





# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

FILED  
 TABS  
 20140813  
 11:09  
 ELECTIONS ADMINISTRATION  
 183

**1** Total pages Schedule A: *183*

**2** FILER NAME: *Matt Hayes*

**3** ACCOUNT # (Ethics Commission Filers):

**4** Date: *7/3/14*

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): *William Nolan*

**6** Contributor address; City; State; Zip Code: *3617 W Park Row Dr  
Arlington TX 76013*

**7** Amount of contribution (\$): *\$100<sup>00</sup>*

**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: *8/24/14*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): *RLRW PAC*

Contributor address; City; State; Zip Code: *P.O. 174431  
Arlington TX 76003*

Amount of contribution (\$): *\$375<sup>00</sup>*

In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: *8/28/14*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): *Ben Dostocil*

Contributor address; City; State; Zip Code: *5306 Mansfield Rd.  
Arlington, TX 76017*

Amount of contribution (\$): *\$250<sup>00</sup>*

In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: *8/28/14*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): *Mike Walker*

Contributor address; City; State; Zip Code: *717 Shady Creek  
Kennedale TX 76060*

Amount of contribution (\$): *\$500<sup>00</sup>*

In-kind contribution description (if applicable):

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: *8/29/14*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_): *Tom Ritteo*

Contributor address; City; State; Zip Code: *812 Riviera Dr  
Mansfield TX 76063*

Amount of contribution (\$): *\$200<sup>00</sup>*

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.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

2014 OCT -3 11:11:09  
ELECTIONS ADMINISTRATOR

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2 of 3</b>	
2 FILER NAME <i>Matt Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>9/3/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Martin</i>	7 Amount of contribution (\$) <i>\$500<sup>00</sup></i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>PO Box 91588 Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>9/8/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ft Worth Republican Women</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>PO Box 101613 Ft. Worth, TX 76185</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Wilder</i>	Amount of contribution (\$) <i>\$100<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>209 W. 2<sup>nd</sup> St Ft. Worth TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/10/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alan Petsche</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3850 Ballaire Cld Ft Worth TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/11/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linebarger, Goggins, Blair &amp; Sampson</i>	Amount of contribution (\$) <i>\$1000<sup>00</sup></i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 17428 Austin, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

FILED  
TARRANT COUNTY

**SCHEDULE A**

2014 OCT - 3

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

The Instruction Guide explains how to complete this form.

2 FILER NAME **Matt Hayes**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**9/15/14**

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

**Toby Goodman**  
6 Contributor address; City; State; Zip Code  
**5001 S. Cooper St  
Suite 212  
Arlington TX 76017**

7 Amount of contribution (\$) **\$350<sup>00</sup>**

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  
**9/22/14**

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

**Richard Carter**  
Contributor address; City; State; Zip Code  
**PO Box 171448  
Arlington TX 76003**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/22/14**

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

**RWA PAC**  
Contributor address; City; State; Zip Code  
**PO Box 14317  
Arlington TX 76094**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/24/14**

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

**ARC PWR PAC**  
Contributor address; City; State; Zip Code  
**PO. Box 14095  
Arlington TX 76094**

Amount of contribution (\$) **\$250<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**9/2/14**

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

**Tom Cravens**  
Contributor address; City; State; Zip Code  
**501 S. Fielder  
Arlington, TX 76013**

Amount of contribution (\$) **\$100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL EXPENDITURES**

FILED  
TARRANT COUNTY

**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: 1 of 2	<b>2</b> FILER NAME Matt Hayes	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 7/6/14	<b>5</b> Payee name Craig Ownby
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<b>6</b> Amount (\$) 2233 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 7106 Lighthouse Rd Arlington TX 76002
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<b>8</b> 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) Campaign Consulting
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/17/14	Payee name Katrina Jorgenson
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Amount (\$) 105 <sup>00</sup>	Payee address; City; State; Zip Code Kat@Vebation.com
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Exp	Description (If travel outside of Texas, complete Schedule T) Website Hosting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/5/14	Payee name Elite Flyers.com
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Amount (\$) 315 <sup>00</sup>	Payee address; City; State; Zip Code Elite Flyers.com
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Printing Exp	Description (If travel outside of Texas, complete Schedule T) Pushcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/11/14	Payee name Dan Fernandez
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Amount (\$) 1794 <sup>00</sup>	Payee address; City; State; Zip Code 1375 Gilman Ft Worth TX 76140
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Advertising Exp	Description (If travel outside of Texas, complete Schedule T) Signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Revised 04/19/2013

# 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 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.

<b>1</b> Total pages Schedule F: <i>2 of 2</i>	<b>2</b> FILER NAME <i>Matt Hayes</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <i>9/25/14</i>	<b>5</b> Payee name <i>GoDaddy.com</i>
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<b>6</b> Amount (\$) <i>306.50</i>	<b>7</b> Payee address; City; State; Zip Code <i>GoDaddy.com</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <i>website hosting</i>
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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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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