

**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

additional pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>40⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3890⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2,448.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3501.96</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 Hase
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don Hase, this the 24th day of February, 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 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): 5	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-5-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE PATTERSON	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2310 W. INTER STATE 20 #700 ARLINGTON TX 76017		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY AT LAW		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm PERSON PATTERSON LLP		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date 2-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC NELSON	Amount of contribution (\$) \$500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3711 DUSTIN TRAIL 76016 DALWORTHINGTON GARDENS TX		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation GENERAL CONTRACTOR		Contributor's job title GENERAL CONTRACTOR	
Contributor's employer/law firm SELF-EMPLOYED		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 2-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY JOE CURNUTT	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 505 S. FIELDER ARLINGTON TX 76013		(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 CURNUTT + HAFFER		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

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 (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 5	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date REC'D 2-3-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARTIN LENOIR	7 Amount of contribution (\$) \$ 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3300 OAKLAWN #600 DALLAS, TX 75219		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY AT LAW		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm LAW OFFICE OF MARTIN LENOIR		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 2-4-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AUSTIN ROBERTS	Amount of contribution (\$) \$ 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 521 N. RIVERSIDE FT WORTH TX 76111		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation BAIL BONDS		Contributor's job title BAIL BONDSMAN	
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) DAWN ROBERTS LAW FIRM	
If contributor is a child, law firm of parent(s) (if any) N/A			
Date 2-4-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATRICIA ROE	Amount of contribution (\$) \$ 300⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3204 FAIRVIEW FT WORTH TX 76111		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation RETIRED		Contributor's job title RETIRED	
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

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

**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): 5	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-5-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIMBERLY FITZPATRICK	7 Amount of contribution (\$) \$ 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2208 WOODSONG ARLINGTON TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY AT LAW		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm HARRIS. COOK		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 2-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KIMBERLY FITZPATRICK	Amount of contribution (\$) \$ 350.00	In-kind contribution description (if applicable) FOOD, BEVERAGE FOR MEET + GREET
Contributor address; City; State; Zip Code 2208 WOODSONG ARLINGTON TX 76016		(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 HARRIS. COOK		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 2-4-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RICHARD WOOD	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2303 B ROOSEVELT 76016 BALWORTHINGTON GARDENS		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation POLYGRAPHER		Contributor's job title POLYGRAPHER	
Contributor's employer/law firm WOOD'S POLYGRAPH SERVICE		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): 5	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-5-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MIKE GERRO	7 Amount of contribution (\$) \$250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6915 HAWAII ARLINGTON TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation BANKER		10 Contributor's job title V-P	
11 Contributor's employer/law firm FROST BANK		12 Law firm of contributor's spouse (if any) U.S. GOV'T	
13 If contributor is a child, law firm of parent(s) (if any) N/A			
Date 2-5-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES WEAR	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1811 W. PARK ROW ARLINGTON TX 76013		(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 CHARLES E. WEAR JR 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 2-7-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN J. WILLET	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1113 BEDFORD RD # B BEDFORD TX 76022		(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 WILLET LAW FIRM		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

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

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): 5	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2-11-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CHRIS HARRIS	7 Amount of contribution (\$) \$500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 309 E. BROAD ST. MANFIELD TX 76063		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation ATTORNEY AT LAW		10 Contributor's job title ATTORNEY AT LAW	
11 Contributor's employer/law firm HARRIS, COOK		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 2-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVIS McCOWN	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 700 NE LOOP 820 #214 HURST TX 76053		(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 DAVIS McCOWN 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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 2	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-5-14	5 Payee name PIRYX INC
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6 Amount (\$) 14 ³⁸	7 Payee address; City; State; Zip Code 144 2 ND ST. SAN FRANCISCO CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
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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 2-5-14	Payee name PIRYX INC
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Amount (\$) 5 ⁷⁵	Payee address; City; State; Zip Code 144 2 ND ST SAN FRANCISCO CA 94105
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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
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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 2-6-14	Payee name DAN FERNANDEZ SIGNS
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Amount (\$) \$900 ⁰⁰	Payee address; City; State; Zip Code 2823 QUAIL LANE ARLINGTON TX 76016
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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) SIGN INSTALLATION
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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 2-14-14	Payee name PLAN A+B ADVISORS LLC
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Amount (\$) 691 ²¹	Payee address; City; State; Zip Code 420 THROCKMORTON ST #200 FT WORTH 76102
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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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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.

1 Total pages Schedule F: 2	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2-22-14	5 Payee name PIRYX
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6 Amount (\$) 5.75	7 Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO CA 94105
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FUNDRAISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEE
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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	Payee name
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Amount (\$)	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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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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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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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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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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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 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: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">DON T. HASE</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">2-17-14</p>	5 Payee name <p style="text-align:center">PMI, INC</p>	
6 Amount (\$) <p style="text-align:center">\$831.27</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">P.O. BOX 698 MARIANNA FL 32477</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">ROBOCALLS</p>
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	
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)

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