

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Matt Hayes

15 ACCOUNT # (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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME	FILED TARRANT COUNTY 2014 JAN 13 AM 8:44 STEVE STEPHEN ELECTIONS ADMINISTRATION
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1020 ⁰⁰
---	-----------------------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10244 ⁰⁰
--	------------------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 162 ⁵⁵
---	----------------------

4. TOTAL POLITICAL EXPENDITURES	\$ 11007 ⁶³
---------------------------------	------------------------

CONTRIBUTION BALANCE

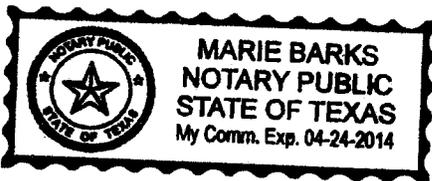
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6410 ⁰⁷
--	-----------------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000 ⁰⁰
---	-----------------------

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Matt Hayes

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Matt Hayes*, this the 7th day of January, 20 14, to certify which, witness my hand and seal of office.

Marie Barks
Signature of officer administering oath

Marie Barks
Printed name of officer administering oath

Constable Clerk
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

FILED
TARRANT COUNTY
JAN 20 2013
BY: STEVEN B. ...
ELECTIONS

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1 of 6

2 FILER NAME *Matt Hayes* 3 ACCOUNT # (Ethics Commission Filer)

4 Date <i>9-20-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buddy White</i>	7 Amount of contribution (\$) <i>\$15000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4203 Adam Dr Grand Prairie, TX 75052</i>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benji Arslanovski</i>	Amount of contribution (\$) <i>\$12000</i>	In-kind contribution description (if applicable) <i>Gift Cert. Books</i>
Contributor address; City; State; Zip Code <i>915 W. Debbie Ln Mansfield, TX 76063</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kelly Carnatt</i>	Amount of contribution (\$) <i>\$70000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>505 S. Fielder Arlington TX 76013</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benji Arslanovski</i>	Amount of contribution (\$) <i>\$16500</i>	In-kind contribution description (if applicable) <i>Pies</i>
Contributor address; City; State; Zip Code <i>915 W. Debbie Ln Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carey Walker</i>	Amount of contribution (\$) <i>\$7500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1402 Woodbine St Arlington TX 76012</i>		(If travel outside of Texas, complete Schedule T)	

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

2014 JAN 13 AM 8:44

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 6

2 FILER NAME

Matt Hayes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#)

Ray Bailey

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9-20-13

6 Contributor address; City; State; Zip Code

313 Cagle Crow Rd
Mansfield TX 76063

\$750.00

Helicopter Ride

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Wayne Simmons

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Contributor address; City; State; Zip Code

1071 Country Club Dr
Mansfield, TX 76063

\$90.00

Massage

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

James Mumford

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Contributor address; City; State; Zip Code

PO Box 8970
Ft Worth, TX 76124

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Raul Gonzalez

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Contributor address; City; State; Zip Code

2211 Woodmont Ct
Arlington TX 76017

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Roland Bobinger

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Contributor address; City; State; Zip Code

3422 McKamy Oaks Tr
Arlington TX 76017

\$120.00

Kewig
Coffee

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

2014 JAN 13 AM 8:14

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3 of 6**

2 FILER NAME

STEVE BARONH
ELECTIONS 3 ACCOUNT# (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

9-20-13

Susan Bobinger
6 Contributor address; City; State; Zip Code
3422 McKamy Oaks Tr
Arlington TX 76017

\$19400

Kearig
Coffee Maker

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Rose Cipolla
Contributor address; City; State; Zip Code
3529 Bilglade Rd
Ft. Worth, TX 76133

\$2000

Dog Prize
Package

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Chris Garcia
Contributor address; City; State; Zip Code
6454 Woodstock Rd
Ft Worth, TX 76116

\$1000

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Karen Schroeder
Contributor address; City; State; Zip Code
1701 Hwy 287 N
Suite 105
Mansfield TX 76063

\$500

Estate
Planning
Package

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

9-20-13

Art Berger
Contributor address; City; State; Zip Code
3813 Hillwood Way
Bedford, TX 76021

\$100

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

TARRANT COUNTY

SCHEDULE A

FILED
2013 JAN 13 AM 8:44

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4 of 6**

2 FILER NAME <i>Matt Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9-20-13</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bret Sanders</i>	7 Amount of contribution (\$) <i>\$1250</i>	8 In-kind contribution description (if applicable) <i>Toothbrush Package</i>
6 Contributor address; City; State; Zip Code <i>1600 Hwy 287 #102 Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Fred Perez</i>	Amount of contribution (\$) <i>\$750</i>	In-kind contribution description (if applicable) <i>BB/Pellet Gun</i>
Contributor address; City; State; Zip Code <i>4001 Bryan Ave NW Albuquerque, NM 87114</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Barry Thombs</i>	Amount of contribution (\$) <i>\$1000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4916 Tamra Ct NRH, TX 76180</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Debora Peil</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable) <i>Food</i>
Contributor address; City; State; Zip Code <i>3703 Dustin Tr. Dalworthington Gardens TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9-20-13</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andy Nguyen</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 151272 Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY SCHEDULE A

2014 JAN 13 AM 8:45

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 6

2 FILER NAME

Matt Hayes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9-20-13

5 Full name of contributor out-of-state PAC (ID#: _____)

Lady Theresa Thombs

6 Contributor address; City; State; Zip Code

4916 Tamra Ct
North Richland Hills, TX 76180

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9-20-13

Full name of contributor out-of-state PAC (ID#: _____)

Linda Davis

Contributor address; City; State; Zip Code

PO Box 25
Arlington TX 76004

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-20-13

Full name of contributor out-of-state PAC (ID#: _____)

Kimberly Fitzpatrick

Contributor address; City; State; Zip Code

2208 Woodson Tr
Arlington TX 76016

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-20-13

Full name of contributor out-of-state PAC (ID#: _____)

Mary Louise Garcia

Contributor address; City; State; Zip Code

6454 Woodson Rd
Ft Worth TX 76116

Amount of contribution (\$)

\$145.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-20-13

Full name of contributor out-of-state PAC (ID#: _____)

Rose Cipolla

Contributor address; City; State; Zip Code

3529 Bilglade Rd
Ft Worth TX 76133

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Dog Bed & Treats

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

FILED
TARRANT COUNTY

SCHEDULE A

2014 JAN 13 AM 9:45

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 of 6**

2 FILER NAME

Matt Hayes

STEVE RABORN
ELECTIONS ADMINISTRATOR

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-11-13

5 Full name of contributor out-of-state PAC (ID#: _____)

*Apartment Association of
Tarrant County PAC*

6 Contributor address; City; State; Zip Code

*6350 Baker Blvd
Richland Hills, TX 76118*

7 Amount of contribution (\$)

3500

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12-29-13

Full name of contributor out-of-state PAC (ID#: _____)

Philip Hayes

Contributor address; City; State; Zip Code

*2600 Crystal Dr
#208
Arlington TX 72202*

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS

FILED
TARRANT COUNTY

SCHEDULE E

2014 JAN 13 AM 8:45

The Instruction Guide explains how to complete this form.

STEVE RABORN
ELECTIONS ADMINISTRATOR

1 Total pages Schedule E:

1

2 FILER NAME

Matt Hayes BY:

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

12-30-13

7 Name of lender

Matt Hayes

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

900 N. Walnut Creek
Suite 100 #125
Mansfield, TX 76063

10 Interest rate

~~0~~

11 Maturity date

12-31-14

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (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

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	--

4 Date 7-1-13	5 Payee name Michaels
-------------------------	---------------------------------

6 Amount (\$) \$58.23	7 Payee address; City; State; Zip Code 2010 N Hwy 287 Mansfield TX 76063
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad Exp	(b) Description (If travel outside of Texas, complete Schedule T) Parade Decorations
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7-7-13	Payee name Craig Ounby
-----------------------	----------------------------------

Amount (\$) \$316.68	Payee address; City; State; Zip Code 7106 Lighthouse Rd Arlington TX 76002
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Exp	Description (If travel outside of Texas, complete Schedule T) consulting
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7-21-13	Payee name Arlington Republican Club
------------------------	--

Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 14095 Arlington TX 76094
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Golf Tourney Ad
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 7-31-13	Payee name Katrina Jorgenson
------------------------	--

Amount (\$) \$75.00	Payee address; City; State; Zip Code Kat@Verbatim.com Paid through Paypal
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Website Hosting
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2011 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	---

4 Date 8-7-13	5 Payee name David Wylie
-------------------------	------------------------------------

6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5409 Summit Peak Dr Arlington TX 76017
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting Exp	(b) Description (If travel outside of Texas, complete Schedule T) Consulting/Data
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 8-28-13	Payee name Run and Win
-----------------	---------------------------

Amount (\$) \$598.00	Payee address; City; State; Zip Code P.O. Box 2096 Aiken, SC 29802
-------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Pencils
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9-15-13	Payee name NOVAL
-----------------	---------------------

Amount (\$) \$200.00	Payee address; City; State; Zip Code 2107 Skerry St Arlington, TX 76010
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Exp	Description (If travel outside of Texas, complete Schedule T) Community Event
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9-2-13	Payee name Ritz Pics
----------------	-------------------------

Amount (\$) \$80.00	Payee address; City; State; Zip Code RitzPix.com
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Christmas Cards
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9-12-13	5 Payee name Elite	
6 Amount (\$) \$315.00	7 Payee address; City; State; Zip Code EliteFlyers.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad Exp	(b) Description (If travel outside of Texas, complete Schedule T) Pushcards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-18-13	Payee name Sam's Club	
Amount (\$) \$107.46	Payee address; City; State; Zip Code 2325 I-20 Grand Prairie, TX 75052	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Exp	Description (If travel outside of Texas, complete Schedule T) Food/Fundraiseo
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-20-13	Payee name Costco	
Amount (\$) \$144.67	Payee address; City; State; Zip Code 600 W. Arbrook Arlington TX 76013	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Exp	Description (If travel outside of Texas, complete Schedule T) Food/Fundraiseo
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-23-13	Payee name Elite	
Amount (\$) \$417.50	Payee address; City; State; Zip Code EliteFlyers.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 8		2 FILER NAME Matt Hayes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-24-13		5 Payee name FTD			
6 Amount (\$) \$71.26		7 Payee address; City; State; Zip Code USAA.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Gift/Event Exp		(b) Description (If travel outside of Texas, complete Schedule T) Flowers/Fundraiser	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9-30-13		Payee name Vision Forum			
Amount (\$) \$68.70		Payee address; City; State; Zip Code 4719 Blancard San Antonio, TX 78212			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Exp		Description (If travel outside of Texas, complete Schedule T) Decorations	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-16-13		Payee name Lincoln Council			
Amount (\$) \$1000.00		Payee address; City; State; Zip Code TCGOP 2405 Gravel Dr Ft Worth, TX 76118			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Ad Exp/Event Exp		Description (If travel outside of Texas, complete Schedule T) L.C. Membership	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-16-13		Payee name Staples			
Amount (\$) \$370.22		Payee address; City; State; Zip Code 1781 US Hwy 287 Manfield TX 76063			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Exp		Description (If travel outside of Texas, complete Schedule T) copy Conkin Admonishment	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>5 of 8</i>	2 FILER NAME <i>Matt Hayes</i>	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	--

4 Date <i>7-19-13</i>	5 Payee name <i>Chop House</i>
--------------------------	-----------------------------------

6 Amount (\$) <i>\$2012</i>	7 Payee address; City; State; Zip Code <i>2860 FM 157 Mansfield TX 76063</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Consulting</i>
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>7-29-13</i>	Payee name <i>Chop House</i>
------------------------	---------------------------------

Amount (\$) <i>\$2012</i>	Payee address; City; State; Zip Code <i>2860 FM 157 Mansfield TX 76063</i>
------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consulting</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>8-30-13</i>	Payee name <i>Chop House</i>
------------------------	---------------------------------

Amount (\$) <i>2029</i>	Payee address; City; State; Zip Code <i>2860 FM 157 Mansfield TX 76063</i>
----------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fundraising Planning</i>
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date <i>12-1-13</i>	Payee name <i>Precision Press</i>
------------------------	--------------------------------------

Amount (\$) <i>\$216⁰⁰</i>	Payee address; City; State; Zip Code <i>3115 S. Cooper St # 300 Arlington TX 76015</i>
--	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Ad Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>Print Postcards</i>
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	---

4 Date 12-1-13	5 Payee name USPS
--------------------------	-----------------------------

6 Amount (\$) \$12062	7 Payee address; City; State; Zip Code 3903 Melear Dr Arlington TX 76015
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Ad Exp	(b) Description (If travel outside of Texas, complete Schedule T) Postage
---------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11-13-13	Payee name Staples
------------------	-----------------------

Amount (\$) \$4469	Payee address; City; State; Zip Code 1781 Hwy 287 Manfield TX 76063
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Christmas Cards
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-18-13	Payee name Precision Press
------------------	-------------------------------

Amount (\$) \$42800	Payee address; City; State; Zip Code 3115 S. Cooper #300 Arlington TX 76015
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Post Cards
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11-18-13	Payee name USPS
------------------	--------------------

Amount (\$) \$25558	Payee address; City; State; Zip Code 3903 Melear Dr Arlington TX 76015
------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Postage
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

FILED
TARRANT COUNTY

SCHEDULE F

2014 JAN 13 AM 8:45

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	--

4 Date 11-21-13	5 Payee name Tarrant County Republican Party
---------------------------	--

6 Amount (\$) \$1000⁰⁰	7 Payee address; City; State; Zip Code 2405 Gravel Dr Ft. Worth TX 76118
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) Filing fee
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-3-13	Payee name Political Marketing Inc
------------------------	--

Amount (\$) \$36⁸⁴	Payee address; City; State; Zip Code P.O. Box 698 Marianna FL 32447
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Calls
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-14-13	Payee name Political Marketing Inc .
-------------------------	--

Amount (\$) \$39⁵²	Payee address; City; State; Zip Code P.O. Box 698 Marianna FL 32447
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) Calls
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-19-13	Payee name First Graphic
-------------------------	------------------------------------

Amount (\$) \$2512⁴⁸	Payee address; City; State; Zip Code 229 Garvon St Garland, TX 75040
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Ad Exp	Description (If travel outside of Texas, complete Schedule T) SIGAS
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 8	2 FILER NAME Matt Hayes	3 ACCOUNT # (Ethics Commission Filers)
--	-----------------------------------	---

4 Date 12-26-13	5 Payee name Craig Ownby
---------------------------	------------------------------------

6 Amount (\$) \$1378 ⁰⁰	7 Payee address; City; State; Zip Code 7106 Lighthouse Rd Arlington TX 76002
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting fees	(b) Description (If travel outside of Texas, complete Schedule T) Consulting
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 12-27-13	Payee name Texas Conservatives Unit PAC
------------------	--

Amount (\$) \$699 ⁹⁹	Payee address; City; State; Zip Code www.candidatefair.com
------------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Exp	Description (If travel outside of Texas, complete Schedule T) Booth Fee
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	--	---

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