Texas Ethics Commission

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER		MI	OFFICE USE ONLY
NAME	MR, DON NICKNAME LAST	SUFFIX	Date Received IT
	HASE		RRAN I
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked
change of address	1111211211111111111111		Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Processed
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	—— MI.	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
	HASE		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day / 1 / 3 / /	Year / 2013
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2 0 1 Y	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		COURT IT	NTY CRIMINAL (TARRANT)
	GO TO PAG	∋E 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME	Don T	15 A	CCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL	CANDIDATE / OFFICEH	E OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY FOUNDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY R	'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	TARR 2014 JA	
	GENERAL	COMMITTEE ADDRESS	STEVE AND THE	
N/A	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		N/A		
	W/A	COMMITTEE CAMPAIGN TREASURER ADDRESS	22	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 300,00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,345,00	
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 8,443.12			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY REPORTING PERIOD	\$ 3,717.62	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 6,000,00	
18 AFFIDAVIT		I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.	' ' '	
Not N	MALINDA A DAVIS ary Public, State of My Commission Exp December 22, 20	lexas res	ate or Officeholder	
AFFIX NOTARY STA				
12	scribed before	me, by the said $\frac{14}{2}$, to certify which, witness my 1		
Malina	al Oau	De Malinda A. Dovis	WotaryPublic	
Signature of officer adm	inistering oath	Print name of officer administering oath Title	e of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule AUG
2 FILER NAME	DON T. HASE		3 ACCOUNT # (E	thics Commission Effers)
4 Date	5 Full name of contributor □out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution < description (if applicable)
7-24-13	6 Contributor address; City; State; Zip Code		\$150,00	
9 Contributor's p	1803 LAKESIDE ALL 760	10 Contributor's job		of Texas, complete Schedule T)
•	ATTORNEY AT LAW			LIW
	mployer/law firm	A TTOR 12 Law firm of contril	butor's spouse (if an	у)
TI COMMIDATOR	KB HONES	\ \tag{\tau}	A	
13 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8-6-13	Contributor address; City; State; Zip Code 3204 FAIR VIEW		500,00	
	FT WORTH TX	76111	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation RをTILをも	Contributor's job	title L€71RED	
Contributor's e	mployer/law firm	Law firm of contrib	butor's spouse (if an	y)
	RETIREN		NA	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor Dut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	Contributor address; City; State; Zip Code		\$ 500.00	
÷	FT WORTH TX 7	6102	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
- 484	ATTORNEY AT LAW	ATT	TOLNEY /	17 LAW
~ .	mployer/law firm		butor's spouse (if an	
JERRY	WOOD ATTURNEY AT LAW	<i></i>	NTY JUL	66 CCC 6
If contributor is	a child, law firm of parent(s) (if any)			
If cont	ATTACH ADDITIONAL COPIES C tributor is out-of-state PAC, please see instru			ng requirements.

SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	neglule A(4): ZO TA
2 FILER NAME	DON T. HASE		3 ACCOUNT # (E	thics Commission Ellers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
8-7-13	ERIC NELSON 6 Contributor address; City; State; Zip Code 3711 DUSTIN TRAIL	76016	500,00	description(if applicable)
	DALWORTHINGTON GARDE	ns 7x	(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	10 Contributor's job	title	
GENER	ZAL CONTRACTOR	GENE	RAL CO	NTRACTOR
11 Contributor's e	mployer/law firm	12 Law firm of contril	butor's spouse (if any	v) .
13 If contributor is	s a child, law firm of parent(s) (if any)		,	
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of	In-kind contribution
8-7-13	STEPHANIE K. PATT Contributor address; City; State; Zip Code 2101 MONEDA ST.		oontribution (\$) \$300, ∞	description(if applicable)
	FT WORTH, TX 76	11/		of Texas, complete Schedule T)
Contributor's p	rincipal occupation ATTORNEY AT LAW mployer/law firm OATTEN ATTY	Contributor's job t	title	107 2 4 1 2
Contributor's el	mployer/law firm	Law firm of contril	nutor's spouse (if any	AT LAW
STEPHAN	a child, law firm of parent(s) (if any)		NIA	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorbut-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	LANCE EVANS Contributor address; City; State; Zip Code 1) 5 W , Q^{ND} 5T, Ξ		\$200,00	
	FT WORTH TX	76102	(If travel outside	of Texas, complete Schedule T)
	rincipal occupation	Contributor's job t		
	TORNEY AT LAW		RNEY AT	
	mployer/law firm	Law firm of contrib	butor's spouse (if any	n
LANCE	a child, law firm of parent(s) (if any)		20/14	
if contributor is	a chiid, iaw tirm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME	DON T. HASE		3 ACCOUNT # (E	illics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-Kind contribution
8-7-13	CRAIG ALLEN DAMERO 6 Contributor address; City; State; Zip Code 701 W. BELKNAP FT WOLTH, TX 761		Contribution (\$)	description(if applicable)
9 Contributor's p	rincipal occupation	10 Contributor's job		- ' - ' - ' - ' - ' - ' - ' - ' - ' - '
ATT	ORNEY AT LAW	ATT	ORNEY A	t LAW
11 Contributor's el	mployer/law firm	12 Law firm of contril	outor's spouse (if any	()
BA	KER + DAMERON		NIA	
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
8-7-13	Contributor address; City; State; Zip Code P. D. BOX 170053	7/002	S S S S S S S S S S S S S S S S S S S	description(if applicable)
	ARLINGTON TX	76003		of Texas, complete Schedule T)
ATTO	RNEY AT LAW		ORNEY /	47 ZAW
	mployer/law firm	Law firm of contrib	outor's spouse (if any	"
	SCHROEDER LAW P.C.		20/14	
If contributor is	a child, law firm of parent(s) (if any)	***************************************		
Date	Full name of contributorout-of-state PAC (ID#:		Amount of l contribution (\$)	In-kind contribution description(if applicable)
8-7-13	Contributor address; City; State; Zip Code 6311 SEAFORD RD		\$ 100.00	_
	ARLINGTON TX 7600	1	(If travel outside	of Texas, complete Schedule T)
Contributor's pr	rincipal occupation	Contributor's job		_
AT-	TORNEY	ASST. b	15TR1CT	ATTURNEY
TARRAN	mployer/law firm IT COUNTY DA'S OFFICE	Law firm of contrib	outor's spouse (if any	7)
If contributor is	a child, law firm of parent(s) (if any)			

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SCHEDULE A (J)

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	Redule ACD:	TAR
2 FILER NAME	DON T, HASE		3 ACCOUNT # (E	thics Commission Filers)	RATE I
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of	8 In-kind contribution	ori
8-7-13	DENISE A. LUPE 6 Contributor address; City: State; Zip Code 5002 KEE BROOK ARLINGTON TX		contribution (\$)	description(if applic	able)□
9 Contributor's p	rincipal occupation	10 Contributor's job		or rexas, complete Schedu	ule I)
	PASTOR	P	ASTOR		
11 Contributor's er		12 Law firm of contri	butor's spouse (if any	y)	
	MEMORIAL U.M.C.		NA		
13 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
8-7-13	Contributor address; City; State; Zip Code 505 S, FIELDER	7.7	contribution (\$)	description(if applica	able)
	ARLINGTON TX 7	6013	(If travel outside	of Texas, complete Schedu	ıle T)
	rincipal occupation	Contributor's job t	title	100	
	RNEY AT LAW			47 LIW	
	mployer/law firm	Law firm of contrib	outor's spouse (if any	<i>(</i>)	i
	a child, law firm of parent(s) (if any)		/*/A		
if contributor is	a child, law firm or pareful(s) (If any)				
Date	Full name of contributor Dout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contributio description(if applica	
8-7-13	Contributor address; City; State; Zip Code		\$		
0 1 1 3	3611 BLUE FOREST		\$100.00		
	ARLINGTON TX	76001	(if travel outside	of Texas, complete Schedu	ile T)
Contributor's pr	incipal occupation	Contributor's job t	title		
	RETILES		RETIRES		
	nployer/law firm RETILED	Law firm of contrib	outor's spouse (if any	/)	
If contributor is	a child, law firm of parent(s) (if any) \mathcal{N}/\mathcal{A}				

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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	redule A(J):
2 FILER NAME	DON T. HASE		1	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In kind contribution
8-7-13	STEVEN SPARKS 6 Contributor address; City; State; Zip Code 6933 CANYON SPRINGS	RD	contribution (\$)	description(ifapplicable)
	FT WORTH TX 7613	2	(If travel outside	of Texas, complete Schedule I);
9 Contributor's p	rincipal occupation ATTORNEY	10 Contributor's job	title Di STRI	ICT ATTORNEY
11 Contributor's er	mployer/law firm	12 Law firm of contril	butor's spouse (if any	()
	UT COUTY DA'S FICE a a child, law firm of parent(s) (if any) WA		<u>/+</u>	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	Contributor address; City; State; Zip Code 2812 BROADACRES		\$100,00	
	DALLOSTHINGTON GARDO	nus Tx	(If travel outside	of Texas, complete Schedule T)
A	rincipal occupation ててのLルドイ	Contributor's job t	DISTRICT	T ATTOLNEY
	mployer/law firm TO COUNTY M'S OFFICE	Law firm of contrib	butor's spouse (if any	WORTHINGTON
	a child, law firm of parent(s) (if any)			GARSONS
Date	Full name of contributorout-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	Contributor address; City; State; Zip Code 11816 RIVER VIEW WAY	`	\$75.00	
	ALESO, TX 76008		(If travel outside	of Texas, complete Schedule T)
. .	rincipal occupation	Contributor's job t		
	FORNEY AT LIW		VEY AT C	16
THOMPSO	mployer/law firm PN + KNIGHT LLP	Law firm of contrib	butor's spouse (if any	1)
If contributor is	a child, law firm of parent(s) (if any)			
	<i>()</i>			

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SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	Adule APP: 7014
2 FILER NAME			3 ACCOUNT # (E	thics Commission Ellers)
	DON T. HASE			
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		8 In-kind contribution
8-7-13	TINA M. PLUNKET 6 Contributor address; City: State; Zip Code 6423 NELLIE DR. ARLINGTON TX 7		contribution (\$)	description(if applicable)
9 Contributor's p	rincipal occupation	10 Contributor's job		of Texas, complete Schedule T)
3 Contributors p	DENTAL OFFICE	_	S ASSIST	117
11 Contributor's e		12 Law firm of contri	butor's spouse (if any	()
	S SOUTHWEST DENTAL	12 247 11177 01 001141	N/A	
	a child, law firm of parent(s) (if any)		2001.	
	N/A			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	PATRICK T. CURRAN Contributor address; City: State: Zip Code 2101 MONEDA ST, FT WORTH TX 76	<u> </u>	\$50,00	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
				T LAW
	mployer/law firm	ATTO.	outor's spouse (if any	()
PATRICK	CURRAN ATTORNEY AT LA	Y	N/A	
If contributor is	a child, law firm of parent(s) (if any)			
	~/A			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	ELIZABETH AS COCK Contributor address; City; State; Zip Code 1010 SHORTLEAF PINE			
/	ARLINGTON TX 76			of Texas, complete Schedule T)
A	rincipal occupation TTOLNEY AT LAW	Contributor's job		TTORNEY
Contributor's e	mployer/law firm SOUTHERN PLAINS LCC	Law firm of contril	outor's spouse (if any	<i>(</i>)
	a child, law firm of parent(s) (if any)			

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P.O. Box 12070

SCHEDULE A (J)

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	dule A(J):
2 FILER NAME	DON T. HASE		3 ACCOUNT # (Eth	rics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 Inskind contribution
	DAVID D. LAMBER OF Contributor address; City; State; Zip Code TOO LEI SURE DR LEFT WOATH TX 76		\$30,00	desemption(if applicable)
9 Contributor's p	rincipal occupation	10 Contributor's job		O
	CONSULTANT		ETIRED	1
11 Contributor's en	mployer/law firm	12 Law firm of contril	butor's spouse (if any)	
13 If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	LYNDA M. PARRA Contributor address; City; State; Zip Code 5421 CATLOW VALLEY		\$ 20.00	————
	FT WORTH TX 7613	7	(If travel outside of	f Texas, complete Schedule T)
	rincipal occupation	Contributor's job	title	HLYS7
Contributor's er	mployer/law firm	Law firm of contrib	outor's spouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description(if applicable)
8-7-13	Contributor address; City; State; Zip Code 1200 COUNTY RD 904 JOSHUA TX 76058		\$20,00 (If travel outside or	f Texas, complete Schedule T)
	rincipal occupation	Contributor's job		400
FACILITI			S + FINAL	ICE ASSOCIATE
Contributor's er	mployer/law firm VITED METHODIST ARLINGTON	Law firm of contrib	outor's spouse (if any)	_
	a child, law firm of parent(s) (if any)	<u>'</u>	70/10	
ii contributor is	a child, law little of parent(s) (if any)	U/A		

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SCHEDULE A (J)

		•			
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A(J):	
2 FILER NAME	DON T. HASE		3 ACCOUNT # (E	thics Commission Filers)	RRA
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		8 In kind contribut	
8-8-13	PAUL A, CONNER 6 Contributor address; City; State; Zip Code 307 W, 7TH ST, #190		P250°	ABON RATOR	
	FT WORTH TX 7	10 Contributor's job		of Texas, complete Sched	lule T)
9 Contributor's p	rincipal occupation	10 Contributors job	title	AT LAW	/
File	DLUEY A7 LAW	12 Law firm of contril	OZ/O - (71 210	<u> </u>
		12 Law firm of contril	butor's spouse (if any	y)	
13 Kanatributaria	s a child, law firm of parent(s) (if any)		7 - ///		
13 if contributor is	N/A				
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribut	
9-26-13	JAMES D. BETHKE Contributor address; City; State; Zip Code 11705 JONQUIL CT,		contribution (\$)	description(if applie	cable)
	AUSTIN, TX 7875	0		of Texas, complete Sched	lule T)
Contributor's p	rincipal occupation	Contributor's job	_		
ATTOR	ENEY DIRECTOR mployer/law firm	1012	ECTOR		
			outor's spouse (if any	y)	
DXAS IN	UDIGENT DEFENSE COMMISSION	/	N/B		
If contributor is	a child, law firm of parent(s) (if any)	NIA	11	. APARTY	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribut description(if applic	
9-30-13	Contributor address; City; State; Zip Code 3313 HERITAGE LN		\$150,00		
	FOREST HILL TX 76			of Texas, complete Scheo	lule T)
A-	rincipal occupation TTORNEY AT LAW	Contributor's job	END A	t LAW	
Contributor's e	mployer/law firm TOHUS ATTOLUTY LAW	Law firm of contril	butor's spouse (if any	()	
If contributor is	a child, law firm of parent(s) (if any)	N	N		

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P.O. Box 12070

SCHEDULE A (J)

		•		
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule A(J):
2 FILER NAME			3 ACCOUNT # (E	柳ics Commission Filers)
	DON T. HASE			
	JON 11 TIME			3, 2
4 Date	5 Full name of contributorout-of-state PAC (ID#:			8 m-kind contribution
	00 0 11.11 -		contribution (\$)	description(if applicable)
ĺ .	URVILLE A. HAZE			
12-2-13	6 Contributor address; City; State; Zip Code	1. L	F1000,00	1 FE - SH
, • -	ORVILLE A. HASE 6 Contributor address; City; State; Zip Code 4242 BRYANT TRVIN 1	2D #129	1000,00	
	2 22 7	(, , 0		and the second
	BENBROOK TX 7	6107	(If travel outside	of Texas, complete Sehedule T)
9 Contributor's p	rincipal occupation	10 Contributor's job	title	3 -
	RETIRES	12 Law firm of contri	RETIRED	5
11 Contributor's e	mployer/law firm	12 Law firm of contri	butor's spouse (if any	y) [*]
	RETIREN		$\mathcal{N}/\!\!/\!\!/ A$	
13 If contributor is	s a child, law firm of parent(s) (if any)			
	Manager A			
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
	JAMIE HUGHEY			
12-21-12	Contributor address; City; State; Zip Code		\$	
(2-200)	Contributor address; City; State; Zip Code 1404 MONTGOMERY C	T	\$250,00	r 1
	SOUTHLAKE TX 76	072	(If travel outside	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job		
	RETIRES		RETIRE.	<u> </u>
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	y)
	RETIRED		N/M	
If contributor is	a child, law firm of parent(s) (if any)	י אל נ		
		771		
Date	Full name of contributorout-of-state PAC(ID#:		Amount of	In-kind contribution
			contribution (\$)	description(if applicable)
	Contributor address; City; State; Zip Code			·
				·
			l	of Texas, complete Schedule T)
Contributor's p	rincipal occupation	Contributor's job	title	
Contributor's e	mployer/law firm	Law firm of contri	butor's spouse (if any	0
If contributor is	a child, law firm of parent(s) (if any)			

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LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedule E(J):		
2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
DON T. HASE			
TOTAL OF UNITEMIZED LOANS:	\$		
5 Date of loan 7 Name of lender ut-of	-state PAC (ID#:) 9 Loan Amount (\$)		
8-7-13 DON T. HAS.	5000.00		
6 Is lender a financial Institution? 8 Lender address; City; State; Zip	Code 10 Interest rate		
YN ARLINGTON	7 7 7 6 0 0 3 11 Maturity date		
12 Lender's Principal Occupation	13 Lender's Job Title		
ATTORNEY	ATTORNEY		
14 Lender's Employer/Law Firm B t L L + 1 ASE PC 15 Law Firm of lender's spouse (if any)			
16 If lender is child, law firm of parent(s) (if any)			
NA			
17 Description of Collateral	18 Check if personal funds were deposited into political account		
none			
19 GUARANTOR 20 Name of guarantor INFORMATION	22 Amount Guaranteed (\$)		
INFORMATION			
21 Guarantor address; City; Stat	ZOIL JAN STEVE STE		
23 Guarantor's Principal Occupation	24 Guarantor's Job Title		
25 Guarantor's Employer/Law Firm	26 Law Firm of guarantor's spouse (if any)		
27 If guarantor is child, law firm of parent(s) (if any)	OR.		

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

LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.			edule E(J):		
2 FILER NAME	~		3 ACCOUNT#	(Ethics Commission Filers)	
	DON T. HASE				
TOTAL OF UNITEMIZED LOANS: ⇔ ⇔ ⇔ ⇔ ⇒			\$		
5 Date of loan	Date of loan 7 Name of lender out-of-state PAC (ID#:)			9 Loan Amount (\$)	
7-5-13	7-5-13 Jow T. HASE 3 Islender 8 Lender address; City; State; Zip Code		1000,00		
6 Is lender a financial Institution?	a financial 0 5 Power 17 4412		10 Interest rate		
Y (N)	ARLINGTON TX	76003		11 Maturity date	
12 Lender's Principal	•	13 Lender's Job Title			
	ATTORNEY		TTORNE	1	
14 Lender's Employer/Law Firm BALL + HASE PC		15 Law Firm of lender's spouse (if any)			
16 If lender is child, law firm of parent(s) (if any)					
17 Description of Collateral		18 Check if personal	i funds were deposi	ited into political account	
none					
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)	
not applicable	21 Guarantor address; City; State	e; Zip Code		7/ 2014 ELEC	
23 Guarantor's Principal Occupation		24 Guarantor's Job	Title	JAN SIEV	
25 Guarantor's Employer/Law Firm		26 Law Firm of guar	antor's spouse (if a		
27 If guarantor is child, law firm of parent(s) (if any)			TRAITO L		
				22	

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co			
Accounting/Banking	Legal Services Solicitation/Fundra			
Consulting Expense Event Expense	Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist	contributions/Denations Made Evaluation Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/R	-thm		
	The Instruction Guide explains how to			
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filess)		
2	DON T. HASE	To Account # (galacs continues in Friends)		
4 Date	5 Pavee name			
	1			
8-7-13	PLAN A+B ADVISORS	LLC man dilar man dilar		
6 Amount (\$)	7 Payee address; City; State; Zip Code	E 225		
\$	850 COTTON DEPOT LAW	E 222		
* 2889.73	FT WORTH TX 761	0.2		
	Later to the second sec			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) ADVERAIS(M EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE, PHOTOS, LOGO, SOCIAL NEBIA		
EXPENDITURE	PLINTING EXPENSE	PUSH CARDS BANNER INVITATIONS		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	Н			
		13.14.14.15.15.15.15.15.15.15.15.15.15.15.15.15.		
Date	Payee name			
9-2-13	PLAN A+B ADVISORS	LLC		
Amount (\$)	Payee address; City; State; Zip Code			
\$, _ ~	850 COTTON DEPOT	LN 225		
\$427.84				
•	FT WORTH TX			
PURPOSE	Category (See categories listed at the top of this schedule) AD VERTI SING EXPENSE	Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	PRINTING EXPENSE	WABSITE, SOCIAL MEDIA		
Complete ONLY if disease	Candidate / Officeholder name	Business CARDS Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought		
-	A SA CONTRACTOR OF THE SAME OF			
Date	Payee name			
10-2-13	Plan A + B A D V I S Payee address; City, State; Zip Code	ORS LLC		
Amount (\$)	Payee address; City; State; Zip Code			
A = A = A = A = A = A = A = A = A = A =		308		
\$200,00		_		
	FT WORTH, T	X 16102		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	ADVERTISING EXPENSE	WEBSITE + SOCIAL MEDIA		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	Н			
Date	Payee name			
	$O \rightarrow A \rightarrow $	2115016 110		
11-17-13	PLAN A+B AD	VIJORS LL		
Amount (\$)	Payee address; City; State; Zip Code			
\$352,35	\$250 35 420 THROCKMORTON #200			
27412	FT WOLTH TX	76102		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF	AD VERTISING EXPENSE	WEBSITE, SOCIAL MEDIA		
EXPENDITURE	PRINTING EXPENSE	PUSH CARDS		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O	H			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

(512) 463-5800

SCHEDULE F POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reinsbursement Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee Travel In District Consulting Expense Food/Beverage Expense Event Expense Polling Expense Travel Out Of District Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME HASE 5 Payee name 4 Date PLAN A+B ADVISORS 7 Payee address; City; State; Zip Code 420 THROCK MORTON #200 12-11-13 6 Amount (\$) \$ 245,46 FT WORTH TX 76102 (a) Category (See categories listed at the top of this schedule) AD VERTISING EXPENSE PRINTING EXPENSE BUSINESS CARDS **PURPOSE** OF EXPENDITURE Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 8-7-13 Amount (\$) Payee address; City; State; Zip Code 144 2 ND ST. \$28.76 SAN FRANCISCO, CA Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE FUNDRAISING EXPENSE CARD FEE CLEDIT EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code 144 225 ST. 12-21-13 Amount (\$) SAN FRANCISCO, CA 94105 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF CLEDIT CARD FEE Office sought Office held FUNDRAISING EXPENSE **EXPENDITURE** Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 9-13-13 ALLINGTON REPOBLICAN CLUB Payee address; City; State; Zip Code P. O. BOX 14095 \$ 125,00 ARLINGTON, TX 76094 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** ADVARTISING EXPOSISE SPONSOR HOLE O GOLF TOURN Office holder name Office sought Office held OF **EXPENDITURE** Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

POLITICAL	EXPENDITURES	SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement lising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Lental Expense OTHER (enter a category not listed above) Complete this form.
1 Total pages Schedule F:	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ettics Commission Filers)
4 Date 12-4-13	TARRANT COUNTY A	REPUBLICAN PARTY
6 Amount (\$) 7 2500,00	7 Payee address; City; State; Zip Code 2405 GRAVEL DRIV FT WORTH, TX	£
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) FILING FEE
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	A A
12-5-13	TARANT COUNTY	REPUBLICAN PARTY
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	2405 GRAVEL DRIV FT WORTH, TX	76118
PURPOSE OF	Category (See categories listed at the top of this schedule) A SVEDT 1 3 I N G ドスクモルタモ	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	OFFICE OVERHEND	ADDRESS LABEZS: PRECINCY CHAIR
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
12-17-13	TARRANT COUNTY	REPUBLICAN PARTY
Amount (\$)	Payee address; City; State; Zip Code	, A
5	Payee address; City; State; Zip Code 2 4 0 5 G LAVEL FT WOLTH, T) Category (See categories listed at the top of this schedule)	DRIVE
\$175,00	FT WORTH, T)	(6/18
PURPOSE OF		
EXPENDITURE	ADVERTISING EXPENSE	LINCOLN DAY TABLE
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH		
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/C	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDITI E V S NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

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 cate of the cat			
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME 3 ACCOUNT # (Ethics Compassion Filers)			
3	DON T. HASE			
4 Date	5 Payee name			
7-3-13	5 Payee name OFFICE DEPOT 7 Payee address; City; State; Zip Code 100 CA STCHASS OKLAY			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1140,83	7 Payee address; City; State; Zip Code 1460 EASTCHASE PKWY			
Reimbursement from	7460			
political contributions intended	FT WORTH, TX			
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T)			
EXPENDITURE	ADVERTISING EXPENSE PUSHCARDS			
Date	Payee name			
7-11-13	MULHOLLAND			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 7,85	1332 N. MAIN ST.			
Reimbursement from political contributions	- 71.111			
intended	FT WORTH TX 76164			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF EXPENDITURE	ADVERTISING EXPENSE NAMEBADGE			
EXPENDITORE	THE PAULE TO THE PAULE			
Date	Payee name			
8-7-13	RISCKY'S BARBEQUE			
	The state of the s			
Amount (\$) # 850,00	Payee address; City; State; Zip Code			
P 850,00	300 MAIN ST.			
Reimbursement from				
political contributions intended	FT WORTH TX			
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
OF	FUND RAISER!			
EXPENDITURE	EVENT EXPENSE FOOD FIND BEVOLAGE			
Date	Payee name			
8-10-13	OFFICE DEPOT			
Amount (\$)	Payee address; City; State; Zip Code			
[‡] 23.76	3611 S. COOPER			
Reimbursement from				
political contributions intended	ALLINGTON [X 76015			
	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	Description (in traver outside or rexas, complete scriedule 1)			
OF EXPENDITURE	OFFICE OVERHAND RETURN ADDRESS LABEL			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

	EXPENDITURE CATEGORIES F	OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Con Legal Services Solicitation/Fundraisi Food/Beverage Expense Travel In District Polling Expense Travel Out Of Distric Printing Expense Office Overhead/Rei	ing Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
1 663	The Instruction Guide explains how to co	,
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	DON T. HASE	- CT RR
4 Date	5 Payee name	200
8-11-13	WAL GREENS	SYL 5
6 Amount (\$)	7 Payee address; City; State; Zip Code	- <u> </u>
\$ 27.60	4208 SW GREEN	OAKS = T
Reimbursement from political contributions intended	ARLINGTON TX	76017
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	OFFICE OVERHEAD	STAMPS FOR THANK YOUS
Date	Payee name	
12-14-13	HALF PRICE BOOKS	•
Amount (\$)	Payee address; City; State; Zip Code	
\$ 122,91	2211 S. COOPER ST.	
Reimbursement from political contributions intended	ARLINGTON TX	76013
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERTISING EXPENSE	CHRISTMAS CARDS FOR CHAIRS
Date	Payee name	
12-14-13	KROGER	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.99	5330 S. CoopeR	
Reimbursement from political contributions intended	ARLINGTON, TX	76017
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	FOOD/ BENERAGE	CAKE FOR GOP WOMEN PARTY
Date	Payee name	
12-17-13	OFFICE SEPOT	
Amount (\$)	OFFICE DEPOT Payee address; City; State; Zip Code	
\$ 31,18	401 CARROLL ST.	
Reimbursement from political contributions intended	FT WORTH TX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF	A.S	IMPRINT CHRISTMAS
EXPENDITURE	AD VERZTISING EXPENSE	CARDS FOR PRECINCY CHAIRS
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDIN E AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

P.O. Box 12070

SCHEDULE G

Loan Repayment/Reimbursement Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Legal Services Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Polling Expense **Event Expense** Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Finics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME DON T, HASE 4 Date 7 Payee address; City; State; Zip Code 12-20-13 6 Amount (\$) \$ 165,60 4108 SW GREEN OKKS ARLINGTON TX 76017 5 50 Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) Reimbursement from political contributions **PURPOSE** ADVERTISING EXPENSE POSTIGE FOR PRECINCY CHAIR OF EXPENDITURE Date OFFICE DEPOT 8-7-12 City: State: Zip Code Amount (\$) Reimbursement from political contributions 3611 S. COOPER ARLINGTOW, TX 76015 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** EXPENDITURE EVENT EXPENSE NAMEBADGES FOR FUNDRAISE Date 1/-/1- 13 ONE STOP PRINTING Payee address; City; State; Zip Code 611 UNIVERSITY DR 300 Amount (\$) 35,18 Reimbursement from political contributions Fr WARTH TX 76107 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE ABVERTISING BANNER BISC. Pavee name NATIONAL FEDERATION OF REPUBLICAN ASSETTBLISS Payee address; City; State; Zip Code 981 HIGHWAY 98 EAST, # 3273 Reimbursement from political contributions DESTIN, FL 32541 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE TEXAS DAY PASS EVENT EXPENSE ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED