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P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

	CANDIDATE / OFFICE	HOLDER	FORM JC/OH Cover Sheet pg 1
The JC/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST		OFFICE USE ONLY
NAME	MR, DON	<i>l</i> •	Date Received
	NICKNAME LAST HASE	SUFFIX	
		·	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Pestraarke
change of address	-	_	Receipt #
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR, DON NICKNAME LAST HASE	MI SUFFIX	Date Imaged
	HA >e		
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	15th day after campaign treasurer appointment (officeholderonly)
	July 15 🛛 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 2 / 2 Z	Year / 2014
11 ELECTION	BLECTION DATE Month Day Year 3/4/2014	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN JJDGE, C	UNTY CRIMINAL I (TARRANI)
		COURT	I (TARRANI)
	GOTOPAC	GE 2	

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

JUDICIAL C SUPPORT &		E / OFFICEHOLDER REPORT:	FORM JC/OH Cover Sheet pg 2			
14 C/OH NAME	DON -	T. HASE	15 ACCOUNT # (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAU IS AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
	COMMITTEE TYPE					
Alm	GENERAL					
additional pages	NA					
	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · ·			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3890°°			
EXPENDITURE TOTALS	3. TOTAL F	emized \$				
	4. TOTAL	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL F OF THE	ST DAY \$ 3501,96				
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	SF THE \$ 6,000,00				
	MALINDA A DAV otary Public, State o My Commission Ex December 22, 20	true and correct and includes al under Title 15, Election Code.	of perjury, that the accompanying report is I information required to be reported by me Candidate or Officeholder			
AFFIX NOTARY STA		me, by the said DON Hase	, this the			
24th day Maluid Signature of officer adm	y of Februs Date inistering oath	Print name of officer administering oath	my hand and seal of office. Nota-y Public Title of officer administering oath			
www.ethics.state.tx.us			Revised 04/19/2013			

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	CONTRIBUTIONS N PLEDGES OR LOANS	(JUDICIAL	) s	CHEDULE <b>A (J)</b>
The Instruct	tion Guide explains how to complete this	s form.	1 Total pages Sche	dule A(J): 5
2 FILER NAME	JON T. HASE		3 ACCOUNT # (Eth	nics Commission Filers)
2-5-14 6 Cor	name of contributor Dut-of-state PAC (1D# MIKE PATTERSON attributor address; City; State; Zip Code 310 W. INTER STAT ARLINGTON TX		contribution (\$) \$500 00	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
11 Contributor's employer/l	TORNEY AT LAW	10 Contributor's job t	ATTORNE	Y AT LAW
13 If contributor is a child, l	aw firm of parent(s) (if any)			
5-14 · · · ·	name of contributorout-of-state PAC (ID# ERIC NELSON tributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description(if applicable)
3	TH DUSTIN TRAIL	76016 S TX	<u> </u>	f Texas, complete Schedule T)
Contributor's principal of		Contributor's job t	L CONTE	LACTOR_
Contributor's employer/l	aw firm MFLOYED aw firm of parent(s) (if any)	Law firm of contrib	outor's spouse (if any)	
	~/A			
E-14 Con	name of contributorout-of-state PAC (ID# (ELLY JOE CURNO tributor address; City; State; Zip Code 05 S. FIELDER	v. T.T	Amount of contribution (\$) \$ (00 00	In-kind contribution description(if applicable)
Contributor's principal or		6013 Contributor's job t		of Texas, complete Schedule T)
ATTOL Contributor's employer/l	NEY AT LAW	ATTO		LIW
If contributor is a child, I	aw firm of parent(s) (if any)		NA	
If contributor	ATTACH ADDITIONAL COPIES O is out-of-state PAC, please see instru			g requirements.

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1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(JUDICIAL	.) SCHEDULE A (J)
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A(J): 5
2 FILER NAME	DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)
4 Date $FEC^{3}$ $2^{-3.14}$	<ul> <li>5 Full name of contributor Dout-of-state PAC (ID#</li></ul>	219	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable) 7 500 00 (If travel outside of Texas, complete Schedule T)
AT 11 Contributor's er LAW JF	TORNEY AT LAW mployer/law firm FICE OF MARTIN LENDIR	10 Contributor's job	ittle ORNEY AT LAW
13 If contributor is	a child, law firm of parent(s) (if any)		·
Date 2. 49-149	Full name of contributor Dout-of-state PAC (ID# AUSTIN ROBERTS Contributor address; City; State; Zip Code 521 N; RIVERSIDE	) 	Amount of In-kind contribution contribution (\$) description(if applicable)
	FT WORTH TX	76111	(If travel outside of Texas, complete Schedule T)
	BALL BONDS	Contributor's job	BONDSMAN
Contributor's er		Law firm of contril	ROBERTS LAW FIRM
lf contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor Dout-of-state PAC (ID# PATRICIA ROE		Amount of In-kind contribution contribution (\$) description(if applicable)
2-4-14	Contributor address; City; State; Zip Code 3204 FAIR VIEW		£300 **
	FT WORTH TX	76111	(If travel outside of Texas, complete Schedule T)
	RETIRES	Contributor's job	FTIRED
Contributor's er	nployer/law firm RETIRED	Law firm of contril	putor's spouse/(if any)
	a child, law firm of parent(s) (if any)		
lf cont	ATTACH ADDITIONAL COPIES C ributor is out-of-state PAC, please see instru		

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	6 (JUDICIAL	-) <sup>s</sup>	SCHEDULE A (J)
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	DON T. HASE	· · · · · · · · · · · · · · · · · · ·	3 ACCOUNT # (E	thics Commission Filers)
4 Date 2-5-14	5 Full name of contributor Dout-of-state PAC (ID# KIMBERLY FITZPATRIC 6 Contributor address; City; State; Zip Code 2208 WOODSONG ARLINGTON TX	-	contribution (\$) \$ 200,00	8 In-kind contribution description(if applicable) of Texas, complete Schedule T)
11 Contributor's e	principal occupation ATTORNEY AT トムW employer/law firm	10 Contributor's job	ORNEY A	7 LAW
	s a child, law firm of parent(s) (if any)	λ	M	
Date L- S- [4	Full name of contributor Dout-of-state PAC (ID# KIABERLY FITZPATR Contributor address; City; State; Zip Code 22 C WODD SONG		Amount of contribution (\$) \$ 350	In-kind contribution description(if applicable) FOOD, BEVERACE FOR NEET + GREET
A T	ARLINGTON TX principal occupation TORNEY AT LAW employer/law firm HAIRIS, COOK	Contributor's job	title	of Texas, complete Schedule T) AT Ltw /)
If contributor is	s a child, law firm of parent(s) (if any)		0//	
Date 2 - 4 - 1 4	Full name of contributor Dout-of-state PAC (ID# RICHARD WOOD Contributor address; City; State; Zip Code 2 303 B ROOSEVH BALWORTHINGTON GAR	-7 76016	Amount of contribution (\$)	In-kind contribution description(if applicable)
ρ	orincipal occupation	Contributor's job		of Texas, complete Schedule T)
WOOD'	s a child, law firm of parent(s) (if any) $\mathcal{N}$		NA	
lf con	ATTACH ADDITIONAL COPIES ( tributor is out-of-state PAC, please see instr			ng requirements.

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Austin, Texas 78711-2070

(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICI	AL) SCHEDULE A (J)
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission Filers)
4 Date       5 Full name of contributor	7 Amount of contribution (\$) 8 In-kind contribution description(if applicable)
6915 HAWAII ARLINGTON TX 76016	(If travel outside of Texas, complete Schedule T)
9 Contributor's principal occupation BANKER 10 Contributor	V-P
FROST BANK	Contributor's spouse (if any) CUS, GOV*T
13 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor Dut-of-state PAC (ID# CI+ARLES WEAR Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description(if applicable)
2-5-14 Contributor address; City; State; Zip Code IBII W, PARK Row 760 ARLINGTON TX Contributor's principal occupation Contributor	(If travel outside of Texas, complete Schedule T)
ATTORNEY AT LAW	ATTORNEY AT LAW
Contributor's employer/law firm CHALLES E, WEAL JR. P. C, If contributor is a child, law firm of parent(s) (if any) N/A	contributor's spouse (if any)
Date Full name of contributor Dut-of-state PAC (ID#:	Amount of In-kind contribution
2-7-14 BRIAN J.WILLET Contributor address; City; State; Zip Code 1113 BEDFORD RD # B	contribution (\$) description(if applicable)
BEDFORD TX 76022	(If travel outside of Texas, complete Schedule T)
Contributor's principal occupation ATTORNEY AT LAN	TORNOY AT LAW
WILLETT LAW FIRM	contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see instruction guide f	

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Texas Ethics Con	mission P.O. Be	ox 12070	Austin, Te	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
1	CAL CONTRIE			S (JUDICIAL	_) s	CHEDULE <b>A (J)</b>
The	Instruction Guide exp	lains how to	complete thi	is form.	1 Total pages Sche	dule A(J):
2 FILER NAME	Jon T	THAS	E		3 ACCOUNT # (Et	nics Commission Filers)
4 Date	5 Full name of contribu	tor Dout-of-s	tate PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2-11-14	6 Contributor address; 309 E	City; Stat	ie; Zip Code		\$500 =	
0 Castributada a		FIELD	TX			f Texas, complete Schedule T)
· .	TORNEY AT	LAL	ノ	10 Contributor's job	TORNEY /	AT LAW
11 Contributor's e	ARRIS, CO	OK		12 Law firm of contri	butor's spouse (if any)	
13 If contributor is	a child, law firm of parent( MIA	n				
Date	Full name of contribut			)	Amount of contribution (\$)	In-kind contribution description(if applicable)
2-22-14	Contributor address; 700 NE	City; Stat	e: Zip Code	*214	\$100 00	
	HURST	$7 \times$	160		and the second se	f Texas, complete Schedule T)
	rincipal occupation	AT L	AU	Contributor's job	WNUT /	HT LAW
JANS M	a child, law firm of parent(		2 <u>M</u>	Law firm of contri	butor's spouse (if any)	
Date	Full name of contribut	tor pout-of-st	tate PAC (ID#:	)	Amount of	In-kind contribution
	Contributor address;	City; State	e; Zip Code		contribution (\$)	description(if applicable)
·					(If travel outside o	f Texas, complete Schedule T)
Contributor's p	rincipal occupation			Contributor's job	title	
Contributor's employer/law firm Law firm of contributor's					butor's spouse (if any)	
If contributor is	a child, law firm of parent(	s) (if any)		•		
lf cont	ATTAC ributor is out-of-state			DF THIS SCHEDULE uction guide for a		g requirements.

Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (5	12) 463-5800	(TDD 1-800-735-2989)
POLITICAL	EXPENDITURES				
	LAFENDITURES				SCHEDULE F
	EYDENDITI				
Advertising Expense	Gift/Awards/Memorials Expense	JRE CATEGORIES Salaries/Wages/Co	• • •	Loan Repayment/R	eimbursement
Accounting/Banking Consulting Expense	Legal Services	Solicitation/Fundra		Transportation Equ	pment & Related Expense
Event Expense	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Dist	rict	Contributions/Dona Candidate/Office	tions Made By eholder/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a ca	tegory not listed above)
1 Total pages Schedule F:	The Instruction G	uide explains how to	complete this for		# / Filing On and in Film )
2	DON	T. H.	4SE	3 ACCOUNT	# (Ethics Commission Filers)
4 Date 2-5-14	5 Payee name PIRYX	INC			
6 Amount (\$)	7 Payee address; City; 144 2 2	State; Zip Code			
14 50		• •	4	11.	
	SAN FRAN		r	4105	
8 PURPOSE OF	(a) Category (See categories listed at				s, complete Schedule T)
EXPENDITURE	FUNDRAISING			EDIT CA	2D FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n DH	ame	Office sough	it	Office held
Date	Payee name				
2-5-14	PIRYX	INC			
Amount (\$)		State; Zip Code			
5 75	144 220	ST		_	
5/	SAN FRAN	risco ca	f 941	05	
PURPOSE	Category (See categories listed at t	he top of this schedule)		(If travel outside of Texa	
EXPENDITURE	FUNDRAISING	EXPENSE	CR	FDIT C	ARD FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n PH	ame	Office sough	t	Office held
Date	Payee name	Ne Alline al Malance and Anna			
2-6-14	DAN FER	NANDEZ	- SIGA	US	
Amount (\$)		State; Zip Code	1		
\$9,00		2UAIL	•		
100 -	ARLINC	TON T	x 760	016	
PURPOSE OF	Category (See categories listed at t	he top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
EXPENDITURE	ADVERTISING	5 EXPONS	516	NINS	TALLATION
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder n PH	ame	Office sough	t	Office held
Date	Payee name		-	2 .	^
2-14-14	PLAN A+	B ADV	1) SOR S	s LL	
Amount (\$)	PLAN A + Payee address; City; 420 THRC	State; Zip Code	$\sim$ $<-$	t #2.	0
691 21			76102		
PURPOSE	Category (See categories listed at t			(If travel outside of Texa	s, complete Schedule T)
OF					
Complete ONLY if direct	Candidate / Officeholder n	ame	Office sough	t	Office held
expenditure to benefit C/C	PH				
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULEAS	NEEDED	

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Texas Ethics Commissio	n P.O. Box 12070	Austin, Texas 7871	1-2070 (	-2070 (512) 463-5800 (TDE		
POLITICAL	EXPENDITURES	5			SCHEDULE <b>F</b>	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expens Legal Services Food/Beverage Expense Polling Expense Printing Expense	JRE CATEGORIES Salaries/Wages/Cc Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R Guide explains how to	ontract Labor ising Expense rict ental Expense	Loan Repayment/I Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ci	ipment & Related Expense	
1 Total pages Schedule F: 2 4 Date	2 FILER NAME	NT. HAS	E	3 ACCOUNT	𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘	
2-22-14 6 Amount (\$)	7 Payee address; $P_{l}P_{city}$	State; Zip Code		1990	·····	
5,75	SAN FE	ANCISCO				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at FUNDRAISC			$\mathcal{R} = \mathcal{O} = \mathcal{O}$	as, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder r		Office soug		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 Texa	as, complete Schedule T)	
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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 Texa	as, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n 0H	ame	Office soug	nt	Office held	
Date	Payee name	an a				
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 Texa	as, complete Schedule T)	
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder n H	ame	Office sough	nt	Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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Texas Ethics Commission	n P.O. Box 12070	Austin, Texas 78711	-2070 (51	2) 463-5800	(TDD 1-800-735-2989)
	EXPENDITURE	-			SCHEDULE G
MADE FRO	M PERSONAL F	UNDS			
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expens Legal Services Food/Beverage Expense Polling Expense Printing Expense	URE CATEGORIES F se Salaries/Wages/Con Solicitation/Fundrais Travel In District Travel Out Of Distri Office Overhead/Re Guide explains how to co	ntract Labor L sing Expense 7 (ct ental Expense C	Contributions/Dona Candidate/Office OTHER (enter a ca	ipment & Related Expense
1 Total pages Schedule G:	2 FILER NAME DON T	HASE		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 2 - 17-14	5 Payee name	I, INC	1		
6 Amount (\$) \$ 831.27 Reimbursement from political contributions intended	P.O. B	1; State; Zip Code OX 698 LIANNA F	EL 3	2477	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed a ADVERTIS/N(			(If travel outside of Tex OBOCAC	as, complete Schedule T)
Date	Payee name		Turken	- Airay	
Amount (\$)	Payee address; Cit	y; State; Zip Code	<b></b>	<b>*</b>	maaada ahaa ahaa ahaa ahaa ahaa ahaa aha
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed a	t the top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
Date	Payee name				
Amount (\$)	Payee address; Cit	y; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed a	t the top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
Date	Payee name				
Amount (\$) Reimbursement from political contributions intended	Payee address; Cit	y; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed a	t the top of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
	ATTACHADDITION	AL COPIES OF THIS S	CHEDULEASN	EEDED	

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