CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		\$100 at 1				
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	SAMUEL		MI	OFFIC	E USE ONLY
IVAIVIE	NICKNAME	HAYES		suffix JR	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 9211 WHEAT	; APT / SUITE #; FFIELD LN, ROSE	city; stat NBERG, TE		-	JAN 18 2024 RO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 773-4206	ЕХТЕ	ENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST SHARON		MI	Receipt # Date Processed	Amount \$
NAME	NICKNAME	ARNOLD		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / S Y DRIVE, HOUST		опу; 5 77033	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(832)	250-1384	EXTE	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		after campaign appointment der Only)
	July 15	8th day before ele	COUCH	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	7 Month	15 / 23	THROUGH	Month 12	31 23	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day 05	Year Primary 24 General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			CE SOUGHT (if known		PRECINCT 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	OLDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TR		s		
	1	GO TO	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	e and conect and modules an information
	Signature of Co	indidate or Officeholder
	Signature of Ca	indidate of Officeriolder
	Please complete either option below	v:
	i louis semplete statel space asset	•
(1) Affidavit		
(I) Allidavit		
NOTARY STAMP/SEAL	-	
Cooper to and subscribed	hafara ara hu	day of
		, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is <u>Sqm</u>	Jel Hayos Jr , and my date of birth is	03/2//69
My address is	wheat 4 = 10 kg	
Executed in Forf B	(street) (city) (street) County, State of 18/95, on the 18 day of 19/95 (month	state) (zip code) (country)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Com	nmissi	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	7250.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	3400.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

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SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 7
2 FILER NAME SAMUEL H			3 Filer ID (Ethics Commission Filers)
4 Date 12/9/23	Full name of contributor out-of-state PAC (ID#:) NATE GUERIN Contributor address; City; State; Zip Code 5121 FM 762 RD RICHMOND, TX 77469		7 Amount of contribution (\$) \$100.00
8 Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 12/9/23	Full name of contributor out-of-state PAC (ID: GHALIB BALOCH Contributor address; City; 103 CRABB RIVER RD RICHMOND, T	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ins)
Date 12/9/23	Full name of contributor out-of-state PAC (ID HERSCHELL ARMSTRONG Contributor address; City; 9215 WHEATFIELD LN., ROSENBERG	State; Zip Code	Amount of contribution (\$) \$100.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 12/9/23	Full name of contributor out-of-state PAC (ID GEORGE PEARSON Contributor address; City; 1379 COWDEN CT. MISSOURI CITY,	State; Zip Code	Amount of contribution (\$) \$350.00
Principal occi BUSINESS	OWNER AC	Employer (See Instruction C SERVICES	ons)
	ATTACH ADDITIONAL COPIES OF		

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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:
SAMUEL	HAYES JR.	3 Filer ID (Ethics Commission Filers)
4 Date 7-9-23	S Full name of contributor City: State: Zip Code 4704 STREET BAYCLIFF, TK 77518	7 Amount of contribution (\$)
Principal occi	spation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	PEACE OFFICER	
Date	Full name of contributor out-of-state PAC (IDA) Contributor address; City: State: Zip Gode	Amount of centribution (\$)
7-16-23	9711 S. MASON RD. STE. 125, RICHMOND, TX 77407	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	PEACE OFFICER FORT BEND	COUNTY
Date	Full name of contributor cut-of-state FAC (IDW	Amount of contribution (\$)
7.20.23	Contributor address: Gity: State: Zip Code	\$ 100.00
	347 BOARD WALK, STAFFORD, TX 77477	
-	pation / Job title (See Instructions) / Employer (See Instruct	ions)
94	SINESS OWNER	
Date	Full name of contributor out-of-state PAC (IDA)	Amount of contribution (\$)
-	Contributor address: City: State: Zip Code	
7.19.23	5	\$ 500.00
Principal occup	P.O. Box 451825 Houston, Tx 77245 Section / Job title (See Instructions) Peace Officer	

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1.
FILER NAME		3 Filer IO (Ethics Commission Filers
12.9.23	DAUEN TAILEN BROUSSARD	7 Amount of contribution (\$) \$ 300.00
Date	Full name of contributor out-of-state PAC (ID4	Amount of contribution (\$)
12.9.23	William ALLEN Contributor address: City; State; Zip Code 1012 COEN ROSHARON, TX 77583	# 100
Date	Full name of contributor out-of-state PAC DA	Amount of contribution (\$)
2.9.23	CHRIS BRONSELL Contributor address: City: State. Zip Code 3010 RIVER BEND DR. ROSENBERGITX	# 100
Principal occup	nation / Job title (See Instructions) Employer (See Instructions)	
Date 12.9.23	Full name of contributor	Amount of contribution (\$)
Principal occup	9234 WHEATFIELD LN, ROSENBERG, ation / Job title (See Instructions) Employer (See Instructions)	77469

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SCHEDULE A1

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

	ne Instruction Guide explains how to complete this form.	
SAMUEL	HAYES JR.	3 Filer ID (Ethics Commission Filers
12/9/23	5 Full name of contributor out-of-state PAC (OF) SALINAS 6 Contributor address; City: State: Zip Code	7 Amount of contribution (\$)
Principal org	10505 MARKET ST. STEA Houston, TX 77029 cupation / Job title (See Instructions)	
	Supation / Job title (See Instructions) 9 Employer (See Instructions)	oons)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
12/1/23	Contributor address; City: State: Zip Code	\$ 100.00
Principal occi	9406 DOWNING ROSEN BERG TX 774	69
The first training graduate and graduate an	cirpleyer sade meaning	lons)
Date	Full name of contributor out-of-state PAC (ID4	Amount of contribution (\$)
2/9	5. J. CORDERO. Contributor address: City; State: Zo Code	\$ 100.00
Principal occu	11003 AUDREY NEED VIIIE, TX 7746/	ons)
Oate	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
2/9	TINA FULLER 713-598-9094 Contributor address. City: State: Zip Code	\$ 350.00
Challeng polymorphis I was so see a	pation / Job title (See Instructions) Employer (See Instructions)	ons)
manuagan octo		

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
SAMUEL	HAYES JR.	3 Filer ID (Ethics Commission Filers)
12/4/23 3 Principal occu	S Full name of contributor RICO + ABE ME JORADO 6 Contributor address: City: State: Zip Code 2613 FIRST ST. ROSENBERG, TX 7747 pation / Job title (See Instructions) 9 Employer (See Instruc-	#200.00
Date	Full name of contributor out-of-state PAC (OF)	Amount of contribution (5)
12/9/23	DELFONO + GILBERT GON ZALES Contributor address: City. State: Zip Code 900 CARLISLE RD, RICHMOND, TX 7746 pation / Job title (See Instructions) Employer (See Instruc	\$ 200.00
		300-00-00-00-00-00-00-00-00-00-00-00-00-
12/9/23	Full name of contributor RUDY + BRENDA CANTU Contributor address: City; State; Zip Gode 2631 CALVIN R.D., RICHMOND, TX 77 pation / Job title (See Instructions) Employer (See Instructions)	\$1 300 ·00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
2/a/22	DEBRA SMITH	Amount of contribution (\$)
1,100	P.O. Box 713 FRESNOTX 77545	\$ 1400.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)

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SCHEDULE A1

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

	Instruction Guide explains how to complete this form.	Total pages Schedule A1:
FILER NAME SAMUEL	HAYES JR.	3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC (IDV)	7 Amount of contribution (\$)
7-17-23	01 -	\$150.00
	8719 AUSTIN HOMAS DR. CYPRESS, TX -	77433
Principal occi	CostoRATE INSPECTOR	tions)
Cate	Full name of contributor out-of-state PAC (ID4)	Amount of contribution (\$)
1-19-23	Ask LEGACY LLC Contributor address: City: State: Zip Code	\$100.00
	2420 SW FRWY STE. 402-135, POSENBERG, TX	77471
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	lions)
Date	Full name of contributor out-of-state PAC (IDS)	Amount of contribution (\$)
	Control of the contro	H 200
19.23	Contributor address, City; State; Zip Code	\$ 300.00
.19.23		•
	Contributor address, City; State; Zip Code B727 CRESCENT GATE Houston, Tx 77024 pation / Job title (See Instructions) Employer (See Instructions)	
	B727 CRESCENT GATE HOSTON, TX 77024	
encolarioriscon de la qualita y cantal res anno con circa con con proposition de con-	B727 CRESCENT GATE HOSTON, TX 77024	DEALER SHIP
Principal occu	BUSINESS OWNER CAR	DEALER SHIP

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SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME SAMUEL	HAYES JR.	3 Filer IO (Ethics Commission Filers)
4 Date		7 Amount of contribution (5)
	3607 S. MAIN STE. 108 STAFFORD, TX	77477
-	upation / Job title (See Instructions) 9 Employer (See Instructions) 4 SINESS OWNER	
Date 12/4/23	CECILIA ALLEN Contributor address: City: State: Zip Code	Amount of contribution (\$)
	DEMNA PANTATION Pation / Job title (See Instructions) EXECUTIVE Full name of contributor	ictions)
	LOREAZO BLANGA Contributor address: Gity: State. Zip Code 9230 AIBER ENE DR HUSTON, TX 7 ation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$)
Principal occupa	BUSINESS OWER Employer (See Instructions)	tions)
2/9/23	DR. BRIAN MACHART / BICHARD HOANG Contributor address; City; State: Zip Code 3717 TOWNSHIP LANE MISSOURI CITY TX tion / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{4}{200.00}\$
	NTIST Employer (See Instructions) Employer (See Instructions) FT BEND DE	Crust 128 f

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Revised 8/17/2020

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

The I	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
7		Zip Code	8 Amount of SIn-kind contribution Contribution SI description
10 Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's pri	incipal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's en	nployer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description
Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's pr	incipal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's en	nployer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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PLEDGED CONTRIBUTIONS

SCHEDULE B

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

The Instruction Guide explains how to complete this fo	Tm. 1 Total pages Schedule B:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES	\$
6 Full name of pledgor ☐ out-of-state PAC (ID#:	of Pledge \$ description
10 Principal occupation / Job title (See Instructions) 11	Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#:	Amount In-kind contribution of Pledge \$ description Zip Code
	l . Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State;	Pledge \$ description
	l . Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State;	Amount of In-kind contribution Pledge \$ description
	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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LOANS

SCHEDULE E

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME 3 Filer ID (Ethics Commission			
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan		PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
12.1	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	
it le	TIGHT IS OUT-OI-STATE PAC, PIERSE SEE INS	riaction Saids to additional te	Parang reducements.

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
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)

Candidate/Officeholder/Politica Credit Card Payment	, management of the state of th	Expense sWages/Contract Labor complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 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	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

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PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAM	AE.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEE	DULE AS NEEDED
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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Event Expense Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Revised 8/17/2020

al Committee Legal Services Salaries/Wages/Contract Li The Instruction Guide explains how to complete this f	(
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
IZED EXPENDITURES CHARGED TO A CREDIT CAR	RD \$
6 Payee name	
8 Payee address; City	; State; Zip Code
Political Non-Political	
(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
(c) Check if travel outside of Texas. Complete Schedule T. Ch	eck if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought	Office held
Payee name	
Payee address; City;	; State; Zip Code
Political Non-Political	
Category (See Categories listed at the top of this schedule) Descrip	ption
Check if travel outside of Texas. Complete Schedule T. Ch	neck if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought	Office held
	The Instruction Guide explains how to complete this of a FileR NAME IZED EXPENDITURES CHARGED TO A CREDIT CAR 6 Payee name 8 Payee address; City Political Non-Political (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Chardidate / Office holder name Office sought Payee name Payee address; City Political Non-Political Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. City

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Gift/Awards/Memorials Expense Legal Services

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

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Expense :: Wages/Contract Labor :: complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME SAMUEL HAYES JR		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/23	5 Payee name SAMUEL HAYES JR		
6 Amount (\$) \$3400.00 Reimbursement from political contributions intended	7 Payee address; 9211 WHEATFIELD LN., ROSENB	ERG, TX 77469	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION MADE BY	(b) Description PRINTING MAT	ERIALS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 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
Reimbursement from political contributions intended			
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		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	·	
Amount (\$) Reimbursement from political contributions intended	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	SCHEDULE AS NEEDE	ED
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/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
Other (enter a category not listed above)

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salarie The Instruction Guide explains how to	s/Wages/Contract Labor	Other (enter a category not listed above)	
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name			
\$ Amount (\$)	7 Business address; 9211 WHEATFIELD LN., ROSENBI	ERG, TX 77469	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name 0H	Office sought	Office held	
Date	Business name			
Amount (\$)	Business 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/O	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address;	City;	State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	
orms provided by Texas Et	thics Com Reset Form cs.s	Reset Page	Revised 8/17/2020	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Com

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K:
2	FILER NAME		3 Filer ID (Ethi	cs Commission Filers)
4	Date	Name of person from whom amount is received		8 Amount (\$)
		6 Address of person from whom amount is received; City; State	te; Zip Code	
		7 Purpose for which amount is received Check if	political contribution	n returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	nte; Zip Code	
		Purpose for which amount is received Check if	political contributio	n returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Star	te; Zip Code	
		Purpose for which amount is received Check if	political contributio	n returned to filer
	Date	Name of person from whom amount is received		Amount (\$)
		Address of person from whom amount is received; City; Sta	ate; Zip Code	
		Purpose for which amount is received Check if	political contributio	n returned to filer
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	
For	ns provided by 1	Texas Ethics Com Reset Form cs.s Reset F	age	Revised 8/17/2020

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	uction Guide	explains how to complete this	form.	1 Total pages Schedule T:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Name of Contributor	Corporation of	or Labor Organization / Pledgor / P	ауее	
5 Contribution / Expend Schedule A2 Schedule F2	Sche	on: dule B Schedule B(J) dule F4 Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel		person(s) traveling		
	8 Departur	e city or name of departure location	n	
	9 Destination	on city or name of destination loca	tion	
10 Means of transportati	ion	11 Purpose of travel (including na	me of conference, so	eminar, or other event)
Name of Contributor	Corporation of	or Labor Organization / Pledgor / P	ayee	
Contribution / Expend Schedule A2 Schedule F2	Sche	on: dule B Schedule B(J) dule F4 Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s) traveling		
	Departur	e city or name of departure locatio	n	
	Destinati	on city or name of destination loca	tion	
Means of transportat	ion	Purpose of travel (including na	ame of conference, s	eminar, or other event)
Name of Contributor	/ Corporation o	or Labor Organization / Pledgor / P	ayee	
Contribution / Expend	liture reported	on:		
Schedule A2	Schedu	e B Schedule B(J)	Schedule C2	Schedule D Schedule F1
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
Dates of travel	Name of	person(s) traveling		
	Departur	e city or name of departure locatio	n	
	Destinati	on city or name of destination loca	ition	
Means of transportat	tion	Purpose of travel (including na	ame of conference, s	seminar, or other event)
	ТА	TACH ADDITIONAL COPIES O	F THIS SCHEDULI	E AS NEEDED
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
1	C/OH N	IAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that iting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
	2500 H2 H2 H2	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	of the state of th	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	k only one:
	and the second	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	en carronne	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder