

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <u>                    </u>	2 Total pages filed: <b>10</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR.</u> NICKNAME	FIRST <u>Don</u> LAST	MI <u>T.</u> SUFFIX
	HASE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	Date Received		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MR.</u> NICKNAME	FIRST <u>Don</u> LAST	MI <u>T.</u> SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	Date Hand-delivered or Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	Date Processed		
10 PERIOD COVERED	Date Imaged		
11 ELECTION	Receipt # Amount		
12 OFFICE	Date Processed		
13 OFFICE SOUGHT (if known)	Date Imaged		

**OFFICE USE ONLY**

FILED  
TARRANT COUNTY  
2014 MAY 20 PM 1:32  
ELECTION ADMINISTRATION  
STATE OF TEXAS

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

14 C/OH NAME

Don T. HASE

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.

N/A

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

N/A

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

N/A

additional pages

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

17 CONTRIBUTION TOTALS

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

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 550.00

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 16,915.06

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3740.40

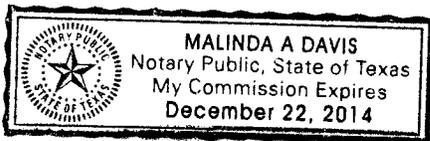
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6000.00

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.



*Don T. Hase*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don HASE, this the 19th day of May, 2014, to certify which, witness my hand and seal of office.

*Malinda A. Davis*

Signature of officer administering oath

Malinda Davis

Print name of officer administering oath

Notary Public

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 2	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-24-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY HUSLIG	7 Amount of contribution (\$) \$250 <sup>00</sup>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7309 FOSSIL RIM TRAIL ARLINGTON, TX 76002		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation RESEARCH SERVICES COORD		10 Contributor's job title RESEARCH LIBRARIAN	
11 Contributor's employer/law firm UT SW MED CENTER		12 Law firm of contributor's spouse (if any) N/A	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date 2-24-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILEY CURTIS	Amount of contribution (\$) \$100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3340 TITORN TREE CT ARLINGTON TX 76016		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation OPTOMETRIST		Contributor's job title OPTOMETRIST	
Contributor's employer/law firm WILEY F CURTIS O.D., P.C.		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date 2-27-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE BEASLEY	Amount of contribution (\$) \$100 <sup>00</sup>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 777 MAIN # 600 FT WORTH TX 76102		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW	
Contributor's employer/law firm LAW OFFICE OF BRUCE BEASLEY		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): <p style="text-align: center; font-size: 1.5em;">2</p>	
2 FILER NAME <p style="text-align: center; font-size: 1.2em;">DON T. HASE</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <p style="font-size: 1.2em;">3-3-14</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em;">TERRY BARLOW</p>	7 Amount of contribution (\$) <p style="font-size: 1.2em;">\$100<sup>00</sup></p>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em;">1117 NIGHTHAWK RD FT WORTH TX 76108</p>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <p style="font-size: 1.2em;">ATTORNEY AT LAW</p>		10 Contributor's job title <p style="font-size: 1.2em;">ATTORNEY AT LAW</p>	
11 Contributor's employer/law firm <p style="font-size: 1.2em;">DUNHAM + JONES</p>		12 Law firm of contributor's spouse (if any) <p style="font-size: 1.2em;">N/A</p>	
13 If contributor is a child, law firm of parent(s) (if any) <p style="font-size: 1.2em;">N/A</p>			
Date	Full name of contributor <input type="checkbox"/> 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)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> 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)			
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME DON T. HASE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 2-24-14	<b>5</b> Payee name PIRYX INC	
<b>6</b> Amount (\$) 14.38	<b>7</b> Payee address; City; State; Zip Code 144 2ND ST SAN FRANCISCO CA 94105	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2-24-14	Payee name PIRYX INC	
Amount (\$) 5.75	Payee address; City; State; Zip Code 144 2ND ST SAN FRANCISCO CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2-27-14	Payee name PIRYX INC	
Amount (\$) 5.75	Payee address; City; State; Zip Code 144 2ND ST SAN FRANCISCO CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 3-3-14	Payee name PIRYX INC	
Amount (\$) 5.75	Payee address; City; State; Zip Code 144 2ND ST SAN FRANCISCO CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
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: <b>2</b>	2 FILER NAME <b>DON T. HASE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>2-27-14</b>	5 Payee name <b>TARRANT COUNTY REPUBLICAN PARTY</b>
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6 Amount (\$) <b>\$400<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>2405 GRAVEL DRIVE FT WORTH TX</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>AD SD 10</b>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-10-14</b>	Payee name <b>PLAN A + B ADVISORS LLC</b>
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Amount (\$) <b>\$896<sup>92</sup></b>	Payee address; City; State; Zip Code <b>420 THROCKMORTON ST #200 FT WORTH TX 76102</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE, SOCIAL MEDIA BUS CARDS</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-21-14</b>	Payee name <b>KOURTNEE MCINTURF</b>
------------------------	--

Amount (\$) <b>\$260<sup>00</sup></b>	Payee address; City; State; Zip Code <b>2007 STACEY CT ARLINGTON TX 76013</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description (If travel outside of Texas, complete Schedule T) <b>POLL WORKER</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4-1-14</b>	Payee name <b>MORGAN WINDEN</b>
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Amount (\$) <b>\$130<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3411 WESTCLIFF RD S FT WORTH TX 76109</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	Description (If travel outside of Texas, complete Schedule T) <b>POLL WORKER</b>
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME DON T. HASE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 3-22-14	<b>5</b> Payee name TARRANT COUNTY REPUBLICAN PARTY	
<b>6</b> Amount (\$) <sup>F</sup> <+ \$7.50>	<b>7</b> Payee address; City; State; Zip Code 2405 GRAVEL DRIVE FT WORTH, TX 76118	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	
	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) REFUND REFUND OF HALF OF LINCOLN DAY TABLE FEE (RPT'D 12-17-13)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G: <b>2</b>		2 FILER NAME <b>DON T. HASE</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>2-24-14</b>		5 Payee name <b>FED EX</b>			
6 Amount (\$) <b>\$1611.04</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>1518 E. SOUTHLAKE BLVD SOUTHLAKE, TX</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>POSTCARDS</b>	
Date <b>2-24-14</b>		Payee name <b>U. S. POSTAL SERVICE</b>			
Amount (\$) <b>\$4760.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>ARLINGTON, TX 760049998</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>	
Date <b>2-24-14</b>		Payee name <b>U. S. POSTAL SERVICE</b>			
Amount (\$) <b>\$2720.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>FT WORTH TX 761619804</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>	
Date <b>2-24-14</b>		Payee name <b>U. S. POSTAL SERVICE</b>			
Amount (\$) <b>\$2616.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>FT WORTH, TX 761029997</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>STAMPS</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME DON T. HASE	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 2-24-14	<b>5</b> Payee name U.S. POSTAL SERVICE
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<b>6</b> Amount (\$) \$ 408.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code ARLINGTON TX 760174198
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) STAMPS
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Date 2-27-14	Payee name U.S. POSTAL SERVICE
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Amount (\$) \$ 277.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code BEDFORD TX 760215896
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) STAMPS
------------------------	---	---

Date 2-27-14	Payee name FALCON DOCUMENT SOLUTIONS, LP
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Amount (\$) \$ 4608.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 301 COMMERCE ST # 240 FT WORTH TX 76102
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MAILOUTS
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

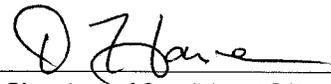
1 C/OH NAME

Don T. Hase

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

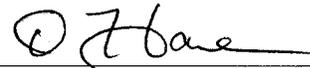
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder