

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>Sherman</b> MI: <b>R</b> NICKNAME: _____      LAST: <b>Hatton</b> SUFFIX: <b>Jr.</b>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #: <b>4403 Perdido Bay Dr.</b> CITY: <b>Katy TX</b> STATE: <b>TX</b> ZIP CODE: <b>77450</b> <input type="checkbox"/> Change of Address	Date Received  <b>JAN 18 2022 RCVD</b>	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(713)</b> PHONE NUMBER: <b>730-9529</b> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____      FIRST: <b>Carolyn</b> MI: <b>L</b> NICKNAME: _____      LAST: <b>Slay</b> SUFFIX: _____	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <b>7047 Laughlin</b> CITY: <b>Missouri City</b> STATE: <b>TX</b> ZIP CODE: <b>77489</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(832)</b> PHONE NUMBER: <b>725-3034</b> EXTENSION: _____		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>5 / 15 / 2021</b> <b>1 / 15 / 2022</b>		
<b>11 ELECTION</b>	ELECTION DATE: Month      Day      Year <b>11 / / 2022</b>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Judge CCL #6</b>	<b>13 OFFICE SOUGHT (if known)</b>	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 2**

14 JC/OH NAME Sherman Hatton Jr. 15 Filer ID (Ethics Commission Filers)

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.

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
Sherman Hatton For Judge

COMMITTEE ADDRESS  
7047 Laughlin Ln.  
 Missouri City, TX 77489

COMMITTEE CAMPAIGN TREASURER NAME  
Carolyn Slay

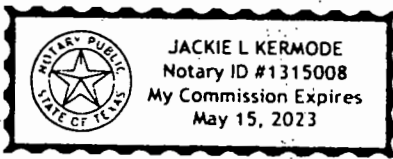
COMMITTEE CAMPAIGN TREASURER ADDRESS  
7047 Laughlin Ln  
 Missouri City, TX 77489

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,200.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>218.20</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,243.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,180.98</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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: [Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sherman Hatton, Jr. this the 18th day of January, 2022, to certify which, witness my hand and seal of office.

Jackie L. Kermode Jackie L. Kermode Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Best Buy Sherman Hutton Jr.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-14-2021</b>	5 Payee name <b>Best Buy</b>		
6 Amount (\$) <b>117.92</b>	7 Payee address; City; State; Zip Code.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Printing / office expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <b>12-15-2021</b>	Payee name <b>Amazon</b>		
Amount (\$) <b>251.16</b>	Payee address; City; State; Zip Code.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>*Other: Campaign Paraphernalia</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <b>12-1-2021</b>	Payee name <b>Website American webcoders.com</b>		
Amount (\$) <b>150.00</b>	Payee address; City; State; Zip Code.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>*Other Website</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Sherman Hutton Jr.</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12-18-2021</i>	<b>5</b> Payee name <i>Campaign event</i>	
<b>6</b> Amount (\$) <i>238.00</i>	<b>7</b> Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i> <del>Other</del> <i>Fundraising Elderly event</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	
Date <i>12-11-2021</i>	Payee name <i>Fort Bend County Democrat</i>	
Amount (\$) <i>1500</i>	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>*Other</i> <i>Campaign Filing expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</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	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>Sherman Hutton</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1-5-2022</b>	5 Payee name <b>Design Junkie T-Shirts</b>
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6 Amount (\$) <b>600<sup>00</sup></b>	7 Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense T-Shirts, Embroidery</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-13-2022</b>	Payee name <b>Is it Online</b>
--------------------------	-----------------------------------

Amount (\$) <b>700<sup>00</sup></b>	Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense Push cards + Banner</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1-5-2022</b>	Payee name <b>Huzzle graphics</b>
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Amount (\$) <b>686<sup>73</sup></b>	Payee address; City; State; Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense Graphics</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sherman Hatton Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/9/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jeffrey Carter</i> Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>500.00</i>
8 Contributor's principal occupation		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/9/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Tony Adekoya</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>100.00</i>
Contributor's principal occupation		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/9/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jeffrey Strange</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>500.00</i>
Contributor's principal occupation		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sherman Hatton Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Geoffrey Sansom</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City: State: Zip Code		
8 Contributor's principal occupation		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>1/15/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>T Kay Terry</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City: State: Zip Code		
Contributor's principal occupation		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City: State: Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1:
2 FILER NAME <i>Sherman Hatton Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12-1-2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Frank Yevevino</i>	7 Amount of contribution (\$) <i>2500</i>
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>12-14-2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Paul Tu</i>	Amount of contribution (\$) <i>1,000</i>
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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