CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mr. Clifford M NICKNAME LAST SUFFIX Math Hayes	OFFICE USE ONLY Date Received ET 20		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO ROX- APT / SHITE #- CITY- STATE: ZIP CODE	TARRANT COUNTRING 2016 JUL -8 AM POSTITUTE OF DEPOSTITUTE OF DEPO		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # 20 Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; AREA CODE PHONE NUMBER EXTENSION	ZIP CODE .		
9 REPORT TYPE 10 PERIOD	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit Month Day Year Month	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Day Year		
COVERED		/30/ <i>201</i> 6		
11 ELECTION	Month Day Year Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Precinct 7 Tarrant County	n) • -		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1	latt	Haye	<u>,</u> 5	-	15 Filer ID (E	Ethics Comm	ission File	ers)
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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					DER'S			
	COMMITTEE TYPE	COMMITTE	E NAME			8Y:	LEG	910	7) 82
	GENERAL						SE SE	<u></u>	ž
	SPECIFIC	COMMITTE	E ADDRESS				IS ACTUALLY	-8 AM	MED FED
Additional Pages		COMMITTE	E CAMPAIGN TR	EASURER NAME			IPS STRATOR	lo: 11	est.
	-	COMMITTE	EE CAMPAIGN TE	REASURER ADDRESS					
17 CONTRIBUTION TOTALS				NS OF \$50 OR LES EES OF LOANS), U			ک	3	
			L CONTRIBU EDGES, LOANS	TIONS , OR GUARANTEES	OF LOANS)	\$	Å	9	
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	<u>ح</u>	-0°	, Ø 		
	4. TOTAL POLITICAL EXPENDITURES			\$	79	000	0		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			DAY \$	69	04	9		
OUTSTANDING LOAN TOTALS	6. TOTAL I		AMOUNT OF A REPORTING F	LL OUTSTANDING L PERIOD	OANS AS OF	THE \$. 5	2	
LOAN TOTALS 18 AFFIDAVIT AFFIX NOTARY STAM	E BARAS			I swear, or affirm, untrue and correct and under Title 15, Election	includes all infe	ormation requ	ired to be re		
Sworn to and subsci	"	_		the Vay.	eal of office.	······································	s the	5+6	_
Marie (200	- ,	War	ie Berk	S	Const	eble	Cle	rk
Signature of officer a	dministering oath	Prir	nted name of o	officer administering	g oath	Title of	officer admi	nistering	oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Maff Hayes	20 Filer ID (Ethics Co.	mmission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 🖉		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0		
4. SCHEDULE E: LOANS		\$ 0		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS .	\$ 15000		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ \$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 2		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 5900		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ Ø		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	TIONS	\$ 0		

TARRANT COUNTY

2016 JUL -8 AM 10: 11

ELECTIONS ADMINISTRATOR
BY: ______

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Git/Award/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa	ages/Contract Labor Other (er	nter a category not listed above)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Matt Ha	3 Filer	ID (Ethics Commission Filers)	
4 Date 04/05/16	5 Payee name Kelly Rodrigue	ez		
6 Amount (\$)	7 Payee address; City; State; Zip Code 1100 E Broad Manshield,			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Exp	(b) Description Check if travel outside of Texas Check If Austin, TX, office	•	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H		Offlice held	
Date	Payee name		FIL RRANT JUL -8	
Amount (\$)	Payee address; City; State; Zip Code		AM IO:	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officeh	1 .	
Complete ONLY if direct expenditure to benefit C/OF	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 Check if travel outside of Texas Check if Austin, TX, officeh	·	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Crcdit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME Matt Hayes Run and Win 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 4 7 Payee address; Rumandwin.com political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF westising Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description 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 Date Payee name Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schêdule 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