CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH instruction G	uide expisins how to complete this form.		14
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	MR Tommie		Date Received
	NICKNAME LAST	SUFFIX	
	Jom Hathorn		T/ 201 ELE: BY:
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	FRANK FRANK FRANK
Change of Address			PHILL CO
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand deffeed or Date Postmarked
6 CAMPAIGN	M6 / MRS / MR FIRST	MI	Receipt # Conhount & Conhount &
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	Hathorn	35	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / S	UITE #: CITY: STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	07/01/15	THROUGH 12	/31 / 15
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	03/01/16 General	Special	
12 OFFICE	OFFICE HELD (II any)	13 OFFICE SOUGHT (If known	1)
			2 .
		CONSTABLE A	ot 1
	go то	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	1 1/		5 Filer ID (Ethics Commission Filers)
Tomm	IE L HO	HOON	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	Otice of Political Contributions accepted or Political Expendit HDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE SEEN MADE WIT INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	8 11 12
	SPECIFIC		TARRA 2016 JAN LECTIONS
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			NT CO NT CO NT CO
		COMMITTEE CAMPAIGN TREASURER ADDRESS	70
	·		9:58 STRATOR
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THASS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1.000
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,380 96/20-
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$
18 AFFIDAVIT	The same and the s		
	BRANDI M. BREW NOTARY PUBL STATE OF TEX My Comm. Exp. 04-08-	true and correct and includes all info under Title 15, Election Code. JC AS 2017 Signature of Cape	erjury, that the accompanying report is rmation required to be reported by me
AFFIX NOTARY STAM			
Sworn to and subsc	ribed before me, i	by the said Tommie L. Hathorn	, this the
day of anua	ry 20 lle.	to certify which, witness my hand and seal of office.	المد ما ١٨
	Lead	- Drance III. Brewton	Cur
Signature of officer a	dministering dath	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)
	Tommie L Hathaen		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ -
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1,000
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ _
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 245 96/
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 135 00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0

TARRANT COUNTY

2016 JAN 15 AM 9: 58

FRANK PHILLIPS
ELECTIONS ADMINISTRATOR

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 11/28/15 JOESPH TIMS 6 Contributor address: City: State: Zip Code 1305 OTTINGER RD Keller TX 76262 \$ 500 00 8 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) \$ 50000 12/4/15 Jon Robbins City: State: Zip Code 212 COPPER CREEK LAKE SIDE TX 76108 Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:_ 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

Th	s Instruction Guide expisins how to complete this form	ı .	1 Total pages Schedule A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Tan	mie I Hathorn				
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ -		
5 Date	6 Full name of contributor)	8 Amount of . 9 In-kind contribution Contribution \$. description		
	7 Contributor address; City; State; Zip Cod	,			
			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
16 if contributor	is a child, law firm of parent(a) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	The state of the s	Amount of . In-kind contribution Contribution \$. description		
Contributor address; City; State; Zip Code			:		
			Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
			TARRAN 19 2016 JAN 19 2016 JAN 19 ELECTIONS AF		
			TARRANT COUNTY 2016 JAN 15 AM 9: 58 ELECTIONS ADMINISTRATOR BY:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ommie TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor . 9 In-kind contribution out-of-state PAC (ID#:_ Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check If travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of piedgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description Pledgor address; City: State; Zip Code Check if travel outside of Texas. Complete-Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) 2 5 ---15 OM ကဲ့ ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for edditional reporting requirements.

	LOANS			SCHEDULE E			
	The	instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:			
2	FILER NAME	omente per la pert suci de la del control de comente este de describo este del control de la control	no Considera da mencando escar publicidad de metabente empre em est em resume que com mencion embondo discreta	3 Filer ID (Ethics Commission Filers)			
-	Tomnie	Ltathoen					
4	TOTAL OF UN	ITEMIZED LOANS		\$			
5	Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)			
6	3 Is lender address; City; State; Zip Code a financial institution?			10 Interest rate			
	Y N			11 Maturity date			
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Colla	ateral	15 Check if personal funds were account (See Instructions)	deposited into political			
16	GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)			
	INFORMATION 18 Guarantor address; City; State; Zip Code						
	not applicable						
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	• PAC (ID#:)	Loan Amount (\$)			
	is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate B Maturity date = 1			
	YN	ne producti del dide se como mano alla recibili di un como de como de didente se presente del colo di Melle Se como a servizio		Maturity data FRAA			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	NT CO			
	Description of Colle	ateral	Check if personal funds were account (See Instructions)	deposited into political			
	none						
	GUARANTOR INFORMATION	Name of guarantor		Amount Guagenteed			
		Guarantor address; City;	State: Zip Code	1			
	not applicable						
	Principal Occupati	on (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 MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPEN	IDITURE CATE	GORIES F	OR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Contributions/Donations Made By Cradi Card Payment		Legal Services	e Expense emorials Expense s	Office Over Polling Exp Printing Exp Salaries/Wi	pense ages/Contract Labor	Transportati Travel In Di Travel Out (Related	
Citoti Gao'i ajirisii		The Instruc	ction Guide explai	ns how to co	omplete this form.				- The section of the
1 Total pages Schedule F1:	2 FILER N	AME				3 Filer IC	(Ethics Com	mission	Filers)
4 Date	5 Payee na		THE ROOM	1 Kan	Party				
6 Amount (\$)	7 Payee ac	M LCCUM	TY REPUL	Zin Code	18/1	Art manager to the second seco		W. W. C. W.	
1,000					230 FT	WORAF	TRAS 7611	8	
8 PURPOSE OF	(a) Category	/ (See Categories	s listed at the top of this	schedule)			Complete Schedule der living expens		
EXPENDITURE	FILING	b Fee				odarca, kirini esporanto			
9 Complete ONLY if direct expenditure to benefit C/OH	_	ate / Officeho	tethorn		CONSTABLE	PCT 1	Office	e held	
Date	Payee na	ime							
Amount (\$)	Payee ac	idress;	City; State:	Zip Code					
A Company of Community of March 1995 (1995) and the Company of Community of Community (1995).	Category	(See Categories	s listed at the top of this	schedule)	Description			on the state of th	
PURPOSE					Check if travel or	utaide of Texas. C	omplete Schedule	T.	
OF EXPENDITURE					Check if Austir	n, TX, officehold	ler living expense	9	
Complete ONLY if direct expenditure to benefit C/OH	D 440 - CO - CO	ate / Officeho	lder name		Office sought	BY:-	m Office	20 16 与	TARI
Date	Payee na	ame					5/2		DTI
							5天	55	HE!
Amount (\$)	Payee ac	ldress;	City; State;	Zip Code			IP ST	=	NU Y
	-						TRATO	9: 58	-<
	Category	(See Categories	listed at the top of this	schedule)	Description		72		
PURPOSE					Check if travel or	utside of Texas. C	omplete Schedule	T.	
OF EXPENDITURE					L] Check if Austir	n, TX, officehold	ler living expens	•	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name	alahan a Visi or managan arab	Office sought		Offic	e held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Contributions/Described (Palitical Committee)

Event Expense Foos Food/Boverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F2:	2 FILER NAME. 1000 Mile L Hathorn 3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS \$						
5 Date	6 Payee name						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
9 TYPE OF EXPENDITURE	Political Non-Political						
10	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE OF	Check if travel outside of Texas, Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held						
Date	Payee name ELEC 70.5						
Amount (\$)	Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE	Political Non-Political SEPS 99						
	Category (See Categories listed at the top of this achedule) Description Check if travel outside of Texas. Opposite Schadule T.						
PURPOSE	Check if travel outside d'Texas. Opgiplete Scriedule T. Check if Austin, TX. efficeholder living expense						
EXPENDITURE	Should have been seen as a second of the sec						
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

			and the second				
TI	ne instruction Guide explains how to complete this form.	1	Total pa	ages Sc	hedule F3:	dela filologica como de la deservación	
2 FILER NAME	ommie L Hathorn	3	Filer ID	(Ethics	Commission	Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; Cit	 ty;	, .	State;	• • • • • •	Zip Cod	 •
	7 Description of investment			en e		VIII TONGO	
	8 Amount of investment (\$)		enemon (de l'annual)		al tage a second and a second a		
Date	Name of person from whom investment is purchased						der der een van de Make Valen van en van een van van verde van de de van de van de verde van de verde van de v De van een van de Make Valen van de van d
	Address of person from whom investment is purchased; Cit	, , y;	• • •	State	 :	Zip Code	•
	Description of investment				ELECTIONS ELECTIONS	2016 JAN	TARRAN
	Amount of investment (\$)				ADMINISTRAT	5 AM 9: 5	WEB THY
					3		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS	NEED	ED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimburse Office Overhoad/Rontal Exp Polling Expense Printing Expense Salaries/Wages/Contract La	onse Transportation Equipment & Related Expense Travel In District Travel Out Of District		
	The Instruction Guide expl	ains how to complete this fo	orm.		
1 Total pages Schedule F4:	2 FILERNAME Tommie L Hathor	N	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE		D \$		
5 Date	6 Payee name	enga ang ana da			
11/21/15	Uista PRINT				
7 Amount (\$)	8 Payee address; City; State	; Zip Code			
8245 96	95 HAyden AVE. Lexin	uston MA. 04	21		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top o	f this schedule) (b) De	scription		
PURPOSE			Check if travel outside of Texas. Complete Schedule T.		
OF	A		Check if Austin, TX, officeholder living expense		
EXPENDITURE	PRINTING EXPENSE		JOHNOC II AUSIIN, 1-A, OHIOSHUUGI IIVING VAPENING		
11 Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OI	H	.	0 .		
	Tommie LHatho	in Constabi	e KCT l		
Date	Payee name	AND MINISTER OF THE PROPERTY O			
Amount (\$)	Payee address; City; State	; Zip Code			
	, ayou address. Only, change	, Ep 0000	·		
			TA 2016 ELEC BY:_		
			FARR		
TYPE OF EXPENDITURE	Political	Non-Political	RANK BASS		
	Category (See Categories listed at the top o	f this schedule) De	scription GD U T		
PURPOSE			Check It travel outside of Texas Complete Schedule		
OF EXPENDITURE			Check if Austin, TX, office Hower living expense		
EXPENDITORE			HY 88 58		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
		March San Anna Control of Control			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Craft 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/Wages/Contract Labor Solicitation/Fundralsing 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 t	o complete this form.	,
1 Total pages Schedule G:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
1	Tommie L Hathoen		
4 Date	5 Payee name		
11/21/2015	UISTA PRINT		
6 Amount (\$) 96	7 Payee address; City; State; Zip Code		
a g 45	95 Hay 54 2 45		
Reimbursement from political contributions intended	45 HAYDEN AVE. LEXINSTE	N MA. 02421	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE		Check if travel outside of Tex	·
	A CONTRACTOR OF THE CONTRACTOR		
9 Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	им удовору температура (образования в предоставления в п	
Amount (\$)	Payee address; City; State; Zip Code		
, www.			
Reimbursament from			
political contributions intended			1 20 EL 20
DURDORE	Category (See Categories listed at the top of this schedule)	(b) Description	cas. Complete Schedule T. A.R. A.R. A.R. A.R. A.R. A.R. A.R. A
PURPOSE OF		Check if travel outside of Tex	ras. domplete Schedule T.
EXPENDITURE		Check if Austin, TX, office	beholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	C Diffice Red C
Date	Payee name		20 v9 2
			× 59
Amount (\$)	Payee address; City; State; Zip Code		
			Ť
Reimbursement from political contributions intended	A.		
PURPOSE	Category (See Categories listed at the top of this schedule)	(b) Description	
OF		Check if travel outside of Tex	•
EXPENDITURE		Check if Austin, TX, offic	eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 (enter a category not listed above)

Great Card Fayment	The instruction Guide explains how	to complete this form.					
1 Total pages Schedule H:	Tommie L Hathorn	3 F	iler ID (Ethics Commission Filers)				
4 Date	5 Business name						
6 Amount (\$)	7 Business address; City; State; Zip Code)					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel cutside of Texas Check if Austin, TX, officel	·				
S Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held				
Date	Business name						
Amount (\$)	Business address; City; State; Zip Cod	8	70 II 20 II ELE(
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officel	nolder living experite - 5				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Singe held				
Date	Business name		9				
Amount (\$)	Business address; City; State: Zip Cod						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas Check if Austin, TX, officel	·				
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3	Filer ID (Ethics Commission	Filers)		
İ	Tammie L HatnoRN					
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address; City; State; Zip Code	,				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instr required.)	tructions regarding type of information	n		
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instrequired.)	tructions regarding type of formallo	000		
Date	Payee name		===	LED TED		
Amount (\$)	Payec address; City; State; Zip Code		M 9: 59	A LMC		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See inst required.)	tructions regarding type of informatio	n		
Date	Payee name		ikat u salah di Salah da Asay da Baranga a salah da Asay da Baranga a salah da Salah da Salah da Salah da Salah			
Amount (\$)	Payee address; City: State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See inst required.)	tructions regarding type of informatio	n		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED!	ED	-		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		dule K:	
2 FILER NAME 3 FILER ID (Ethics Tommie L Hathinen			Commission Filers)
4 Date	5 Name of person from whom amount is received	ang minganing meneng saparan and akadam pameran manakan mingan pamera ang ma	6 Amount (\$)
	6 Address of person from whom amount is received; City; State;	Zip Code	-0-
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State		
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received	87:_	ZARI (STARI ELECT
	Address of person from whom amount is received; City; State;	Zip Code	RANT COUNTY RANT COUNTY RANK PHILLIPS to file returnant
	Purpose for which amount is received Check if	political contribution	returned to file 59
Date	Name of person from whom amount is received		Amount (\$)
·	Address of person from whom amount is received; City; State	; Zip Code	
,	Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			