ratting	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	)	Office sought		Office held
Date 7 - 21-13	Payee name Arling	ton Re	pablica	n Cla	6
Amount (\$)	Payee address; City; S POB	tate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If tr		, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	3	Office sought		Office held
Date 7-31-13			genson		
Amount (\$) \$75	Katel	tate; Zip Code Ierbahim.c Paid Harou	igh Payla	ſ	
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Ad Exp	op of this schedule)		avel outside of Texas	s, complete Schedule T) Stong
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Э	Office sought		Office held
	ATTACH ADDITIONAL	COPIES OF THIS	SCHEDULE AS NE	EDED	
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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (512	) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES		FILED ANT COUNT		SCHEDULE F
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	RE CATEGORIES Salaries/Wages/Q Solicitation//Ituffar	ontract Labor Lo	an Repayment/Re	eimbursement oment & Related Expense
Consulting Expense Event Expense Fees		Travel In District Travel Out Of Dist Office Own Mead/F uide explains how to	trict tental Expense O	THER (enter a cat	ons Made By holder/Political Committee egory not listed above)
1 Total pages Schedule E:	2 FILER NAME	att Hay	1es	3 ACCOUNT #	# (Ethics Commission Filers)
4 Date 8-7-13	5 Payee name	State; Zip Code	e		
6 Amount (\$) \$500°		State; Zip Code 04 Scumi Arlington			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Cong. although	0	(b) Description (iff	ravel outside of Texas	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH	ime	Office sought		Office held
Date	Payee name Rcun	and le	lin		
Amount (\$) <b>B</b> 5-9800		State; Zip Code D. Box Zu Km, SC Z			
PURPOSE OF EXPENDITURE	Category (See categories listed at the Ad Exp	e top of this schedule)	Description (Ift		complete Schedule T)
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Date 9-15-13	Payee name NC	OVAL			
Amount $(\$)$	210	State; Zip Code 7 Sherry 1 ngton, T		2	
PURPOSE OF EXPENDITURE	Category (See categories listed at the EV-carf ES	. ,		ravel outside of Texas	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	me	Office sought		Office held
Date 9-2-13	Payee name Ri-	tz Pic	5		
Amount (\$)	Payee address; City;	State; Zip Code ZPiX.CC	>~~1		
PURPOSE OF EXPENDITURE	Category (See categories listed at the $AA  E \times P$		Description (Ifte		complete Schedule T)
Complete <u>QNLY</u> if direct expenditure to benefit C/	Candidate / Officeholder na OH	me	Office sought		Office held
• •	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NE	EDED	
www.ethics.state.tx.us					Revised 04/19/2013

Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 78711	-2070 (512)	463-5800	(TDD 1-800-735-2989)
,		FIL	ED		
POLITICAL	<b>EXPENDITURES</b>	TARRANT	COUNTI		SCHEDULE F
			AM 8: 45		
	EVDENDITI				
Advertising Expense	Gift/Awards/Memorials Expense	RE CATEGORIES Salaries/Wages/Co	ntract LaborLoa	n Repayment/R	eimbursement
Accounting/Banking	Legal Services	Solictenon Hundra	sing Expense Tra	nsportation Equi	pment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense Polling Expense	Travel Out Of Dist		tributions/Donat Candidate/Office	holder/Political Committee
Fees	Printing Expense	Omité Overhead/R	•	HER (enter a cal	tegory not listed above)
		uide explains how to	complete this form.		
1 Total pages Schedule F: 3 A B	2 FILER NAME	alf Haye	~	3 ACCOUNT	# (Ethics Commission Filers)
	5 Pavee name		~	L	
<sup>4 Date</sup> 9-12-13	E/.	te			
6 Amount (\$)		State; Zip Code			
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5/5					
8 PURPOSE OF	(a) Category (See categories listed at t	he top of this schedule)	(b) Description (If tra		
EXPENDITURE	Ad Ex	P	Pash	card	5
9 Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought		Office held
expenditure to benefit C/C	DH		,	·	
Date Q (Q /2	Payee name		·		
Date 9-18-13		m's Club			
Amount (\$)	Payee address; City;	State; Zip Code	う		
10746	-	nd Prairie		257	
1012	Gra	na manne	/// / 50		
PURPOSE	Category (See categories listed at t	-	, ,		s, complete Schedule T)
EXPENDITURE	EventE	×P	6-00	8/00	Indraised
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	ame	Office sought		Office held
Date 9-20-13	Payee name	steo			
		· ·			
Amount (\$)	Payee address; City;	State; Zip Code	brook		
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PURPOSE OF	Category (See categories listed at t	, ,		1 1-	s, complete Schedule T)
EXPENDITURE	Event E		Faad	10-cu	draiseo-
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	ame	Office sought	,	Office held
Date 9-23-3	Payee name	ite			
Amount (\$)		State; Zip Code			
P41750	E	lite Elyer	D.COM		
DUDDOOC		he ton of this schedulo)	Description (164-	vel outside of Torres	s, complete Schedule T)
PURPOSE OF	Category (See categories listed at t	ne top of this schedule)	-		
EXPENDITURE	MACEN	/		IAR55	s Cards
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder na OH	ame	Office sought		Office held
×	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NE	EDED	

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Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 7871	1-2070 (51	2)463-5800	(TDD 1-800-735-2989)
			FILED		
POLITICAL	EXPENDITURES	TA	RRANT COU	NTY	SCHEDULE F
			JAN 13 AM	8:45	
		RE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co	nfact Labor ASOL	oan Repayment/F	eimbursement ipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Dona	
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dist	rict	Candidate/Offic	eholder/Political Committee
1 665	- ,	uide explains how to			tegory not listed above)
1 Total pages Schedule F:	2 FILER NAME	1 1 1 1			# (Ethics Commission Filers)
4048	Ma	At Hay.	es		()
<sup>4 Date</sup> 9-24-13	5 Payee name	=7D			
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
7/26	C	(SAA. co	21		
//-					
8 PURPOSE	(a) Category (See categories listed at th	e top of this schedule)	(b) Description (II	travel outside of Texa	s, complete Schedule T)
	5,4/Event E	xp	F-bu	ers/ð	undrai 200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder na H	me	Office sought	<b></b>	Office held
Date	Payee name	, ~			
9-30-1	3 Vis	State; Zip Code 19 Blanco	ram		
Amount (\$)	Payee address; City;	State; Zip Code	00		
76879	47	19 Blanco	Ra	-	
60	Sa	n Antonio, i	X 7821	2	
PURPOSE	Category (See categories listed at th	e top of this schedule)	Description (If	travel outside of Texa	s, complete Schedule T)
	Event E	$\sim \rho$	Dec	oration	75
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder na	me	Office sought		Office held
Date 10-16-13	Payee name	cola Co	macil		
Amount (\$)		State; Zip Code			
P 00	TCC	5 Gravell	ha		
1000-	240	Worth, TX	17/18		
DUDDOOF	Category (See categories listed at th			travel outside of Texa	s, complete Schedule T)
PURPOSE OF	Ad Exa		•		<i>C</i>
EXPENDITURE	7.0.	/		, Men	bership
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na H	me	Office sought		Office held
Date 10-16-13		aples			
Amount (\$)	Davies addresses Citru	State; Zip Code 781 USA	100 2 + 7		n
#370 <sup>22</sup>		and eld	TX 76	063	
PURPOSE	Category (See categories listed at th	e top of this schedule)	Description (II	travel outside of Texa	s, complete Schedule T)
	Printing Exp	2	Copy Co	rbin Ad	monishmant
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na	nme	Office sought		Office held
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS N	EEDED	

Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (512)	463-5800	(TDD 1-800-735-2989)
		F	ILED		
POLITICAL	<b>EXPENDITURES</b>	TARRA	NTCOUNTY		SCHEDULE F
		onii. IAM	13 AM 8:45		
	EVDENDITI	IRE CATEGORIES			
Advertising Expense	Gift/Awards/Memorials Expense		intract Labor TRATER	n Repayment/R	eimbursement
Accounting/Banking	Legal Services	Soliditation/Fundra	Ising Expense Tra	insportation Equi	pment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District Travel Out Of Dist		ntributions/Donal	tions Made By sholder/Political Committee
Event Expense Fees	Polling Expense Printing Expense	Office Overhead/R	a second s	and the second sec	tegory not listed above)
	The Instruction G	uide explains how to			
1 Total pages Schedule F:	2 FILER NAME	1.11.11		3 ACCOUNT	# (Ethics Commission Filers)
5010	10	latt Ha	yes		
4 Date 7-19-13	5 Payee name	p House	_		
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
Pn niz	-	-			
20-	/	Um field	TX 760	63	
8 PURPOSE	(a) Category (See categories listed at t	he top of this schedule)	(b) Description (If tr		
	Food Ex	P	Co	nsalt	ing
9 Complete <u>QNLY</u> if direct	Candidate / Officeholder na	ame	Office sought		Office held
expenditure to benefit C/C	ЭН				
Date 7-29-13	Payee name	hop Hou	хse		
Amount (\$)		State; Zip Code			
PANZ					
20		Mansti	eldTX	7606	3
PURPOSE	Category (See categories listed at t				s, complete Schedule T)
OF EXPENDITURE	FoolED		Con	ser 14	nq
Complete ONLY if direct	Candidate / Officeholder na	ame	Office sought		Office held
expenditure to benefit C/C	DH _				
Date	Payee name	1 11			
8-30-13	C	hop Hoa	se		
Amount (\$)	Payee address; City;	State; Zip Code	4157		
2027		-	<b>6</b>		
20		Manst	dd IX	76 <i>0</i> 6	3
PURPOSE	Category (See categories listed at t	he top of this schedule)	Description (If tr	avel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	FOOF	Ð	Funder	aising	planning
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n	ame	Office sought		Office held
Date	Payee name				
12-1-13	Pre	State; Zip Code	255		
Amount (\$)	Payee address; City;	State; Zip Code	operst -	# 300	
#216=		trlington	77 76	6015	
PURPOSE	Category (See categories listed at t	he top of this schedule)			s, complete Schedule T)
OF EXPENDITURE	Ad Exq		Print	Post	tcards
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder n OH	ame	Office sought		Office held
	ATTACH ADDITION/	L COPIES OF THIS	SCHEDULE AS NE	EDED	

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Texas Ethics Commissio	on P.O. Box 12070	Austin, Texas 7871	1-2070 (512	2)463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES		FILED RANT COUNT		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	RE CATEGORIES Salaries/Wages/O Solicitation/Fundr Travel In District Travel Out Of Dis	omFactLabor30011L IGHQEXpense11STH c trict Rental Expense - 0	au Repayment/R 'ansportation Equi ontributions/Donat Candidate/Office THER (enter a cal	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME	latt Ha			# (Ethics Commission Filers)
4 Date 12-1-13	5 Payee name	sP5	L		
6 Amount (\$) P12062	3	State; Zip Code 903 Me Vington		15	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the Ad Exp	e top of this schedule)	(b) Description (Iff Post	travel outside of Texas	, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nar DH	me	Office sought		Office held
Date 11-13-13	Payee name 54	ples			
Amount (\$) #4469	Payee address; City;	state; Zip Code 781 Hw Man 8	y 287 Reld D	< 7600	63
PURPOSE OF EXPENDITURE	Category (See categories listed at the $AJE_{x}p$	e top of this schedule)		ravel outside of Texas	complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nar DH	ne	Office sought		Office held
Date //-/8-/3	Payee name Prec	cision h	Press		
Amount (S) RHZBOD	Payee address; City;	State; Zip Code 155. Ce Arlingto	n TX 7	300 76 <b>015</b>	_
PURPOSE OF EXPENDITURE	Category (See categories listed at the	e top of this schedule)	-	ravel out <sup>,</sup> s of Texas f Car	, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder nau DH	me	Office sought		Office held
Date 11 - 18-13	Payee name	PS			
Amount (\$) DZ 55 <sup>58</sup>	Payee address; City; 3 Ar	State; Zip Code 903 Me lington T			
PURPOSE OF EXPENDITURE	Category (See categories listed at the	e top of this schedule)			, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder na OH	me	Office sought	70	Office held
	ATTACH ADDITIONAL	L COPIES OF THIS	SCHEDULE AS NE	EDED	
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Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 7871	1-2070 (512)	463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES	TAF	FILED RANT COUNT	Y s	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES Salaries/Wages/C Solicitation/Fundre Travel In District Travel Out Of Dis Office Overbead/F uide explains how to	ontract Labor BURHos Sho Expense DURHos UNS ADMINISTRA Con trict Rental Expense OT	ntributions/Donation Candidate/Officeho	ent & Related Expense
1 Total pages Schedule F: 7 A 8	2 FILER NAME	Natt H	ayes	3 ACCOUNT # (	Ethics Commission Filers)
4 Date 11-21-13	5 Payee name Tar	rant Co	anty Rep	publica	n Party
6 Amount (\$) $\underline{\pi}_{1000}$	/ Payee address; City;	state; Zip Code 24056, Ft. Wort	rave (Dr		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at t Fee S	he top of this schedule)	(b) Description (If tra	avel outside of Texas, c	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na 0H	ame	Office sought		Office held
Date 12-3-13	Payee name Po	litical .	Marketi	ing Inc	
Amount $(\$)$ $\overrightarrow{P}$ 36 $\overrightarrow{84}$		state; ZipCode P.O. Box Marian		s Z44	47
PURPOSE OF	Category (See categories listed at th			avel outside of Texas, c	
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder na	ame	Office sought		Office held
Date 12-/4-13	Payee name Pol	itical 1	Marketir	ng Inc	
Amount (\$) #3952	Payee address; City;	State; Zip Code 20. BOX Marlan,	698	,	
PURPOSE OF EXPENDITURE	Category (See categories listed at t	he top of this schedule)		avel outside of Texas, c 115	omplete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder na DH	ame	Office sought		Office held
Date 12-19-13	Payee name	First C State; Zip Code 229 Gar	Fraphic		
Amount (\$) #251245	Payee address; City;	State; Zip Code 229 Gar Garland	von 3+ 1, TX 75	-046	
PURPOSE OF EXPENDITURE	Category (See categories listed at t	the top of this schedule)	Description (If tr	avel outside of Texas, o AS	
Complete <u>ONLY</u> if direct expenditure to benefit C/			Office sought		Office held
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NE	EDED	

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POLITICAL	EXPENDITURES		SCHEDULE <b>F</b>
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES         Gift/Awards/Memorials Expense       Salaries/Wages/Colspan="2">Salaries/Wages/Colspan="2"         Polling Expense       Office Overhead/F       Travel Out Of Dis       Travel Out Colspan="2"       Travel Out Colspan="2"       Travel Out Colspan="	ontract Labor Loan Repayme aising Expense Transportation Contributions/D trict Candidate/C Rental Expense OTHER (enter	nt/Reimbursement Equipment & Related Expense onations Made By officeholder/Political Committee a category not listed above)
Total pages Schedule F: SAS	2 FILER NAME Matt He	ayes	JNT # (Ethics Commission Filers
Date 12-26-13	5 Payee name	Darby	
Amount (\$) 1778-00	7 Payee address; City; State; Zip Code 7/06 Light Arlington T-	thouse Rd	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consalfing tees	(b) Description (If travel outside of	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12-27-13	Payee name Texas Co	nservatives	Clait PAC
Amount (\$) BG99999	Payee address; City; State; Zip Code WWW. Comdite	betair.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Booth F	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, complete Schedule T)
EXPENDITURE			

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