# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH instruction 6	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
1110 0/011 ///		-	18 Pg10f18
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST	₹ MI	OFFICEUSEONLY
NAME	Mik limothy NICKNAME LAST	SUFFIX	7.75
	Tim Hayes	Jr	JAN 14 2016 JAN 18 P9 S.
4 CANDIDATE/		DITY; STATE; ZIP CODE	(NO) JAN 1 4 2016 RA)
OFFICEHOLDER MAILING ADDRESS	Po Box 1474		JAN 1 4 2016 JAN 1 8 P9 S.
Change of Address	Splendora, TX 7737	٨	WI-DE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	M1	Receipt # Amount \$
NAME	MRS Michelle	SUFFIX	Date Processed
	-ayes		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	2611 Fountain Vices Stre		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	New Carcy TX 77	357	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 967 3348	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection   Runoff	15th day after campaign
	V January 15	1.000	treasurer appointment (Officeholder Only)
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	7/20/2015	тнвоиен 12 /	(31 /2015
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  3 / 2016 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	•
	NIA	Constable M. Precinct 4	ontgomeray Country
	<b>GO TO</b>	PAGE 2	And Andrews Co.

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### P₁20€\8 FORM C/OH COVER SHEET PG 2

14 C/OH NAME	nothy Dom		5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANE	iotice of political <sup>(</sup> conthibutions accepted or political expendit Didate / Officeholder. <i>These expenditures may have been made wit</i> Dinsent. Candidates and officeholders are required to report this	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
	•	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 510.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2492.60
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	\$ \ 526.34
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI Y OF THE REPORTING PERIOD	\$\\500.00
18 AFFIDAVIT		I muse - a selfino con de se se se	winny that the accompanying report is
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 COMM. EXP. 10/8/2016 NOTARY ID 12915499-3  Signature of Candidate or Miceholder			
AFFIX NOTARY STAMP/SEALABOVE			
TIA	Swom to and subscribed before me, by the said		
day of	de	to certify, which, witness my hand and seal of office.	NOTHEY PUBLIC.
Signature of officer ar	dministering oath	Printed name of officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	1 romothy Hayes	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 160.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 1500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 323.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 584.47
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1584.47
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: ScH: // 19+4//8 3 Filer ID (Ethics Commission Filers) The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of contribution (\$) \$ 250.00 Date Amount of contribution (\$) 12-18-15 Wohlschlegel, Christopher Contributor address; City; State; Zip Code \$ 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) aw Enforcement Harris County Date Amount of contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:\_ City; State; Zip Code Contributor address: 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.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

CONT	INDO HONS		
Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: ScH: 1/1 RPT: 5/18
2 FILER NAME / Jayes		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ \60.00
5 Date	12 22 15 0 0 21		8 Amount of Contribution \$ 9 In-kind contribution description
	14158 Mott lane Splendora TX	17372	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUDICIAL) (See Instructions)
14 Contributors	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	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	Contributor address; City; State; Zip Cod		Check if travel outside of Texas. Complete Schedule T.
Principal occ	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)		
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/8/2015

#### SCHEDULE E **LOANS** 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. SCH IN RPT 6/18 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \_\_ imothy Hayes 4 TOTAL OF UNITEMIZED LOANS 7 Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_\_\_\_ \$50.00 7-20-15 10 Interest rate ls lender a financial 2611 Fountain vivo street New Concy TX 77357 Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) aw Fritingenest Harris County 15 Check if personal funds were deposited into political account (See Instructions) 14 Description of Collateral ☑ none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:\_\_\_\_\_\_) Lender address; City; State; Zip Code \$ 1450.00 a financial 2611 Fountain View Street New Carry TX 77357 Institution? Principal occupation / Job title (See Instructions) Employer (See Instructions) Law Enforcement Check if personal funds were deposited into political Description of Collateral none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION City; State; Zip Code Guarantor address; not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidats/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (article extractor) and listed above)

Candidate/Officeholder/Politica Credit Card Payment	_	ss/Wages/Contract Labor Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1: SCH: 1/1 RPT:7/18	2 FILER NAME  1 imothy Hayes  5 Payee name	3 Filer ID (Ethics Commission Filers)	
4 Date 12-18-15	5 Payee name  Universal Signs and Banner  7 Payee address; City; State; Zip Code	-£	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$323-6 <b>6</b>	7825 Highway US Houston	T+ 77083	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas, Complete Schedule T.	
OF	Printing Expirac	Check if Austin, TX, officeholder living expense	
EXPENDITURE	)	Campaign Stans	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	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		Check if travel outside of Texas. Complete Schedule T.	
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought Office held	
Date	Payee name		
and the same of th			
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF		Check if Austin, TX, officeholder living expense	
EXPENDITURE		visit in the second string visit in the se	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	1		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (entry a category not listed shove)

Candidate/Officeholder/Politica			Other (enter a category not listed above)
	The Instruction Guide explains how to comp	iete uns ioiin.	
1 Total pages Schedule F4: 54 H 1/6 RPT 8/18	2 FILERNAME 1 in othy Hayes	·····	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CRED	ITCARD	\$
5 Date	6 Payee name		
7-20-15	Data Ecology LLC  8 Payee address; City: State; Zip Code		<u>,                                     </u>
7 Amount (\$)	8 Payee address; City, State; Zip Code		
\$ 29.00	16 Dudley Street Fitchburg,	MAON	120
9 TYPE OF EXPENDITURE	Political Non-Politica	ď	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on
PURPOSE		Checkif	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense		if Austin, TX, officeholder living expense
	, ,	Web	19297 517c
11 Complete ONLY if direct expenditure to benefit C/O			
Date	Payee name		
7-26-15	Vista Print USA Incorpo	s rated	
Amount (\$)	Payee address; City; State; Zip Code		
35.97	95 Hayden Ave Lexington,	MA 03	421
TYPE OF EXPENDITURE	Political Non-Politica	ai	
	Category (See Categories listed at the top of this schedule)	Description	on
PURPOSE		Check if	travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Printing Expense	Check i	f Austin, TX, officeholder living expense
		Campa	in cards
Complete ONLY if direct expenditure to benefit C/OI		sought	Office held
		·	
			·····
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NE	EDED

### SCHEDULE F4

EXPENDITO	RES MADE BY OTEBI, OF		SCHEDULE 1 4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	t/Reimbursement t/Rental Expense e e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4: #2/6 RPT 9/18 4 TOTAL OF UNITEM	2 FILER NAME Timothy Huyes  IZED EXPENDITURES CHARGED TO A CRED		3 Filer ID (Ethics Commission Filers) \$
5 Date 8-20-15 7 Amount (\$)	6 Payee name  Data Ecology LLC  8 Payee address; City; State; Zip Code  16 Dulley Street Fitch burg, MA	०।५२०	
9 TYPE OF EXPENDITURE	Political Non-Politic	al (b) Descrip	tion
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advirti Sing Expense	Chec	k if travel outside of Texas. Complete Schedule T.  k if Austin, TX, officeholder living expense  Office held
11 Complete ONLY if direct expenditure to benefit C/	OH Payee name	ce sought	
Amount (\$)  \$\frac{15}{29.00}\$	Payee address; City; State; Zip Code    Dolley Street Fitchsoly M	1A 0142	
TYPE OF EXPENDITURE	Political Non-Politi	iical 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	1 —	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeriolder statile	lice sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS	NEEDED

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:   SCH3/6   RTT 10/18	2 FILER NAME Timothy Hayes		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0
5 Date	6 Payee name		
10-20-15	Data Ecology LLC  8 Payee address; City; State;	Zip Code	
7 Amount (\$) \$29.00	16 Dubley Street Fitch	mboy, MA 014:	20
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Descript	
PURPOSE OF EXPENDITURE	Advertising Expense	Check	if travel outside of Texas. Complete Schedule T.  k if Austin, TX, officeholder living expense  19419  V.C. b.S.; Here
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
11-17-15	Facebook Inc.	Zi- Codo	
Amount (\$)	Payee address; City; State;		A11.25
\$ 25.35	I Hacker way Menti	Park, CA	94023
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of	this schedule) Descrip	ption ck if travel outside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE	Advertising Experse		eck if Austin, TX, officeholder fiving expense
		Office sought	ebs N AD Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name /OH	Office Sought	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED
			Revised 9/8/201

SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services Salaries/Wages/ The Instruction Guide explains how to compl	
1 Total pages Schedule F4: ScH 4/6 RPT 11/18	2 FILER NAME 1 imothy Hayes	3 Filer 1D (Ethics Commission Filers)
	ZED EXPENDITURES CHARGED TO A CREDI	TCARD \$
5 Date	6 Payee name Pata Ecology LLC	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
\$ 29,00	16 Dudley Street Fitchburg, M	A 01420
9 TYPE OF EXPENDITURE	Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense  Coop Pai 10  Check if Austin, TX, officeholder living expense  Coop Pai 10
11 Complete ONLY if direct expenditure to benefit C/Ol		sought Office held
Date     - 7 3 - 15	Payee name Face book Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 50.22	l'Hacker Way Merlo Park,	CA 94025
TYPE OF EXPENDITURE	Political Non-Politica	1
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Alucation Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	1,1000,1111111 - 11.	Facebook AD
Complete ONLY if direct expenditure to benefit C/Ol-		sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

SCHEDULE F4

#### EXPENDITURE CATEGORIES FOR BOX 10(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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Officer (enter a category not listed above)

Candidate/Officeholder/Politic	al Committee Legal Services Salaries/Wage	Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4: ScH5/b RPT 12/18	2 FILER NAME Timothy Hayes	3 Filer 1D (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED TO A CREI	DIT CARD \$	
5 Date	6 Payee name	· · · · · · · · · · · · · · · · · · ·	
11-28-15	Facebook Inc.		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
\$ 85.50	1 Hackerway Menlo Park,	CA 94025	
9 TYPE OF EXPENDITURE	Political Non-Politic	ral	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule 7.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
		Facebook AD	
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office H	e sought Office held	
Date	Payee name		
12-9-15	Facebook Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 67.80	I Haller Way Menlo Park	, CA 9402S	
TYPE OF EXPENDITURE	Political Non-Politic	al	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
	( ,	Face book AD	
Complete ONLY if direct expenditure to benefit C/OF		e sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	

### SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a) ent Expense Loan Repayment/Reimbursemer

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (orthogorgae)

Candidate/Officeholder/Politica	y Gift/Awards/Memorials Expense Printing Expense  y Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/	e Travel Out Of District
	The Instruction Guide explains how to compl	,
1 Total pages Schedule F4: SCH b/6 Ret 13/18	2 FILER NAME Timothy Hayes	3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED TO A CRED	s O
5 Date \ 2-20-15	6 Payee name Data Ecology LLC	
7 Amount (\$)	Data Ecology LLC  8 Payee address; City; State; Zip Code	
\$ 79.00	16 Dubley Street Fitchburg, 1	MA 01420
9 TYPE OF EXPENDITURE	Political Non-Politica	J
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Alvatini Eva se	Check it travel outside of Texas, Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Campaign website
11 Complete ONLY if direct expenditure to benefit C/O		sought Office held
	Рауее пате	
12-24-15	Universal Signs and Danne	.rs
Amount (\$)	Pavee address: City; State; Zip Code	
£ 145.63	7825 Highway 65 Houston T	× 77083
A 142.02	, ,	
TYPE OF EXPENDITURE	Political Non-Politica	
TYPE OF		al Description
TYPE OF	Political Non-Politica	Description Check if travel outside of Texas. Complete Schedule T.
TYPE OF EXPENDITURE	Political Non-Politica	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
TYPE OF EXPENDITURE  PURPOSE OF	Political Non-Politica  Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  (ampaign Push Card 3
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (ampaign Push Card 3
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (ampaign Push Card 3
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (ampaign Push Card 3
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (ampaign Push Card 3
TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Political Non-Political  Category (See Categories listed at the top of this schedule)  Printing Exprnsc  Candidate / Officeholder name Office	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  (ampaign Push Card 3

#### SCHEDULE G

#### 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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 imothy Hayes SCL US ROTINIS 4 Date 7-20-15 Wills Fargo Visa
7 Payee address; City; State; Zip Code 6 Amount (\$) POBOX 30086 LOS Angeles, CA 90030 Reimbursement from political contributions ntended (b) Description (rc): + cold payment for about 15 ing Check it travel outside of Texas. Complete Schedule T. Cxperic (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Credit card Payment OF Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Office sought Office held Candidate / Officeholder name Date Payee name **7**-26-15 Wills Fargo Visa
Payee address; City; State; Zip Code \$ 35.97 POXBOX 30086 Los Angelio, CA 90030 Reimbursement from political contributions intended (b) Description Credition of Printing Check if travel outside of Texas. Complete Schedule T. Crpcose Category (See Categories listed at the top of this schedule) PURPOSE Cridit card payment **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Wills Forgo Visa
Payee address; City: State: Zip Code 8-20-15 Amount (\$) \$ 29.00 POBOX 30086 Los Angelo CA 90030 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Creat to a virtiging expense

Office solvent

Office held EXPENDITURE Credit card Payment Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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#### SCHEDULE G

#### **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 Gitt/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 a extending out listed above)

Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch 2/5 RPT 15/18	5 Payee name		
4 Date	5 Payee name		
9-20-15	Wills Force Visc		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$ 24.00		200	
" Reimbursement from	Po 80x 30086 Los Angeles, CA 9	00 )0	
political contributions intended			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF	Credit and payment Checkitra	vel outside of Texas. Complete Schedule T.	
EXPENDITURE		Austin, TX, officeholder living expense  Augustin + to / a dull + ising ( X gen)	
9 Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held	
expenditure to benefit C/	OH		
Date	Payee name		
10-20-15	Wells Frese Visa		
Amount (\$)	Payee address; City; State; Zip Code		
\$29.00			
Reimbursement from	PUBOX 30086 Los Angeles, CA 9603	3 0	
political contributions intended			
21122005	Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF		vel outside of Texas. Complete Schedule T.	
EXPENDITURE	Credit and payment Credit and	Austin, TX, officeholder living expense  pryment for adverticing expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought	Office held	
Date	Payee name		
11-17-15	Wells Fargo Visa		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.35			
Reimbursement from	POBOX 30086 LOS ANGOLO, CA 90	<i>3</i> 0	
political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description		
OF	l :	vel outside of Texas. Complete Schedule T.	
EXPENDITURE	Credit card Payment Credit (and	partin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought	Office held	
expenditure to benefit On	<del></del>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE G

#### **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 (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch 315 RPT 14/18	Timothy Hayis				
4 Date	5 Payee name				
11-20-15	Wells Fargo VisA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	Po Box 30086 Lis Anzelo), (A 900	3 0			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF		de of Texas. Complete Schedule T.			
EXPENDITURE	Creditario pryment Creditario pryme	X, officeholder living expense			
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
11-23-15	Wills Fargo Visa				
Amount (\$)	Payee address; City; State; Zip Code				
\$50.22					
Reimbursement from political contributions intended	POBOX 30086 LOS Angolo), CA 90030				
DIADOCE	Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Crédit raid Payment Check if Austin, Ti	le of Texas. Complete Schedule T. X. officeholder living expense			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
11-28-15	Wills Fargo Visa				
Amount (\$) \$8.50	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	POBOX 30086 LOS Angeles, CA 9003	, O			
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Credit earl payment Check if Austin, T)	e of Texas. Complete Schedule T. K. officeholder living expense Last (b) adul/tising pypl7)			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE G

#### **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/Wanes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Ches (Action Section 1997)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:		· ID (Ethics Commission Filers)		
SCH 4/5 RPT 17/18				
4 Date	5 Payee name			
12-9-15	Wells Fargo Visa			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$67.80				
Reimbursement from	POBOX 30086 COS Angeles CA 90030			
political contributions intended				
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE	Check if travel outside of Texas. C	complete Schedule T.		
OF EXPENDITURE	1 -			
EXPENDITURE	citalitate proporent cord promint fre	aduction (>pange		
9 Complete ONLY if direct		Óffice held		
expenditure to benefit C/0	//Un			
Date	Payee name			
12-20-15	Wills Fingo Visa			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 79.00				
Reimbursement from	10 0 eV 2 = 081 1 . A - 1-1 (A 9 an 3 a			
political contributions intended	Po Box 30086 Ly Angeles CA 90030			
	Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF	Check if travel cutside of Texas. C	Complete Schedule T.		
EXPENDITURE	Crcdit Card layment Credit Card Dagment	der living expense fical vertical expense		
Complete ONLY if direct	ct Candidate / Officeholder name Office sought	Office held		
expenditure to benefit C/	С/ОН			
Date	Payee name			
12-24-15	Wills Fargo Visa			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 145.63				
Reimbursement from political contributions	POBOX 30086 LOS Angeles, CA 900]	30		
intended	Catagony (See Catagories listed at the top of this schedule) (b) Description			
PURPOSE	Category (See Categories listed at the top of this schedule)  (D) Description  Check if travel outside of Texas. 0	Complete Schedule T.		
OF		,		
EXPENDITURE	Cicolis caro payment 100014 and payment to	x printing 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				
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#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Weges/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
SUH 5/5 RPT 13/8	Tionothy Hayes			
4 Date	5 Payee name			
11-16-15	Montgomery County Republic 7 Payee address; City; State; Zip Code	ion Party		
6 Amount (\$)	7 Payee address; City; State; Zip Code	1		
\$1000.00	310 Metcalf Street Co	<del>بر</del> ا	1301	
Reimbursement from political contributions intended	310 Metcall street Co	wlosi I x ,		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)		ling Fee	
OF	Fees		e of Texès. Complete Schedule T.	
EXPENDITURE	1003	L_I Check if Austin, 1X	X, officeholder living expense	
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
Date	rayeename			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions				
intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	_	
OF	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		LI Check if Austin, TX	C, officeholder fiving expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
1	1			
- (4)				
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
TUDBOCE	Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF		Check if travel outside	e of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX	C, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				