

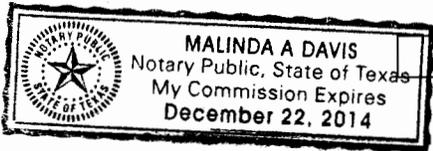
FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 4		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	FILED TARRANT COUNTY 2014 JAN 16 PM 3:35 STEVE RADDA ELECTIONS ADMINISTRATOR	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked		
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)		<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit		Receipt #	
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Amount	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7 / 1 / 2013		THROUGH	12 / 31 / 2013		
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION
 AFTER REVIEWING OTHER REPORTS FROM JAN. 15, 2014, I REALIZED THAT I HAD INADVERTENTLY FAILED TO INCLUDE THE \$759.99 FEE FOR FEB 1 CANDIDATE FAIR AT WHICH I AM NOT SEEKING RE-IMBURSEMENT, NEW 4TH PAGE OF SCHEDULE G IS ADDED. I FAILED TO ADD SCHEDULE L RE: MONEY LOANED BY ME. NEW PAGE 2 IS ADDED TO CORRECT LINE 4

7 AFFIDAVIT
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
Other reports (excluding semiannual reports due on or after September 1, 2011): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



D. Hase
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don T. Hase, this the 16 day of January

20 14 to certify which, witness my hand and seal of office.
Malinda A. Davis Malinda A. Davis Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

**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)

N/A

 additional pages

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.

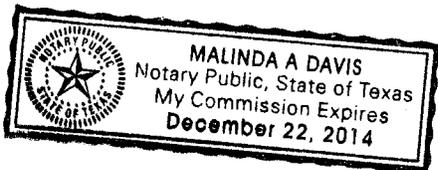
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <u>N/A</u>	COMMITTEE NAME	<u>N/A</u>
	COMMITTEE ADDRESS	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>N/A</u>

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 TARRANT COUNTY
 2014 JAN 16 PM 3:35
 STEVE RADON
 ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>300.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,345.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,203.11</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,717.62</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6,000.00</u>

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 T. HASE, this the 16 day of JANUARY 2014, to certify which, witness my hand and seal of office.

Malinda A. Davis Malinda A. Davis Notary Public
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

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: 4	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission Filers) —
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4 Date 12-18-13	5 Payee name TEXAS CONSERVATIVES UNITE
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6 Amount (\$) \$759.99 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1921 STONEHILL DRIVE, FT WORTH TX 76247
--	--

8 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) FEE FOR FEB 1 2014 CANDIDATE FAIR
---------------------------------	---	--

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

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)
------------------------	--	---

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

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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)
------------------------	--	---

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2014 JAN 16 PM 9:35
 STEVE RABON
 ELECTIONS ADMINISTRATOR

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form. 1 Total pages Schedule L: 1

2 FILER NAME DON T. HASE 3 ACCOUNT # (Ethics Commission Filers) —

LENDER INFORMATION **4** Name of lender DON T. HASE
5 Lender address; City; State; Zip Code
P.O. Box 174412 ARLINGTON TX 76003

GUARANTOR INFORMATION **6** Name of guarantor
 not applicable **7** Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender
 Lender address; City; State; Zip Code

GUARANTOR INFORMATION Name of guarantor
 not applicable Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender
 Lender address; City; State; Zip Code

GUARANTOR INFORMATION Name of guarantor
 not applicable Guarantor address; City; State; Zip Code

LENDER INFORMATION Name of lender
 Lender address; City; State; Zip Code

GUARANTOR INFORMATION Name of guarantor
 not applicable Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILED
 TARRANT COUNTY
 2014 JAN 16 PM 3:35
 STEVE KADDER
 ELECTIONS ADMINISTRATOR