CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer ID (Ethics Comm | nission Filers) | 2 Total pages filed: | OFFICE USE ONLY | |
|--|--|--|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | NICKNAME LAST | neth P.:. suffix | Date Regular Park To No. 10 JUL 1 7 2015 ARILLEV Day Was KALS | |
| 4 ORIGINAL REPORT TYPE | July 15 E | condition of the condit | Date Hand-defrequent or Date Bestmarked Receipt # Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | 01 / 14 / 2015 T | THROUGH $07/15/20$ | Date Processed Date Imaged | |
| 6 EXPLANATION OF CO | PRRECTION | | | |
| the amoun | t of total politic | al contributions i | maintained was | |
| HOURD UN | וסוש חו ש אחרי. | · | | |
| 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. | | | | |
| Check ONLY if applicable: | | | | |
| Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. | | | | |
| TAMMY K. TRAPP Notary Public, State of Iexas My Commission Expires May 12, 2019 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder | | | | |
| Swom to and subscribe | ed before me, by the said <u>Kenne</u> | 9 | 17th day of Oldy | |
| 20_15, to certify | which, witness my hand and seal of of | | s. Í | |
| 1 | | mmy Trapp | NOTON Title of officer administering oath | |
| Signature of officer as | ministering oath Print | od trame of outper agritting reting oath | | |
| Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 14 C/OH NAME | | 15 F | iler 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 COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | PLEDGE 2. TOTAL | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL I | \$ 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 20, 83 | | |
| CONTRIBUTION BALANCE | OF REF | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY | \$ 118, 091, 14 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ \$\mathcal{D}\cdot\D\mathcal{D}\$ | | |
| 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. 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 | | | |
| Sworn to and subso | cribed before me, | to certify which, witness my hand and seal of office. TAMMY TRAPP | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of officer administering oath |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| | | 0 7 |
|-------------------------|--|---|
| The C/OH Instruction G | uide explains how to complete this form. | 2 Total pages filed: 75 |
| 3 CANDIDATE/ | MS / MRS / MR FIRST MI | OFFICE USE ONLY |
| OFFICEHOLDER | Mc & Kananilla | |
| NAME | NICKNAME LAST SUFFIX | Date Received |
| | NICKNAME LAST SUFFIX | |
| | Hayden | |
| 4 CANDIDATE/ | ADDRESS / PO BOX; APT / SUITE #, / CITY; STATE; ZIP GODE | |
| OFFICEHOLDER MAILING | | |
| ADDRESS | | |
| Change of Address | P.D. Dor 5 dy, Splendora, Tx 7737a | |
| 5 CANDIDATE/ | AREA CODE PHONE NUMBER EXTENSION | Date Hand-delivered or Date Postmarked |
| OFFICEHOLDER PHONE | (832) 435-2753 | |
| 6 CAMPAIGN | MS / MRS / MR FIRST MJ | Receipt # Amount \$ |
| TREASURER | Mr. Jerri S. | Date Processed |
| NAME | NICKNAME LAST SUFFIX | · |
| | Houden | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; | ZIP CODE |
| TREASURER | | |
| ADDRESS | | |
| (Residence or Business) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 20 |
|] | 9393 Fostoria Rd, Cleveland, Tx 77 | 73d8 |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER EXTENSION | |
| TREASURER | (281) 797-2699 | |
| PHONE | (αv) /// $\alpha \psi$ // | |
| | | |
| | | |
| 9 REPORT TYPE | January 15 30th day before election Runoff | 15th day after campaign |
| | January 15 Suth day before election Runon | treasurer appointment (Officeholder Only) |
| | but 15 Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| | July 15 Sth day before election Exceeded \$500 limit | |
| 10 PERIOD | Month Day Year Month | Day Year |
| COVERED | 57 | 15/15 |
| | DI /16 / 15 THROUGH DI | 12/13 |
| | | |
| 11 ELECTION | ELECTION DATE ELECTION TYP | E |
| | Month Day Year Primary Runoff Other Description | |
| | General Special | |
| | | |
| 12 OFFICE | OFFICE HELD (if any) 13 OFFICE SOUGHT (if known | wn) |
| | | |
| | | |
| | Constable Pet. 4 | |
| | CONDICION I | |
| | GO TO PAGE 2 | |
| | GO TO FAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

| 14 C/OH NAME | | 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 I 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 COMMITTEE NAME GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS | | |
| Additional Pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL PLEDGI | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZEL | \$ 0.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 68, dD3.00 |
| EXPENDITURE TOTALS | | POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED | \$ D.00 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 20,837.68 |
| CONTRIBUTION BALANCE | | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. PORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 18,091.14 | | |
| 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. Notary Public, State of Texas My Commission Expires May 19, 2019 AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said ACCOUNTY THAT I was a subscribed before me, by the said when the said 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 AFFIX NOTARY STAMP/SEALABOVE Sworn to and subscribed before me, by the said this the said this the said this the said the said that the said the said the said this the said this the said the | | | |
| day of JUN | •-را | to certify which, witness my hand and seal of office. | |
| Signature of officer administering cath Printed name of officer administering cath Title of officer administering cath | | | |

SUBTOTALS-COH

| 19 | 9 FILER NAME Kenneth R. Hayden 20 Filer ID (Ethics Commission Filers) | | |
|-----|--|--------------------|--|
| | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$68,403.00 | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 | |
| 4. | SCHEDULE E: LOANS | \$ 0.00 | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$20,837.108 | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | s \$ 0.00 | |
| 8. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ 0-00 | |
| 9. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF | * C/OH | |
| 10. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI | BUTIONS \$ 0.00 | |
| 11. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 | |

| MONETA | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|-----------------------------------|--|---------------------------------------|
| The In: | struction Guide explains how to complete this form. | 1 Total pages Schedule A1: 33 |
| 2 FILER NAME | Kenneth R. Hauden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 | Full name of contributor out-of-state PAC (ID#:) Panela A: Minchell Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| B-4-15 2 | 2098 Dogwood Dr. New Caney, Tx 77357 | # 100.00 |
| 8 Principal occupat | tion / Job title (See Instructions) 9 Employer (See Instruct | ions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 5-4-15 a | 0514 Lazy Creek St., New Coney, Tx 77357 | # 65.00 |
| Principal occupation | on / Job title (See Instructions) Employer (See Instruct | |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Daniel Knott Contributor address; City; State; Zip Code | |
| 5-4-15 11 Principal occupation | on / Job title (See Instructions) Level and, Tr. 77338 Employer (See Instructions) | # 100 - 00 |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5-4-15 2 Principal occupation | 1175 5, Kings Mill, Kingund, Tx 77339 on / Job title (See Instructions) Employer (See Instructions) | 4500.00 ions) |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE f contributor is out-of-state PAC, please see instruction guide for additional | |

| MONETARY POLITICAL CONTRIBUTIONS | schedule A |
|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| FILER NAME KOMPYH P. HOLLHON | 3 Filer ID (Ethics Commission Filers) |
| Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 6 Contributor Address; City; State; Zip Code 4-15 (977 Will Springs Ln., Onto P. Tx 7730) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | # 1000-00 |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| -4-15 10 Caphow Lt. Connol, Tx 77385 Principal occupation / Job title (See Instructions) Employer (See Instructions) | 5D.00 |
| Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| -4-15 3717 Fountain view St., Www Consultx 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) | ons) |
| Date Full name of contributor Gut-of-state PAC (ID#:) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| -4-15 HUS Did Humble Lippling Id., Consop. Tu 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) | # 70.00 |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional a | |
| s provided by Texas Ethics Commission www.ethics.state.tx.us | Revised 02/2 |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|--|---------------------------------------|
| The instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Kongoth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor | 7 Amount of contribution (\$) |
| 6 Contributor address, City; State; Zip Code | и |
| 5-4-15 9235 F057015 Bund, Claud and Tx 77328 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | # 25.00 |
| | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Phyllis H155W000 City; State; Zip Code | |
| 5-4-15 31865 Huffman-New Paney, New Paney, Tx | # 250.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instruc | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Surgio Southez Contributor address; City; State; Zip Code | |
| 5-4-15 2429 Wilson Rd., Hundle, Tx 77396 Principal occupation / Job title (See Instructions) Employer (See Instructions) | # 8, 770-00 ctions) |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | |
| 5-4-15 17114 Mustang La., New Care, Tx 77357 Principal occupation / Job title (See Instructions) Employer (See Instruc | # <u># \$00-00</u> |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additiona | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---------------------------------------|
| The instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| refler NAME Kemeth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| Date 5 Full name of contributor | 7 Amount of contribution (\$) |
| 8-4-15 (05) Daw Collins Rd, Club and Tx 773d Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | 8 # 30.00 stions) |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | #30.00 titons) |
| Date Full name of contributor Gut-of-state PAC (ID#) KUL UUITUS Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| S-4-15 [0333 FM 1010, [141) & Ond, Tx 77337 Principal occupation / Job title (See Instructions) Employer (See Instruc | # 10.00 citions) |
| Date Full name of contributor out-of-state PAC (ID#) | Amount of contribution (\$) |
| -4-15 a1405 Quail Point La., Porter, Tx 77116 Principal occupation / Job title (See Instructions) Employer (See Instructions) | # 10.00 (ctions) |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional | |

| MONE | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|------------------------------------|---|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| S-4-∫5 8 Principal occu | pation / Job title (See Instructions) D.D. DOX 1447, NUU CAN, TX 77357 Pation / Job title (See Instructions) 9 Employer (See Instruc | # 20:00 tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| S-4-15 Principal occup | 145 d7 N. Trankd, Splinds of Tx 1737d eation / Job title (See Instructions) Employer (See Instruc | # 20.00 |
| Date | Full name of contributor | Amount of contribution (\$) |
| <u> ろ- リー</u> 5 Principal occup | P.O. BOX 1175, Splendag, Tx 7737 d Pation / Job title (See Instructions) Employer (See Instruc | #30.00 tions) |
| Date | Full name of contributor out-of-state PAC (ID# | Amount of contribution (\$) |
| 5-4-15 Principal occup | ation / Job title (See Instructions) Society of the See Instructions (See Instructions) | # d0.00 |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional | |

| MONETARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|-------------------------------------|
| The Instruction Guide explains how to complete this form. | Total pages Schedule A1: 3 3 |
| 2 FILER NAME Konnoth P. Halldon | Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 5-4-15 2750 Lee Turner Rd., Clevel and Tu 77328 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | # d0.00 |
| Date Full name of contributor out-of-state PAC (ID#) LHFLY Egg. Contributor address, City; State; Zip Code | Amount of contribution (\$) |
| K-4-15 3750 Lee Turner Rd., Cleveland Ta 77338 Principal occupation / Job title (See Instructions) Employer (See Instructions | #30.00 |
| Date Full name of contributor Out-of-state PAC (ID#:) All EQSON Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 1759 Woodway DF., New Confus Tx 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) | [#] 30.00 |
| Date Full name of contributor Scott Shuff Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 17392 Abrthusest Lif., New Carry, Tx 77357 Principal occupation / Job title (See Instructions) Employer (See Instructions) | 4 150.00 s) |
| | |
| | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED | - |
| rms provided by Texas Ethics Commission www.ethics.state.tx.us | Revised 02/27/2 |

| MONE | TARY POLITICAL CONTRIBUTIONS | schedule A1 |
|----------------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Kenneth Kennedy. 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occur | pation / Job title (See Instructions) Page 17 17 17 17 17 17 17 17 17 17 17 17 17 | #150.00 |
| Taropar occu | pation 7 500 due (See Instructions) | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5-4-15 Principal occup | 11011 Spring Ln., (1917) Ind., Tx 773d8 Pation / Job title (See Instructions) Employer (See Instructions) | # 300-00 |
| Date | Full name of contributor out-of-state PAC (ID#:) Minu() HOHOOH Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| <u>5-4-15</u> Principal occup | ation / Job title (See Instructions) Live Instructions Employer (See Instructions) | # 450.00 tions) |
| Date ' | Full name of contributor out-of-state PAC (ID#k) Tom. Martin Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 | P.O. Box 603, Porter, Tx 77365 | \$500.00 |
| Principal occup | atton / Job title (See Instructions) Employer (See Instruc | tions) |
| · | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional | • |

| MONE- | TARY POLITICAL CONTRIBUTIONS | schedule A1 |
|---------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 33 |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor Gut-of-state PAC (ID# | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; State; Zip Code | |
| 5-4-15 | 1984 (13815, []4)4 and Tx 77338 pation / Job title (See Instructions) 9 Employer (See Instruc | \$ 1500.00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| | TIMOTHY KNOW. Contributor address; City; State; Zip Code | |
| 5-4-15 | P.O. BOX 776, New Capey, TX 77357 | 41,250.00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| | David Welch Contributor address; City; State; Zip Code | |
| 5-4-15 Principal occur | 245 LR 271 [10]1000, Tx 77327 pation / Job title (See Instructions) Employer (See Instruc | # 3000.00 |
| | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 5-4-15 Principal occup | 31015 Roman Forest Blvd., New Carey, Togathania (See Instructions) Employer (See Instructions) | # 100.00 |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see instruction guide for additional | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) IKL Jackson Contributor address; State; Zip Code Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Bettie broce Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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Forms provided by Texas Ethics Commission

Revised 02/27/2015

| MONE | TARY POLITICAL CONTRIBUTIONS | schedule A1 |
|----------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 3 3 |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; State; Zip Code | |
| 5-4-15 8 Principal occu | 22070 Mission Canyon La, Postos, Ta 7736 pation / Job title (See Instructions) 9 Employer (See Instructions) | 5 #40.00 |
| | 3 Employer (See Institution | auraj |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Shawn Nelson. Contributor address; City; State; Zip Code | |
| 5-4-15 | 20400 Southwood Daks Dr. Apfter Tu | 440.00 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruct | |
| Date | Full name of contributor | Amount of contribution (\$) |
| | James Seale Contributor address; City; State; Zip Code 1 30 | |
| 5-4-15 | 9271 Dak Bord Pt. Pleiseland To | \$40.00 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruc | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code | |
| 5-4-15 | 21405 Quail Paint In Anthor TX 7740 | 125.00 |
| Principal occup | ation / Job title (See Instructions) Employer (See Instruc | |
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| | ATTACU ADDITIONAL CODIES OF THE SOURCE PARTY | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Date Full name of contributor ☐ out-of-state PAC (ID#) Amount of contribution (\$) #125.00 Date Full name of contributor __ out-of-state PAC (ID#:_ Amount of contribution (\$) Larry Clark Date Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| MONE | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---------------------------------------|--|---------------------------------------|
| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 5-4-15 8 Principal occur | 25840 Hickory Knoll Lt., (Marland, Tr. pation / Job title (See Instructions) 9 Employer (See Instructions) | # 45,00 tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) Jack Wifghat Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| <u> </u> | 11904 Simmons Dr., Llulland, Tr. 77338 ation / Job title (See Instructions) Employer (See Instructions) | # 190.00 |
| Date | Full name of contributor | Amount of contribution (\$) |
| <u> ろ - 4 - 15</u> Principal occup | P.D. BOX 2174, NULL (ADV), TX 77357 atton / Job title (See Instructions) Employer (See Instruc | #105.00 tions) |
| Date | Full name of contributor out-of-state PAC (ID#:) TUTU VISION Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 Principal occupa | d 11910 Live Dak St., New Carly Tx 7735 ation / Job title (See Instructions) Employer (See Instructions) | 7 |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see instruction guide for additional | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kenneth R. Hoyden 5 Full name of contributor 🖺 out-of-state PAC (ID#: 4 Date 7 Amount of contribution (\$) Martin Zippida. 6 Contributor address; City; State; Zip Code #75.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Kunneth Haffner Contributor address; City State; Zip Code \$ 250.00 Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) # 250.00 Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| MONET | ARY POLITICAL CONTRIBUTIONS | schedule A1 |
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| The l | nstruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) Ahondo Wetzel 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 5-4-15 | 2444 FM 2090, Splendorg, Tx 77372 ation / Job title (See Instructions) | # 250.00 |
| 8 Principal occup | atton / Job title (See Instructions) 9 Employer (See Instruc | tions) |
| Date . | Full name of contributor out-of-state PAC (ID#:) Mark Petuson Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 | D.O. Box 719, New Capey, Tx 77357 | # 250.00 |
| Principal occupa | tion / Job title (See Instructions) Employer (See Instruc | tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 5-4-5 Principal occupa | Stephen Rotal Contributor address; City; State; Zip Code Aloga Michaelange lo, New Consulta 7735 tion / Job title (See Instructions) Employer (See Instructions) | 7 # 250.00 tions) |
| Date . | Full name of contributor out-of-state PAC (ID#:) LLU TULOT Contributor address; City; State; Zlp Code | Amount of contribution (\$) |
| 5-4-15 C Principal occupa | 1438 DOLL AVE. POSTOS TX 773105 tion / Job title (See Instructions) Employer (See Instruc | #500-00 tions) |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | SEDED. |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Thuly Cook. Full name of contributor Date ut-of-state PAC (ID#_ Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 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 | SCHEDULE A1 | |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: | 7 Amount of contribution (\$) | |
| J.W. Kelley 6 Contributor address; City; State; Zip Code 73.5 | | |
| 5-4-15 22347 Autumn Woods Dr. Porter, 14 | 435.00 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | ructions) | |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| Contributor address; City; State; Zip Code | - | |
| 5-4-15 2751 Fountain View New Congus. Tx | #25.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ructions) | |
| Date Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) | |
| Contributor address; City; State; Zip Code | . , | |
| 5-4-15 25/011 Pinewood Dr. Spendoro Tx 779 Principal occupation / Job title (See Instructions) Employer (See Instru | | |
| Date Full name of contributor out-of-state PAC (ID#: | _) Amount of contribution (\$) | |
| Khonda Behn Ken. Contributor address; City; State; Zip Code | | |
| 5-4-15 P.O. Box 2042, New Caney, Tx 77357 | #25.00 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ructions) | |
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| 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 | schedule A1 |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME KIONNETH D. HALLOWN | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) Lughton Licks 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 5-4-15 937 Four Fountain St., New Consult Tx 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | #550.00 ctions) |
| Date Full name of contributor Out-of-state PAC (ID# | Amount of contribution (\$) |
| 5-4-15 1000 Edgefield Ln; Control, Tx 7730d Principal occupation Job title (See Instructions) Employer (See Instru | #550.00 ctions) |
| Date Full name of contributor Out-of-state PAC (ID#:) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 1584d FM 1485, CONTOP, Tx 77304 Principal occupation / Job title (See Instructions) Employer (See Instru | #1000 - 00 |
| Date Full name of contributor | Amount of contribution (\$) |
| 5-4-15 21918 White tal Cossing New Cares, Tr. Principal occupation / Job title (See Instructions) Employer (See Instru | #1000 · 00 |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additions | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Sum. Littleton. #200.00 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) James Seale. Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#._ Amount of contribution (\$) Principal occupation / Job title (See Instructions) 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 SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Panela Minehew Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#;_ Amount of contribution (\$) # 325.00 Principal occupation / Job title (See Instructions)

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

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

| MONET | TARY POLITICAL CONTRIBUTIONS | schedule A1 |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| <u>5-4-15</u> 8 Principal occu | pation / Job title (See Instructions) January Confly, Tx 7715 9 Employer (See Instructions) | |
| Date | Full name of contributor | Amount of contribution (\$) |
| <u> ろ- リーパ</u> Principal occup | 3510 Holly (Sept Matructions) Long Tx 77357 Employer (See Instructions) | #44.00 ctions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 5-4-15 Principal occup | 17931 William La, Contof, Tx 7730d eation / Job title (See Instructions) Employer (See Instru | #37.00 ctions) |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5-4-15 Principal occup | P.D. DON 1344, Splendon, Th. 7737d ation / Job title (See Instructions) Employer (See Instru | 4350.00 ctions) |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) # 250.00 Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Date out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 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 SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) #250,00 Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) Date out-of-state PAC (ID#:____ Amount of contribution (\$) Principal occupation / Job title (See Instructions)

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

| MONET | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kenneth R. Holden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout/of-state PAC (ID#: | 7 Amount of contribution (\$) |
| 5-4-15 8 Principal occur | pation / Job title (See Instructions) Shouldon, Tu 774 | 7d #100.00 Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| 5-4-15 Principal occup | 95840 Tallow Vista, Clevel and Tx 7 pation / Job title (See Instructions) Employer (See | , |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount of contribution (\$) |
| | 350 Hollyalem, New Caney, Ta 77. ation / Job title (See Instructions) Employer (See | 157 #100:00 Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: |) Amount of contribution (\$) |
| 5-4-15 Principal occup | P.D. DOK US4, POSHS, Ta 77825 ation / Job title (See Instructions) Employer (See | Instructions) |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Jason Alford. 6 Contributor address: out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jagues Vilson Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Date Full name of contributor aut-of-state PAC (ID#:_ Amount of contribution (\$)

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| The Instruction Guide explains how to c | complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME KIDDOJH D. | tandon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor Duiel Signore | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 6 Contributor address; 5-4-15 140 Wowloch Forga 8 Principal occupation / Job title (See Instructions) | City; State; Zip Code TA 773 The Land State; Zip Code TA 773 The Land State; Zip Code TA 773 The Land State; Zip Code The Land Th | #1000·00 |
| Date Full name of contributor | out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Contributor address; | City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 A Mountain Mish Principal occupation / Job title (See Instructions) | DPLy Woodlands, Tx Employer (See Instructi | 9/500,00 ons) |
| Date Full name of contributor Tim Llouk Contributor address; | out-of-state PAC (ID#:) City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 P.O. BOX (050) CON Principal occupation / Job title (See Instructions) | Employer (See Instruction | ons) |
| Full name of contributor Line Darger 6.0990 Contributor address; | out-of-state PAC (ID#:) N Blair & Sumpson City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 AD. BOX 17438, A Principal occupation / Job title (See Instructions) | USTIN, Ty 787100 Employer (See Instructi | #250,00 |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Perkins Paint & Body Shop # 250.00 Date Full name of contributor Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#: State; Zip Code Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| MONET | TARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME | Kunnoth R. Haudon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) 1 | 7 Amount of contribution (\$) |
| 5-4-15 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | # 40 a 00 |
| Date | Full name of contributor out-of-state PAC (ID#:) ATMSHONG INSUSABLE AGENTY Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| 5-4-15 Principal occup | ation / Job title (See Instructions) ADSY HUY, 59, 54, 6, A) W) (A) Ty 7735 Employer (See Instructions) | 7 \$30.00 tions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruc | / 8(().()() |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 5-14-15 Principal occup | ation / Job title (See Instructions) A 4040 Tx 77365 Employer (See Instructions) | #35.00 tions) |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) Full name of contributor __ out-of-state PAC (ID#: Date Amount of contribution (\$) James Dunn Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 4 ddno.no Date Amount of contribution (\$) out-of-state PAC (ID#: Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) #90.00 Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

| CONTRIBUTIONS | |
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| The instruction Guide explains how to complete this form | n. 1 Total pages Schedule A2: |
| 2 FILER NAME Kumpth R. Haydun | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution Contribution \$. description 4/50-00 FIFE FIF T137d Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL) (See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: AFT LODZO Contributor address; City; State; Zip Coo 4.) 2-15 2919 Volsont Scool 14. Holiston | Amount of In-kind contribution description Contribution \$ In-kind contribution description Liamond Day 380 W TO Check if travel outside of Texas, complete Schedule T |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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SCHEDULE A2

| The Instruction Guide explains how to complete this for | m. 1 Total pages Schedule A2: | |
|---|--|--|
| 2 FILER NAME KUNNETH R. Hayden | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS \$ | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID# | 8 Amount of 9 In-kind contribution description 4 100-00 WOODUN 100-00 ILL Chest Check if travel outside of Texas, complete Schedule T | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | | |
| Contributor's principal occupation (FOR JUDICIAL) | | |
| Contributors principal occupation (i OK 30010/AC) | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | rm. 1 Total pages Schedule A2: |
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| 2 FILER NAME Kunneth R. Hayden | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL C | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS \$ |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: | |
| 7'03'13 10 Principal occ | tupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Check if travel outside of Texas, complete Schedule 11 Employer (FOR NON-JUDICIAL)(See Instructions) |
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| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID# | 19XQS PICHUP |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm 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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SCHEDULE A2

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| The Instruction Guide explains how to complete this form. | | n. | 1 Total pages Schedule A2: |
| 2 FILER NAM | 2 FILER NAME KUMETH R. Hayden | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIL | BUTIONS | \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | | 77382 | 8 Amount of Contribution \$ 9 In-kind contribution description #500.00 TOUTUS WHO LIFE . 38 Check if travel outside of Texas, complete Schedule T |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | r (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL)(See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 4-21-15 | Full name of contributor out-of-state PAC (ID#: | 77338 | Amount of Contribution s description #350.00 Stihl leaf Vacuum Check if travel outside of Texas, complete Schedule T |
| Principal occi | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | r (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | tor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | 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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| The Instruction Guide explains how to complete this for | rm. 1 Total pages Schedule A2: | |
|---|---|--|
| 2 FILER NAME KINNETH R. Haydin | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS \$ | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID# | 8 Amount of 9 In-kind contribution description 19 Jan 200 Soft Vehi 17 Jan 200 Check if travel outside of Texas, complete Schedule Temployer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution Contribution \$ description de SO, OO QUIT T7338 Check if travel outside of Texas, complete Schedule T Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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| If contributor is out-of-state PAC, please see instruction | | |

| The Instruction Guide explains how to complete this form | 1 Total pages Schedule A2: | |
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| Lenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | SUTIONS \$ | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution description 4900.00 Cold Hong 157 Check if travel outside of Texas, complete Schedule T | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution Contribution \$ description # 75.00 Lift 5/2f Daby doll Check if travel outside of Texas, complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
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| If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

| The Instruction Guide explains how to complete this form | n. 1 Total pages Schedule A2: |
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| 2 FILER NAME Kunneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: 5Ki Luund DUSKi Contributor address; City; State; Zip Co 4-23-15 10002 Edan Fild La. Contributor | Amount of In-kind contribution Contribution \$. description #500.00 GUTU Check if travel outside of Texas, complete Schedule T |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (If any) (FOR JUDICIAL) |
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| 2 FILER NAME Kunneth R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU- | FIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | 8 Amount of 9 in-kind contribution description # \$00.00 Phillips |
| 4.23.15 915 Apollo, New Carey, Tx 77 | 157 Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 | Employer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) 13 | Contributor's job title (FOR JUDICIAL)(See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) 15 | Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution description 1000-00 333 Check if travel outside of Texas, complete Schedule T |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
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SCHEDULE A2

| T | The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: |
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| Lenneth R. Hayden | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIL | BUTIONS | \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#:) **Contributor address; City; State; Zip Code** | | 8 Amount of 9 In-kind contribution Contribution \$ description 300.00 9WN (0565 | |
| 4.13.15 | 1 254 FOID Pay POTTET, Ix 773A | 5. | Check if travel outside of Texas, complete Schedule T |
| 10 Principal occ | supation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employ | er (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/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 4,23.15 | Full name of contributor out-of-state PAC (ID#: | n. Ts 77: | Amount of In-kind contribution Contribution \$ description #125.00 Big SMOKET The Check if travel outside of Texas, complete Schedule T |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
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| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

| The instruction Guide explains how to complete this form | n. 1 Total pages Schedule A2: | |
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| Lenneth R. Hayden | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ | |
| 5 Date 6 Fuil name of contributor out-of-state PAC (ID#: | 1773/18 Check if travel outside of Texas, complete Schedule T | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of in-kind contribution description description # 100.00 DOTT The in-kind contribution description The in-kind | |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| The Instruction Guide explains how to complete this form. | | n. 1 Total pages Schedule A2: |
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| 2 FILER NAME Kunneth A. Hayden | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#:) Tames Netts 7 Contributor address; City; State; Zip Code | | 8 Amount of 9 In-kind contribution description 4335.00 Chainsaw |
| 4・33・5 10 Principal occup | pation / Job title (FOR NON-JUDICIAL) (See Instructions) | 2 77157 Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's p | principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's e | employer/law firm (FOR JUDICIAL) | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is | s a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |
| Pate 4-23.15 | Full name of contributor out-of-state PAC (ID#: | Amount of In-kind contribution description 350.00 Stlves 320.12 gauge 77382 Check if travel outside of Texas, complete Schedule T |
| Principal occup | pation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
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| Contributor's e | mployer/law firm (FOR JUDICIAL) | Law firm 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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SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: |
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| 2 FILER NAME KONNETH R. H | ayden | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND PC | LITICAL CONTRIBUTIONS | \$ \$ |
| 5 Date 6 Full name of contributor of the State of State of Full name of contributor of the State of St | Ju-of-state PAC (ID#: | 8 Amount of 9 In-kind contribution description #800-00 COUNT WOODEN Check if travel outside of Texas, complete Schedule T |
| 10 Principal occupation / Job title (FOR NON-JUDIC | IAL)(See Instructions) 11 Emp | loyer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIA) | L) 13 Cont | tributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law | firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if an | y) (FOR JUDICIAL) | |
| Joey Ashton | City; State; Zip Code | Amount of Contribution \$ In-kind contribution description #500.00 |
| Principal occupation / Job title (FOR NON-JUDIC | IAL) (See Instructions) Emp | loyer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAI | -) Cont | ributor's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law | firm of contributor's spouse (if any) (FOR JUDICIAL) |
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SCHEDULE A2

| The Instruction Guide explains how to complete this form | n. 1 Total pages Schedule A2: |
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| 2 FILER NAME KUMPTH R. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: Jim Las K. 7 Contributor address; City; State; Zip Coo. 4-33-5 P.D. Ma 180, Lowof, Ta 773 | 8 Amount of 9 In-kind contribution description The second of the second |
| 10 Principal occupation / Job title (FOR MON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution description description 4435.00 GOK MODE 7373 Check if travel outside of Texas, complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

| The Instruction Guide explains how to complete this form | m. 1 Total pages Schedule A2: |
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| 2 FILER NAME Kenneth A. Hayden | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS \$ |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: BULK LINDINGS 7 Contributor address; City; State; Zip Cod 4 2 3 3 5 3 5 200 600 Rd. 6 6 6 6 6 6 7 7 | 8 Amount of 9 In-kind contribution description de 400.00: Hourd Shell White Contribution of Texas, complete Schedule T |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employer (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description Ta 7/338 |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 5 Date ut-of-state PAC (ID#: Amount of 9 In-kind contribution description Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm 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 Amount of In-kind contribution Contribution \$ description Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm 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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SCHEDULE A2

| The Instruction Guide explains how to complete this form. | | n. | 1 Total pages Schedule A2: |
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| 2 FILER NAM | Kenneth R. Hayden | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ |
| 5 Date | 5 Date 6 Full name of contributor out-of-state PAC (ID#:) Calvin Nelson 7 Contributor address; City; State; Zip Code | | 8 Amount of 9 In-kind contribution description 9 Stump 9 Stump |
| 4-13.15 | alo CX 3470, Cleveland, Tx 77 | 307 | Check if travel outside of Texas, complete Schedule T |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL)(See Instructions) | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions) |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/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 リーよん15 | Full name of contributor out-of-state PAC (ID#: KUIN Supp Contributor address; City; State; Zip Co. Mistral DL Wandlands Tr | | Amount of In-kind contribution Contribution \$ lescription #435.00 Double base 1 Check if travel outside of Texas, complete Schedule T |
| Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL)(See Instructions) |
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| 2 FILER NAMI | Kenneth R. Hayden | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ |
| Long Skeso City; State; Zip Code 4.23.15 23443 Johnson Rd, New Caney, Tx 77357 | | | 8 Amount of 9 In-kind contribution description # \$00.00 |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |
| Date 4-33-5 Principal occur | Full name of contributor out-of-state PAC (ID#: | 730a | Amount of In-kind contribution description #50-00 KOlaches Check if travel outside of Texas, complete Schedule Tor (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instru | | | tor's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) Law firm | | Law firm | 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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| 2 FILER NAME Kunneth R. Hayden | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS \$ | |
| 5 Date 6 Full name of contributor out-of-state PAC (ID#: | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Check if travel outside of Texas, complete Schedule T 11 Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | 15 Law firm 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 out-of-state PAC (ID#: | Amount of In-kind contribution description # \$0.00 TXQ\$ Ranges # \$77387 Check if travel outside of Texas, Complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) | | |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm 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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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLÍTICAL CONTRIBUTIONS \$ 5 Date 6 Full name of contributor 8 ut-of-state PAC (ID#: Amount of In-kind contribution Check if travel outside of Texas, complete Schedule T Employer (FOR NON-JUDICIAL)(See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date In-kind contribution Contribution \$ Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|---|--|--|---------------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic | | Office Over ense Polling Exp als Expense Printing Ex | | 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 co | omplete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME KUNI | neth R. Hu | auden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date A - 18 - 15 | 5 Payee name | Depot | | |
| 6 Amount (\$) | 7 Payee address; Ci | ty; State; Zip Code | | |
| #553.08 | 1319 W. Da | vis, Consoe | | 304 |
| 8 | (a) Category (See categories listed | | (b) Description | outside of Texas, complete Schedule T |
| PURPOSE OF | 50licitation/t | tindicusing | | , TX, officeholder living expense |
| EXPENDITURE | and the second s | 1 APODE | fundrais | ier supplies |
| Complete <u>CNLY</u> if direct expenditure to benefit C/Or | Candidate / Officeholder | name | Office sought | Office held |
| Date | Payee name | * W. W | | 4 |
| d-19-15 | San Jaein | to Mason | ie Lodge | \$106 |
| Amount (\$) | Payee address; Ci | ty; State; Zip Code |) | |
| # 100.00 | 104 Bell 5 | t., Willis, | Tx 773 | 78 |
| PURPOSE | Categóry (See categories listed | at the top of this schedule) | Description Check if travel of | outside of Texas, complete Schedule T |
| OF EXPENDITURE | | | Check if Austin, | TX, officeholder living expense |
| | Contribution | dopation | 500050 | orship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder | name | Office sought | / Office held |
| Date | Рауее пате | | | |
| 1-15-15 | Post Office | ρ | | |
| Amount (\$) | Payee address; Ci | y; State; Zip Code | | • |
| \$ 60.00 | 26130 FM 21 | 90 E. SA | lendorg, Ti | x 77372 |
| PURPOSE OF EXPENDITURE | Category (See categories listed | at the top of this schedule) | | outside of Texas, complete Schedule T |
| | Lopa | | annal | Foo |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder | пате | Office sought | Office held |
| | ATTACH A DDITION | AL COPIES OF THIS S | CHEDIII E AS NEE | nen |
| | ALIACHADDITION | AL 401 IL3 OF 1183 C | OUTEDOLL AS HEE | 0_0 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) State: Zip Code 8 Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code City; Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

| The Instruction Guide explains how to complete this form. | | | |
|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME KUMPUTH R. HO. | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3 - 3 - 1K | 5 Payee name FMIRIA POR. | 944 | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$ 25.00 | P.O. BON WILL POSTE | 5. Tx 77365 | |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas, complete Schedule T | |
| PURPOSE OF | | Check if Austin, TX, officeholder living expense | |
| EXPENDITURE | Cana | | |
| | Ters | Office sought Office held | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name , | Office sought / Office held | |
| Date | Payee name | | |
| 3-11-15 | Good Promotions | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$510.94 | 803 E. Houston St., | Cleveland, Tx 77327 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense | |
| | Drinting expense | hat order | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholde name | Office sought Office held | |
| Date | Payee name | | |
| 3-21-15 | 5H5 | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| #100.00 | 33747 FM 2090 W., . | Splendora, Tx 77372 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense | |
| | Contribution Idonation | Volleyball Fundsaises | |
| 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 | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Consulting Expense -ees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services 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 Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Date End Breast Cancer Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date (a) Category (See categories listed at the top of this schedule) 8 Check if travel outside of Texas, complete Schedule T PURPOSE Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Payee address; Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 6 Amount (\$) Payee address (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Check if Austin, TX, officeholder living expense OF EXPENDITURE Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholde Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 6 Amount (\$) State: Zip Code Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | |
|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi | | |
| | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1 | 1: 2 FILER NAME KUMPH R. HOUDDN 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4-21-15 | 5 Payee name Wallu's. | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| #44.23 | 705 W. Davis St., #705 Conroe, Tr 77301 | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedula) (b) Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | splieitation Lundraising balloons. | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Office holder name Office sought Office held | |
| Date | Payee name | |
| 4-23-15 | New Coney Project Graduation | |
| Amount (\$) | Payee address; City; ≸tate; Zip Code | |
| #100.00 | 21650 Tx 494 Loop, New Carey Tx 77357 | |
| PURPOSE | Category (See categories listed at the top of this schedule) Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | |
| OF EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | sottle tickets. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name Office sought Office held | |
| Date | Payee name | |
| 4-25-15 | Splendora Project Graduation | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| #775.00 | 23747 FM 2090 W. Splendora, Ta 77372 | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | contribution/donation auctionitems. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Cåndidate / Officehold∲r name Office sought Office held | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) 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 6 Amount 7 Payee address: Check if travel cutside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Payee address Zip Code State: Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX. officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete QNLY if direct expenditure to benefit C/OH Payee name Date Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Office sou Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

| The Instruction Guide explains how to complete this form. | | | |
|--|--|-----------------------------|---|
| 1 Total pages Schedule F1 | 2 FILER NAME KUNNOTH D. H | lauden | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5-5-15 | 5 Payee name ON INDIVIDIO MOM | Arial Sahi | Jarahin |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |) | THE THE |
| \$175.00 | 22925 Micke St. No | ew Caneu. | TA 77357 |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | I outside of Texas, complete Schedule T |
| PURPOSE OF | | | n, TX, officeholder living expense |
| EXPENDITURE | Profether and donation | 9017,700 | SYDINGIT |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| K-4-1K | Salamara Annator | Pluk | |
| Amount (\$) | Payee address; City; State; Zip Code |) | |
| #100.00 | 23747 FM 2090 W, | 5 plendora | , Tr 77372 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel | outside of Texas, complete Schedule T |
| OF EXPENDITURE | | Check if Austin | n, TX, officeholder living expense |
| | Contribution I donnation | I Front Di | all 5000605 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 5-9-15 | SNORMARA FAURDORS | Sall | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| #1450.00 | P.D. Box 1093, 5p Jendo | ra, Tx 77 | 378 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel | outside of Texas, complete Schedule T |
| OF EXPENDITURE | | | n, TX, officeholder living expense |
| | contribution I donation | 2014 v | 2015 aurtion |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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. | | | |
|---|--|--|--|
| 1 Total pages Schedule F1 | 2 FILER NAME KUMPH A. HOUND 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5 - 13 - 15 | Montanmera County Right to Life | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code J | | |
| #50.00 | P.O. BON 3394, CONFOR, TA 77305 | | |
| 8 | (a) Category (See categories listed at the top of this schedule) (b) Description | | |
| PURPOSE OF | Check if travel outside of Texas, complete Schedule T | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Contribution/donation donation | | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Office holder name Office sought Office hold H | | |
| Date | Payee name | | |
| J-11-K | ETVA FOTOGRAGO TOO | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| £300.00 | P.D. Box 1441, New Coney, Tx 77357 | | |
| | Category (See categories listed at the top of this schedule) Description | | |
| PURPOSE OF | Check if travel outside of Texas, complete Schedule T | | |
| EXPENDITURE | L Check if Austin, TX, officeholder living expense | | |
| | event expense hall rental for fundraiser | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate / Office hold Office held Office sought Office held | | |
| Date | Payee name | | |
| 5-13-15 | Dausson Pusses | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| #25.00 | 63 White Dax Dr. N., New Caney, Tx 77357 | | |
| | Category (See categories listed at the top of this schedule) Description | | |
| PURPOSE OF | Check if travel outside of Texas, complete Schedule T | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | aithaward/memorial expense graduation aif | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Office holder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

| Oat foldates Officer folders Foliates | The Instruction Guide explains how to complete this form. | | |
|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME Almoth A. Halden 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date 5-11-15 | 5 Payee name Salving Post | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$ 25.00 | P.D. Box 35, New Camer, Tx 77357 | | |
| 8 | (a) Category (See categories listed at the top of this schedule) (b) Description | | |
| PURPOSE OF | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | | |
| EXPENDITURE | actions de man de la como acadualian acti | | |
| 9 Complete ONLY if direct expenditure to benefit C/Oi | LAYT/LULU (A LULU Y | | |
| Date | Payee name | | |
| 5-11-15 Amount (\$) | Amanda Hurzna Payee address; City; State; Zip odde | | |
| , | rayee address, City, State, Zip Gode | | |
| \$50.00 | 2057 (A.540), Alvin, TX 77511 Category (See categories listed at the top of this schedule) Description | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T | | |
| OF EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | authorities aradication with | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |
| Date | Payee name | | |
| 5-13-15 | SYBA | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| 4150.00 | P.D. Box 2216, Splendorg, Tx 77372 | | |
| PURPOSE | Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T | | |
| OF EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | contribution/donation auction basket | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/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. | | | |
|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME KUNNETH R. HOLL | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5-13-15 | 5 Payee name MEA | 40 | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| # 100.00 | P.D. BON 869, CONTOR, | Ta 77305. | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense | |
| | contribution Idonation | youth aurtion | |
| 9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held | |
| Date | Payee name | | |
| 5-11-15 | Commissioner Mike | Mondas | |
| Amount (\$) | Payee address; City; State; Zip Code | - Hance | |
| #250.00 | 510 Hwy, 75 N., Willie | JA 77378 | |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel outside of Texas, complete Schedule T | |
| OF EXPENDITURE | | Check if Austin, TX, officeholder living expense | |
| | Contribution I donation | lampaion donation | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officehélder name | Office sought / Office held | |
| Date | Payee name | | |
| 5-11-15 Amount (\$) | Click Family Foundar Payee address; City State; Zip Code | fon | |
| # 160 00 | An An Kun Doclar | T. 77165 | |
| <u>" 150 00 </u> | Category (See categories listed at the top of this schedule) | Description | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T | |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense | |
| Complete ONLY if diseas | Candidate / Officendider harne | QDH-5100505 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | · | Office sought / Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense 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
Offer (enter a category and listed above)

| | The Instruction Guide explains how to o | complete this form. | Other (enter a category not listed above) |
|---|--|-----------------------------|--|
| 1 Total pages Schedule F | 1: 2 FILER NAME KONNIA 1. HOL | idoo | 3 Filer ID (Ethics Commission Filers) |
| Date 5-11-15 | 5 Payee name Mounir Lov | 100 100 | |
| Amount (\$) | 7 Payee address; City; State; Zip Code | igr | |
| \$ 20.00 | 110955 AVE. P. Botton | 0. TX 77 | 519 |
| 3 | (a) Category (See categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | | | l outside of Texas, complete Schedule T n, TX, officeholder living expense |
| LAT ENDITURE | enota history donosting | Tollo | Lakots. |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 5-14-15 | 545 | | |
| Amount (\$) | Payee address; City; State; Zip Code | ···· | |
| \$ 300.00 | 23747 FM 2090 W. | Splendora | , Tx 77372 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel | outside of Texas, complete Schedule T |
| OF EXPENDITURE | | Check if Austin | I, TX, officeholder living expense |
| | Contribution donation | Ldsiss 7 | Pan 5000505 |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | • Office held |
| Date | Payee name | | |
| 5-19-15 | 6.45 | | |
| Amount (\$) | Payee address; City; State; Zip Code | - | |
| # 200.00 | 23747 FM 2090 W., 0 | Splendora, | Ta 77372 |
| PURPOSE | Category (See categories listed at the top of this schedule) | Description Check if travel | outside of Texas, complete Schedule T |
| OF EXPENDITURE | | | I, TX, officeholder living expense |
| | contribution donntion | BARA | ork fundraises dance |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense 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 (expense or transport listed shows)

| The Instruction Guide explains how to complete this form. | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME KUNNETH R. HOLL | 3 Filer ID (Ethics Commission Filers) | | | |
| 5-28-15 | 5 Payee name First Annk v | Trikt | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| <i># 74. 45</i> | 14500 Old 115 HWW. 59 | , Splendora, Ta 77372 | | | |
| 8 | (a) Category (See categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | 12. 11. 65 | | | | |
| | Laceounting/Danking | Check orges | | | |
| 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date | Payee name | | | | |
| 10-60-15 | Solendora FFA Alu | ทุกเ | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| \$438.00 | P.O. Box 1794, Spland | 19, Tr 77372 | | | |
| | Category (See categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | Mand-hulian laterantian | Sigh in yourge and again | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held | | | |
| Date | Payee name | | | | |
| 6-7-15 | HPF | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| #385.00 | 12508 US 59, Splendora, | Ta 7737d | | | |
| TUDDOOT | Category (See categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | 0 | many finder in deal in | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Contribution I donotion Candidate / Officeholder name | UNUT TUNIT QUSES QUINQ HON Office sought Office held | | | |
| ATTACH ADDITIONAL CODIES OF THE SOURDING FACAMETERS | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanes/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. | | | | | |
|---|--|---|---------------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME KUNNATH A. Hr | appli | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | My Simo | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| #300.00 | 23747 FM 2090 W. | Splendora | 7. Tx 77372 | | |
| 8 PURPOSE | (a) Category (See categories listed at the top of this schedule) | (by Description Check if travel or | uíside of Texas, complete Schedule T | | |
| OF EXPENDITURE | | Check if Austin, | TX, officeholder living expense | | |
| | Contribution Idonotion | | 5000505 | | |
| 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 | | · | | |
| | | | | | |
| | Category (See categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | | Check if travel outside of Texas, complete Schedule T Check if Austin, TX, officeholder living expense | | | |
| EXPENDITURE | | | | | |
| 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 | | | | |
| | | | | | |
| | Category (See categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF | | Check if travel or | itside of Texas, complete Schedule T | | |
| EXPENDITURE | | Check if Austin, | TX, officeholder living expense | | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held | | |
| expenditure to benefit C/OH | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |