CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Clifford	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Matt Hayes	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE#; CITY;	STATE; ZIP CODE	Date Hand-delivered or Pestmarked		
change of address			Recent # CO Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE		TENSION	Date Processed D		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST M5. Cac	MI	Date Imaged 72		
	NICKNAME LAST Ha	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE		ION			
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 C2/23/14 THROUGH	Month Day 06/30/	Year		
11 ELECTION	ELECTION DATE Month Day Year Primary Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
	Justice of the Peace, Pot 7 Tarrant County	ı			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		Matt Hayes 15 A	CCOUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY F	's or officeholder's knowledge or	
	COMMITTEE TYPE	COMMITTEE NAME	2 0 F1	
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS	TIONS AND THE	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	PH IZ:	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	6 Kg	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 47500	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 485750	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 10480	
	4. TOTAL	POLITICAL EXPENDITURES		
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 290165	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 5000=0	
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. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this the, this the, and, and, and, and, and, and, and, and, and, and				
Signature of officer adm	inistering oath	Printed name of officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A:			
2 FILER NAME Watt Hayes	3 ACCOUNT # (Ethics Commission Flers)			
4 Date 5 Full name of contributor □ out-of-state PAC(III TarrantCounty 6 C	contribution (\$) description (if applicable)			
3/28/14/ 6 Contributor address; City; State; Zip Co	a dalla se mine et on table esse			
Ft. Worth, TX 76	(If travel outside of Texas complete Schedule T)			
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)			
Date Full name of contributor out-of-state PAC(1) Peter F. Bagley	contribution (\$) description (if applicable)			
4/14/14 Contributor address; City; State; Zip Co 640 (Wilderness Arlington, TX 76				
Artingion, in	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (I				
Contributor address; City; State; Zip Co	le Dr 133-1			
Arlington TX 7	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (I				
Benji Arslono	contribution (\$) description (if applicable)			
5/3//14 Contributor address; City; State; Zip Co	ode 300 GiffCard			
915 av. Debbie	Our Place Rostanount			
Man sholl, TX	1606 3			
Principal occupation / Job title (See Instructions)	(If travel outside of Texas, complete Schedule T) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (I	Amount of In-kind contribution contribution (\$) description (if applicable)			
5/3/1/4 Contributor address; City; State; Zip Co	rails Dr Scot			
Arlington, TX;	(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAI	FILEI Tarraht d N s 2014 Jul -9		SCHEDULE A
The	Instruction Guide explains how to complete this	s form. STEVE TA	1 Total pages Sch	edule A: 2 of 4
2 FILER NAME	Matt Haye	S BY:	3 ACCOUNT # (E	thics Commission Filers)
4 Date 5/31/14	5 Full name of contributor out-of-state PAC (ID#_ ROSEY Cipolla 6 Contributor address; City; State; Zip Code 3259 Bilglade Ft. Worth TX7		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	L	of Texas, complete Schedule T)
Date	Full name of contributor out-of-stale PAC (ID#:_ Adlai Penningfor	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/14	Contributor address; City; State; Zip Code 1375 Gilman Ft. Worth TX7		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·	
Date 5/3//14	Full name of contributor out-of-state PAC (ID#_ Rey Bailey Contributor address; City; State; Zip Code 3/3 Cagle Crowk Mans Rield TX			In-kind contribution description (if applicable) Helicopter Lide x 2
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 5/3 1/14	Full name of contributor out-of-state PAC (ID#_Rick ROSE) Contributor address; City; State; Zip Code 380 (Aufumn G) Anling fon TX	len Ct	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 5/31/14	Full name of contributor out-of-state PAC (ID#_ Kevin Caaw for a Contributor address; City; State; Zip Code 520 (5. Cooper 5		Amount of contribution (\$)	In-kind contribution description (if applicable) Giff Certification Crawbord Lewdon
Principal occup	Arlington, TX -		(If travel outside	Crawlbrd Newson
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

P.O. Box 12070

1	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	TA 1 80/4	11 11	SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sen	edue A: 3044
2 FILER NAME	Mouth Hayes	RY:	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	olt	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/31/14	6 Contributor address; City; State; Zip Code 3800 Park Ma Arlington TX	moret = (0/7	6000	,
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ Wendy Burg	<i>e</i> 55	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/14	Contributor address; City; State; Zip Code 1581 Hwy 157 Man Shi eld Th	v	™ 30∞	Gift certificate Auto Doctor
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/14	Contributor address; City; State; Zip Code 1155. Tyler 5+, Dallas TX 75		#200°	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Bill and Ellen	Zedler	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3//14	Contributor address; City; State; Zip Code 5502 Hiller T Arlington TX		"500°	Event food and decorations
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/31/14	Contributor address; City; State; Zip Code PO BOX 157272 Anlington TX	76015	10000	
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS NEEDED				

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

POLITICAL CONTRIBUTIONS				
OTHER THA	AN PLEDGES OR	LOANS		

P.O. Box 12070

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TARR	ANT	001	HTY

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OTHER THAN PLEDGES OR LOANS				
		2014 JUL	~9 PM 12. 10	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A: 4 of 4
2 FILER NAME			3 ACCOUNT #@R	thics Commission Filers)
	Matt Haye	S RY:		
4 Date	5 Full name of contributorout-of-state PAC (ID#:		contribution (\$)	-8 In-kind contribution description (if applicable)
5/3//14	Adjai rennin	9101	atta moo	Event Road
3/3//19	6 Contributor address; City; State; Zip Code		"200	Event food Red's Roadhouse
	Ft Worth 12	76134	:	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#)	Amount of	In-kind contribution
	Tom Ha		contribution (\$)	description (if applicable)
5/31/14	Contributor address; City; State; Zip Code		1000	
	4045 Bellmap		100	1
	Ff worth Th	76/11	(If travel outside	l of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Tony Tinderho	01 T	70 0	1
6/19/14	Contributor address; City; State; Zip Code	omor Ct	1500	
<i>,</i> '	Arlington TX	76017	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#_)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	,		
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	,

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