CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1

| The C/OH Instruction G 3 CANDIDATE / OFFICEHOLDER | uide explains how to comp | lete this form | Filer ID (Ethics Commission Filers) | 2 Total pages f | iled: |
|---|--|---|---|-----------------------------|--|
| | | iete tilis form. | ,, | | |
| NAME | MS/MRS/MR MR | Sherman | Ã. | OFFICE | USEONLY |
| INCHIE | NICKNAME | Hatton | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | | APT/SUITE# CITY: G Coreen 131 77494 | SOX ESS | | JUL 15 2022 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | -9529 | EXTENSION | | d or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ |
| NAME | NICKNAME | nurphy | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX | OPLEASE); APT / SUITE #; | oir: 77489 | STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | | 1-412 | EXTENSION | | |
| 9 REPORT TYPE | January 15 | 30th day before election 8th day before election | Runoff Exceeded Modified | treasurer a (Officeholde | fter campaign ppointment er Only) rt (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day | Year | Reporting Limit Month THROUGH | Day Year / 15 / 2 | r |
| # ELECTION | ELECTION DATE Month Day Year 11 / 8 / 2022 | Primary General | ELECTION TYPE Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (If known | n) | |
| 4 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE | THESE EXPENDITURES MAY H | ED OR POLITICAL EXPENDITURES IN AVE BEEN MADE WITHOUT THE CAN REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOL | DER'S KNOWLEDGE OR |
| Additional Pages | GENERAL | TEE ADDRESS | | - | |
| SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | | | | 1 |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| OAIIII AIOI | TIMANOL KLI OKT | | |
|---|---|----------------------------|-------------------------------------|
| 15 C/OH NAME | Shorman Hatton Jr. | 16 Fi | ler ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBU- PLEDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY | OANS, OR | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR | RANTEES OF LOANS) | \$ 23,350 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITE | JRE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 5,252 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINT/ OF REPORTING PERIOD | AINED AS OF THE LAST DAY | \$ 18,098 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD | ANDING LOANS AS OF THE | \$ 0.00 |
| | Please complete eithe | Signature of Candidate | e or Officeholder |
| (1) Affidavit | KRISTI PESQUEIRA Notary Public State of Texas My Commission Expires 12-08-2023 "Notary without Bond" | | |
| Sworn to and subscribed | before me by Sherman Hatton | JR. this the 15# | day of July |
| 20 to certify Signature of officer administe | | ura | Motory |
| Signature of officer administe | | ng oath | Title of officer administering oath |
| (2) Unsworn Declaration | OR | | |
| (2) Onsworn Declaration | 511 | | |
| My name is | , ar | nd my date of birth is | |
| My address is | | | |
| | (street) | (city) (state) | (zip code) (country) |
| Executed in | County, State of, on the | day of (month) | , 20 (year) |
| | | Signature of Candidate/Off | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| • | | |
|------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Sherman Hatton Jr | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Vuleric Waddell 6 Contributor address; City; State; Zip Code 4 500 Sugar Carace Sugarland 7% 77449 | 7 Amount of contribution (\$) |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) |
| Date | Full name of contributor Out-of-state PAC (ID#:) Phil Klosowsky | Amount of contribution (\$) |
| 1-24 | Contributor address: City; State; Zip Code Suite 14 Sugar land 78 | 100 - |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 1-28 | Alscin Klosowsky Contributor address; City; State; Zip Code 14315 S.W. Fwy Surfally Sugar land TX | 100-00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 1-28 | Contributor address; City; State; Zip Code 11601 Shudow Crock Phy Stc. 111-204 Perland Tx 77584 | 0 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | |

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | |
| Sherman Hatton dr. | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#) Michael NusSiff 6 Contributor address; City; State; Zip Code 1446 N Medio Biver Circle | 7 Amount of contribution (\$) | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | | |
| Date Full name of contributor Out-of-state PAC (ID#: | Amount of contribution (\$) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date Full name of contributor Chels! Hall Contributor address; City; State; Zip Code 7803 Virgul St / Haust 7x | Amount of contribution (\$) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) | | |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) 2,500 | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) | | |
| ATTACH ADDITIONAL CODIES OF THIS SCHEDING AS A | | | |

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|-----------------------------|--|---------------------------------------|
| 2 FILER NAME | Sherman Hatton Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-1 8 Principal occu | 5 Full name of contributor out-of-state PAC (ID#:) Deborah Brewer 6 Contributor address; City; State; Zip Code D. D. BOX 575 Wallis, 7x 77495 pation / Job title (See Instructions) 9 Employer (See Instructions) | 7 Amount of contribution (\$) |
| | | |
| Date | Full name of contributor | Amount of contribution (\$) |
| 2-1 | Contributor address; City; State; Zip Code \$30 Hooston Street | 200.00 |
| | Bichmona 7x 77469 | |
| Principal occup | Attorney Employer (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 2-1 | Law Office of Grace NWAAGuma Contributor address; City; State; Zip Code 2-11 A Houston St Richmony 7x 77449 | 250.00 |
| Principal occup | Attorney Employer (See Instructions) Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 2-1 | Lec D. COX Contributor address; 201 S 11 th Street Brichmord TX 77449 | 25000 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruc | tions) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | IEEDED |
| | If contributor is out-of-state PAC, please see Instruction quide for additional | reporting requirements. |

SCHEDULE A1

| if the requested information is not applicable, DO NOT include this page in the report. | | | |
|---|---|---------------------------------------|--|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2-1 | 5 Full name of contributor out-of-state PAC (IDN:) Cheorgia Barker 6 Contributor address; City; Katy State; Zip Code 10034 Western Pine TRL 71 77494 | 7 Amount of contribution (\$) | |
| 8 Principal occup | pation / Job title (See Instructions) 9 Employer (See Instruct Affaire 4 | tions) | |
| Date 2—1 | Full name of contributor out-of-state PAC (IDM: | Amount of contribution (\$) | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| Date 2-1 | Full name of contributor out-of-state PAC (IDN:) Putnick McCunn Contributor address; City; State; Zip Code 7000 Lousing ianu St Ste 3950 //oustan, Tx 77002 | Amount of contribution (\$) | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| Date 2-1 | Full name of contributor out-of-state PAC (IDS:) A Zum Luw Contributor address; City; State; Zip Code 9449 Brss annet Housdan TX 77004 | Amount of contribution (\$) 2, 500 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| | | | |

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SCHEDULE A1

| in the requested information is not applicable, DO NOT include this page in the report. | | | | |
|---|--|--|---------------------------------------|--|
| The | Instruction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Sherman Hatton Ir. | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2-01 | 5 Full name of contributor out-of-state PAC (ID#:) Chabil Hall 6 Contributor address; City; State; Zip Code Memorial Dr. SuiteF Haston 74 | | 7 Amount of contribution (\$) | |
| 8 Principal occu | upation / Job title (See Instructions) | 3 Employer (See Instructi | ions) | |
| Date 1-31 | Contributor address; City; | | Amount of contribution (\$) | |
| Principal occup | Principal occupation / Job title (See Instructions) Retiree Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | 77 Sugar Creek Center | State; Zip Code UTX 7464 Employer (See Instruction | Amount of contribution (\$) | |
| Pilitipal occup | auton / Job due (See Insudantia) | Elliployer (ood matrices | unsy | |
| Date \ \ -2% | Full name of contributor out-of-state PAC (II Eddrea Mc Knight Contributor address; City: 5444 Westhermer Rd Suffe 160 | State; Zip Code | Amount of contribution (\$) | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ons) | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHEDULE AS N | EEDED | |
| | If contributor is out-of-state PAC, please see instruc | tion guide for additional re | porting requirements. | |

SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Sherman Hatton ir. | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2-15 | 5 Full name of contributor out-of-state PAC (ID#:) Juson Winton 6 Contributor address; City; State; Zip Code P.O.130X 88350 Houston 7x 77288 | 7 Amount of contribution (\$) | |
| 8 Principal occup | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | |
| 2-14 | Full name of contributor out-of-state PAC (ID#:) Curl Mo erer Contributor address; City; State; Zip Code Richrosu 77469 | Amount of contribution (\$) 5 00 00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |
| Date | Full name of contributor | Amount of contribution (\$) | |
| 2-3 | Ontributor address; City; State; Zip Code 216 Thompsons Hury Stelle Richard Fox 77469 | 25000 | |
| Principal occup | Pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| 2-2 | Full name of contributor out-of-state PAC (ID#:) Beverly Deadrick Contributor address; City; State; Zip Code 1718 Lotte Moore Loop Richand Tx 77469 | Amount of contribution (\$) | |
| Principal occup | Richand TX 77469 Pation / Job title (See Instructions) Employer (See Instructions) | tions) | |
| | Attorney | | |
| | | | |

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Sherman Hatton Jr. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/31 | 5 Full name of contributor out-of-state PAC (ID#:) Michael NJOKU 6 Contributor address; City; State; Zip Code 515 Austin St Richmond TX 77469 | 7 Amount of contribution (\$) |
| 8 Principal occu | apation / Job title (See Instructions) 9 Employer (See Instructions) | ctions) |
| 5/24 | Full name of contributor out-of-state PAC (ID#:) DanicL Percz - Carcia Contributor address; City; State; Zip Code | Amount of contribution (\$) Q_{1000} |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| 3-31 | Full name of contributor out-of-state PAC (ID#:) ELizabeth B King Contributor address; City; State; Zip Code 802 Foster D' Bichmond TX 77469 | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date 3-21 | Full name of contributor | Amount of contribution (\$) |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | tions) |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional | |

SCHEDULE A1

| If the reques | ted information is not applicable, DO NOT inc | clude this page in the r | eport. | |
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| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | Sherman Hatton Jr. | | 3 Filer ID (Ethics Commission Filers) | |
| 3-31 | 5 Full name of contributor out-of-state PAC (ID#:) Chakila Robinson 6 Contributor address; City; State; Zip Code Richmond TX 77406 | | 7 Amount of contribution (\$) | |
| 8 Principal occur | pation / Job title (See Instructions) Homey | 9 Employer (See Instruction | ons) | |
| Date 1/22 | Kenneth Bryant Contributor address; City; | State; Zip Code | Amount of contribution (\$) | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| Date 1715 | Full name of contributor out-of-state PAC T KAY Terry Contributor address; City; GOS Front St Remove | State; Zip Code | Amount of contribution (\$) | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruction | ons) | |
| Date | Full name of contributor | (ID#:) State; Zip Code | Amount of contribution (\$) | |
| Principal occup | eation / Job title (See Instructions) | Employer (See Instruction | ons) | |
| | ATTACHA PRITIONAL CORIES O | , | | |

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SCHEDULE A1

| if the reques | sted information is not applicable, DO NOT include this page in the | героп. |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Sherman Hatton | 3 Filer ID (Ethics Commission Filers) |
| 7 /13 | 5 Full name of contributor out-of-state PAC (ID#:) An thony Washington 6 Contributor address; City; State; Zip Code hisstoricity 2001 Cartwright Rd 5tc D 16e 77459 | 7 Amount of contribution (\$) 21000 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 7-05 | Contributor address; City; State: Zip Code (SS88 Corporate Dr /touston 77007) | 25000 |
| Principal occur | pation / Job title (See Instructions) Employer (See Instruct | ione |
| r inopal occup | Attorny Employer (See Instructions) Employer (See Instructions) | JUIS) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 4/21 | Demetrice Lopez Contributor address; City; State; Zip Code 2681 Cedro Dullas TX | 100.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruct | ions) |
| | Attorney | |
| 3-14 | Full name of contributor out-of-state PAC (ID#:) Deffrey Strange Contributor address; City; State; Zip Code 124 Conchola Ln. | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct Attorney | ions) |
| | | |

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expens Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 1-27-2022 7 Payee address State: Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description | Krck Off 8 PURPOSE Event Expense OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Veolon Event Venes State: Zip Code Category (See Categories listed at the top of this schedule) Description KREKDEF **PURPOSE** Food Beverage Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 3-23-2012 Voters Contact. org Amount (\$) Payee address; State; Zip Code Category (See Categories listed at the top of this schedule) Description Print Push Card **PURPOSE** Mrintmy Expense **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 Giff/Awards/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 | · · · · · · · · · · · · · · · · · · · | Vages/Contract Labor Other (enter a category not listed above) |
|--|---|--|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5-24-22 | 5 Payee name Cumpaqin | |
| 6 Amount (\$) | 7 Payee address; 100 Loui Sanu St | City; State; Zip Code Missouri City 7x 77489 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense/Aucuras | (b) Description Campaign Busket 1341 Youth tourment 3 an 3 |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date 1-16- 7-15 | Payee name Stripe Fces | |
| Amount (\$) 1867 | Payee address: | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Accounting + 13an King | Description Fees From Stripe Donations Stripe Banking Fees |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete ONLY 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 |
| | Check if travel outside of Texas, Complete Schedule T, | Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEEDED |