(512) 463-5800 (TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 ACCOUNT # 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) MS/MRS/MR 3 CANDIDATE / FIRST М Clifford LAST Hayes **OFFICE USE ONLY** N OFFICEHOLDER Mr. NAME Date Received NICKNAME SUFFIX Matt 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # STATE ZIP CODE OFFICEHOLDER MAILING ered or Postmarke ADDRESS CO change of address Receipt # Añiount 5 CANDIDATE/ EXTENSION Date Processed OFFICEHOLDER .. PHONE MS / MRS / MR FIRST Date Imaged 6 CAMPAIGN MI MS TREASURER Lac NAME NICKNAME LAST SUFFIX Ha 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION 8 TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 Final report (Attach C/OH - FR) 8th day before election Exceeded \$500 limit 10 PERIOD Month Month Day Year Day COVERED THROUGH 09/25/2014 07/01/2014 ELECTION TYPE **11 ELECTION** ELECTION DATE Day Month Primary Special Runoff General 11/04/2014 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Justice of the Peace Precinet 7 Tarrowit County GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH COVER SHEET PG 2 **SUPPORT & TOTALS** 14 C/OH NAME 15 ACCOUNT # (Ethics Commission Filers) **16 NOTICE FROM** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE POLITICAL CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE(S) CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE NAME 3 COMMITTEE TYPE . ţ (a) GENERAL COMMITTEE ADDRESS -SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS **17 CONTRIBUTION** a)O 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE \$ 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED TOTAL S \$ 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 AFFIDAVIT AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder 25 Sworn to and subscribed before me, by the said this the 20+1 11 **U** 20 to certify which, witness my hand and seal of office. dav ficer administering oath Printed name of officer administering oath Title of officer administering oath Signat

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	CAL CONTRIBUTIONS	NS		SCHEDULE A
The Instruction Guide explains how to complete this form.			1 Total pages Sch	edule A
2 FILER NAME	Matt Hay e	-2	3 ACCOUNT # (E	thics Commission Filers) ≥ 1
4 Date	5 Full name of contributor _ out-of-state PAC (ID#) William Wolen)	7 Amount of contribution (\$)	8 In-kind centribution description (if applicable)
7/3/14	6 Contributor address; City; State; Zip Code 3617 W Park Row Dr		#100 ⁻⁰	
	Arlington TX 7603			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
&/24/14	Contributor address; City; State; Zip Code P. O. 174431		* 375 e	
	Arlington TX 760	03	(If travel outside o	f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor I out-of-state PAC (ID#: Ben Doskocil)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/14	Contributor address; City; State; Zip Code 5306 Mansfield R		250°E	
	Arlington, TX 76	$\alpha 7$	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor [] out-of-state PAC (ID#_ Mike Walker)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/28/14	Contributor address; City; State; Zip Code 717 Shady Cree Konnedale TX 70	k	5000	
		I		f Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor [] out-of-state PAC (ID#: Tom Ritter)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/29/14	Contributor address; City; State; Zip Code 812 Riviera Dr	• • • • • • • • • • • • •	2000	
	Mansfield TX	76063	(If travel outside o	f 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.				

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	CAL CONTRIBUTIONS	IS Y		SCHEDULE A
	2014 067 - 3 101			
The	Instruction Guide explains how to complete this	1 Total pages Schedule A: 2 of 3		
2 FILER NAME	Matt Heyes	(ATSR	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (1D#) Gary Martin		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/3/14	6 Contributor address; City; State; Zip Code PO Box 91555		*500ª	
	Arlington TX 7		· · · · · ·	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor [] out-of-state PAC (ID#_ Ecort Worth Republican	n Women	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/8/14	Contributor address; City; State; Zip Code POBO 10(613)		*100°°	
	Ft. Worth, TX7	6185	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	nstructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
6/10/14	Contributor address; City; State; Zip Code 209 W. 27857		*/00 ²⁰	
	Ft. Worth TA ;	6102	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor 🛛 out-of-state PAC (ID#) Alam Petsche)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/10/14	Contributor address; City; State; Zip Code 3850 Ballar	eClo	77500 m	
	Ft worth TX	7609	(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#_ Line Barger, Goggin, Blair	& Sampson	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/11/14	Contributor address; City; State; Zip Code P.O. BOX 17428		\$1000ª	
	Austin, FX 78	760	(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.				

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOA	NS TARRAN 2014 DCT	LED FOUGHTY	SCHEDULE A
The	Instruction Guide explains how to complete thi		1 Total pages Sch	edule A: 3of 3
2 FILER NAME	Matt Hayes	BY:	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Toby Goodman)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/15/14	6 Contributor address; City; State; Zip Code 5001 S, Cooper 57 Suitez12	4	\$350 [£]	
	Arlington TX 760	017	(If travel outside o	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
Date	Full name of contributor I out-of-state PAC (ID#. Richard Carfet	ـــــــــــــــــــــــــــــــــــــ	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22/14	Contributor address; City; State; Zip Code PO Box 171448		*100°°	
	Arlington The	76003	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		in fexas, complete considere 17
Date	Full name of contributor 🛛 out-of-state PAC (ID#:_ RWA PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/22/14	Contributor address; City; State; Zip Code POBCX 143(7		France	
,	Arlington TX TE	094	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#: ARC PWR PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/14	Contributor address; City; State; Zip Code PO, Box 14095		7°250°0	
	Arlington TX 7	6094	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#: Tom Cravens)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/14	Contributor address; City; State; Zip Code 501 5. F. ellor		×10000	
	Arlington, IX 7	6013	(If travel outside o	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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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	FILED TARRANT CD	ПТҮ		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra ECT fravel in District. Travel Out Of Dist Office Overhead/F uide explains how to	Intract Labor Lising Expense ListATCR Rental Expense	Loan Repayment/I Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a c	ipment & Related Expense
1 Total pages Schedule F: 1 of 2	2 FILER NAME Matt Acceyes 3 ACCOUNT # (Ethics Commission Filers)				
4 Date 7/6/14	5 Payee name Craig Ownby				
6 Amount (\$) 2233	7 Payee address; City; State; Zip Code 7106 LighthouseRd Avlington 72 76002				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at Consulting				as, complete Schedule T) Consulting
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n		Office soug	ht	Office held
Date 7/17/14	Payee name Ka	trina Je	orgen	509	
Amount (\$) 10500	Payee address; City;	State; Zip Code F@Veba	fim.cc	524	
PURPOSE OF EXPENDITURE	Category (See categories listed at 1 Advertising	-		If travel outside of Texa	as, complete Schedule T) 95 Hong
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n H	ame	Office soug	ht	Office held
Date 9/5/14	Payee name	te Elyer	5.com	1	
Amount (\$) 315-00		State; Zip Code	5. COM		
PURPOSE OF	Category (See categories listed at	-			as, complete Schedule T)
EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder n		Office soug	shcards	Office held
Date 9/11/14	Payee name	Dan Fer	nande	22	
Amount (\$) 1794 ⁰⁰	/ 3	State; Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6140	
PURPOSE	Category (See categories listed at	the top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
OF	Advertisin		5	igns	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder r /OH		Office soug		
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE A	S NEEDED	Revised 04/19/201
					100000

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POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide Explains how to	Contract Labor Loan Repayment/Reimbursement aising Expense Transportation Equipment & Related Expense contributions/Donations (Interpretation Candidate/Officeholder/Political Committee) Contributions/Donations (Interpretation Candidate/Officeholder/Political Committee) strict OTHER (enter a category not listed Tabove)
1 Total pages Schedule F: $2 \circ f 2$	2 FILER NAME Matt Haye	2 S 3 ACCOUNT # (Ethics Commission Filers
4 Date 9/25/14	5 Payee name	ddy.com
6 Amount (\$) 306 50	7 Payee address; City; State; Zip Code	ddy.com
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Exp	(b) Description (If travel outside of Texas, complete Schedule T) Website Hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	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 H	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>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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/0	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

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