

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission Filers) **2 Total pages filed:** 19

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX	Date Received	Amount
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Postmarked	Receipt #
<input type="checkbox"/> change of address				Date Processed	Date Imaged
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION		
<b>6 CAMPAIGN TREASURER NAME</b>	MS/MRS/MR	FIRST	MI		
	NICKNAME	LAST	SUFFIX		

**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 Year  
7 / 1 / 2013    12 / 31 / 2013

**11 ELECTION**

ELECTION DATE: Month Day Year    ELECTION TYPE

3 / 4 / 2014     Primary     Runoff     General     Special

**12 OFFICE** OFFICE HELD (if any)    **13 OFFICE SOUGHT** (if known)

JUDGE, COUNTY CRIMINAL COURT #1 (TARRANT)

GO TO PAGE 2

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.

COMMITTEE TYPE

GENERAL

SPECIFIC

N/A

additional pages

N/A

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

FILED TARRANT COUNTY 2014 JAN 15 PM 1:17 STEVE PALOMIN ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 300.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,345.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 8,443.12

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,717.62

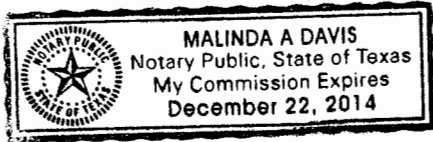
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,000.00

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.



Signature of 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 15 day of January, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Malinda A. Davis

Print name of officer administering oath: Malinda A. Davis

Title of officer administering oath: 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)**

FILED  
 WARRANT COUNTY  
 2014 JAN 15 PM 1:11  
 STEVE RAYBURN  
 CLERK OF COURTS  
 SECTION 501.001

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A (J) 9

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

4 Date <u>7-24-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TRAVIS W. COPE</u>	7 Amount of contribution (\$) <u>\$150.00</u>	8 In-kind contribution description (if applicable) <u>—</u>
6 Contributor address; City; State; Zip Code <u>1803 LAKESIDE ARLINGTON TX 76013</u>		(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 KB HOMES 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 <u>8-6-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>PATRICIA ROE</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable) <u>—</u>
Contributor address; City; State; Zip Code <u>3204 FAIRVIEW FT WORTH TX 76111</u>		(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

Date <u>8-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JERRY WOOD</u>	Amount of contribution (\$) <u>\$500.00</u>	In-kind contribution description (if applicable) <u>—</u>
Contributor address; City; State; Zip Code <u>912 W. BELKNAP FT WORTH TX 76102</u>		(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 JERRY WOOD ATTORNEY AT LAW Law firm of contributor's spouse (if any) COUNTY JUDGE CCC 6

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): **9**

2 FILER NAME

**DON T. HASE**

3 ACCOUNT # (Ethics Commission Filers)

**—**

4 Date

**8-7-13**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**ERIC NELSON**

6 Contributor address; City; State; Zip Code

**3711 DUSTIN TRAIL 76016  
DALWORTHINGTON GARDENS TX**

7 Amount of contribution (\$)

**\$500.00**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

**—**

9 Contributor's principal occupation

**GENERAL CONTRACTOR**

10 Contributor's job title

**GENERAL CONTRACTOR**

11 Contributor's employer/law firm

**SELF-EMPLOYED**

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

**8-7-13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**STEPHANIE K. PATTEN**

Contributor address; City; State; Zip Code

**2101 MONEDA ST.  
FT WORTH, TX 76117**

Amount of contribution (\$)

**\$300.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

**—**

Contributor's principal occupation

**ATTORNEY AT LAW**

Contributor's job title

**ATTORNEY AT LAW**

Contributor's employer/law firm

**STEPHANIE K. PATTEN, ATTY**

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

**8-7-13**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

**LANCE EVANS**

Contributor address; City; State; Zip Code

**115 W. 2ND ST, #202  
FT WORTH TX 76102**

Amount of contribution (\$)

**\$200.00**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

**—**

Contributor's principal occupation

**ATTORNEY AT LAW**

Contributor's job title

**ATTORNEY AT LAW**

Contributor's employer/law firm

**LANCE EVANS ATTY @ LAW**

Law firm of contributor's spouse (if any)

**N/A**

If contributor is a child, law firm of parent(s) (if any)

**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):

9

2 FILER NAME

DON T. HASE

3 ACCOUNT # (Ethics Commission Filers)

1

4 Date

8-7-13

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

CRAIG ALLEN DAMERON

6 Contributor address; City; State; Zip Code

701 W. BELKNAP  
FT WORTH, TX 76102

7 Amount of contribution (\$)

\$150.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

ATTORNEY AT LAW

10 Contributor's job title

ATTORNEY AT LAW

11 Contributor's employer/law firm

BAKER + DAMERON

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

8-7-13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

KAREN SCHROEDER

Contributor address; City; State; Zip Code

P.O. BOX 170053  
ARLINGTON TX 76003

Amount of contribution (\$)

\$150.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Contributor's principal occupation

ATTORNEY AT LAW

Contributor's job title

ATTORNEY AT LAW

Contributor's employer/law firm

KAREN SCHROEDER LAW 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

8-7-13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

JULIA SLADEK

Contributor address; City; State; Zip Code

6311 SEAFORD RD  
ARLINGTON TX 76001

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ASST. DISTRICT ATTORNEY

Contributor's employer/law firm

TARRANT COUNTY DA'S OFFICE

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: <u>9</u>	
2 FILER NAME <u>DON T. HASE</u>		3 ACCOUNT # (Ethics Commission File #) —	
4 Date <u>8-7-13</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DENISE A. LUPER</u>	7 Amount of contribution (\$) <u>\$100.00</u>	8 In-kind contribution description (if applicable) —
6 Contributor address; City; State; Zip Code <u>5002 KEE BROOK ARLINGTON TX 76017</u>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation <u>PASTOR</u>		10 Contributor's job title <u>PASTOR</u>	
11 Contributor's employer/law firm <u>DAVIS MEMORIAL U.M.C.</u>		12 Law firm of contributor's spouse (if any) <u>N/A</u>	
13 If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>8-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>KELLY JOE CURNUTT</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <u>505 S. FIELDER ARLINGTON TX 76013</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>ATTORNEY AT LAW</u>		Contributor's job title <u>ATTORNEY AT LAW</u>	
Contributor's employer/law firm <u>CURNUTT + HAFFER</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			
Date <u>8-7-13</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>H. T. NANCE</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable) —
Contributor address; City; State; Zip Code <u>3611 BLUE FOREST DR ARLINGTON TX 76001</u>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation <u>RETIRED</u>		Contributor's job title <u>RETIRED</u>	
Contributor's employer/law firm <u>RETIRED</u>		Law firm of contributor's spouse (if any) <u>N/A</u>	
If contributor is a child, law firm of parent(s) (if any) <u>N/A</u>			

FILED  
 TARRANT COUNTY  
 2014 AUG 15 11:41  
 CLERK OF COUNTY CLERK  
 COUNTY CLERK

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):

9

2 FILER NAME

DON T. HASE

3 ACCOUNT # (Ethics Commission Filers)

—

4 Date

8-7-13

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

STEVEN SPARKS

6 Contributor address; City; State; Zip Code

6933 CANYON SPRINGS RD

FT WORTH, TX 76132

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

ATTORNEY

10 Contributor's job title

ASST. DISTRICT ATTORNEY

11 Contributor's employer/law firm

TARRANT COUNTY DA'S OFFICE

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

8-7-13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

DAVID K. HUDSON

Contributor address; City; State; Zip Code

2812 BROADACRES 76016

DALWORTHINGTON GARDENS TX

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY

Contributor's job title

ASST. DISTRICT ATTORNEY

Contributor's employer/law firm

TARRANT COUNTY DA'S OFFICE

Law firm of contributor's spouse (if any)

JUDGE, ~~AT~~ DALWORTHINGTON GARDENS

If contributor is a child, law firm of parent(s) (if any)

N/A

Date

8-7-13

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

RICHARD B. ROPER

Contributor address; City; State; Zip Code

11816 RIVER VIEW WAY

ALEDO, TX 76008

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

—

(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

THOMPSON + KNIGHT LLP

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): 9  
 2014 JAN 15 PM 11:41  
 TARRANT COUNTY  
 FILED  
 ELECTIONS ADMINISTRATION

2 FILER NAME

DON T. HASE

3 ACCOUNT # (Ethics Commission #)

—

4 Date

8-7-13

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

TINA M. PLUNKETT

6 Contributor address; City; State; Zip Code

6423 NELLIE DR.  
ARLINGTON TX 76002

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

DENTAL OFFICE

10 Contributor's job title

BUSINESS ASSISTANT

11 Contributor's employer/law firm

HARRIS SOUTHWEST DENTAL

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

8-7-13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

PATRICK T. CURRAN

Contributor address; City; State; Zip Code

2101 MONEDA ST,  
FT WORTH TX 76117

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

—

(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

PATRICK CURRAN ATTORNEY AT LAW

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

8-7-13

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

ELIZABETH ADCOCK

Contributor address; City; State; Zip Code

1010 SHORTLEAF PINE DRIVE  
ARLINGTON TX 76012

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

—

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

ATTORNEY AT LAW

Contributor's job title

CONTRACTS ATTORNEY

Contributor's employer/law firm

CUMMINS SOUTHERN PLAINS LLC

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): 9	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers) -	
4 Date 8-7-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID D. LAMBERTSEN	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 LEISURE DR LOT 52 FT WORTH TX 76120		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation CONSULTANT		10 Contributor's job title RETIRED	
11 Contributor's employer/law firm RETIRED		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 8-7-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LYNDA M. PARRA	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5421 CATLOW VALLEY RD FT WORTH TX 76137		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation MGMT ANALYST		Contributor's job title MGMT ANALYST	
Contributor's employer/law firm FAA		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 8-7-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELLEN BAUMAN	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1200 COUNTY RD 904 JOSHUA TX 76058		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation FACILITIES + FINANCE ASSOCIATE		Contributor's job title FACILITIES + FINANCE ASSOCIATE	
Contributor's employer/law firm FIRST UNITED METHODIST ARLINGTON		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): 9	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers) -	
4 Date 8-8-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL A. CONNER	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 307 W. 7TH ST. #1905 FT WORTH TX 76102		(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 PAUL CONNER ATTORNEY AT LAW		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 9-26-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D. BETHKE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11705 JONQUIL CT, AUSTIN, TX 78750		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation ATTORNEY/DIRECTOR		Contributor's job title DIRECTOR	
Contributor's employer/law firm TEXAS INDIGENT DEFENSE COMMISSION		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 9-30-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE C. JOHNS	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3313 HERITAGE LN FOREST HILL TX 76140		(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 LESLIE JOHNS ATTORNEY AT LAW		Law firm of contributor's spouse (if any) N/A	
If contributor is a child, law firm of parent(s) (if any) N/A			

FILED  
 TARRANT COUNTY  
 2013 JAN 15 PM 11:47  
 STEVEN K. HARRIS  
 CLERK OF COURTS  
 ELECTIONS

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): 9	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission #) N/A	
4 Date 12-2-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ORVILLE A. HASE	7 Amount of contribution (\$) \$1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4242 BRYANT IRVIN RD #129 BENBROOK TX 76109		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation RETIRED		10 Contributor's job title RETIRED	
11 Contributor's employer/law firm RETIRED		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 12-21-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMIE HUGHEY	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1404 MONTGOMERY CT SOUTHLAKE TX 76092		(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			

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

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>2</b>
2 FILER NAME <b>DON T. HASE</b>		3 ACCOUNT # (Ethics Commission Filers) <b>1</b>
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan <b>8-7-13</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DON T. HASE</b>	9 Loan Amount (\$) <b>5000.00</b>
6 Is lender a financial institution?  Y    N	8 Lender address; City; State; Zip Code <b>P. O. Box 174412 ARLINGTON TX 76003</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <b>ATTORNEY</b>		13 Lender's Job Title <b>ATTORNEY</b>
14 Lender's Employer/Law Firm <b>BALL + HASE PC</b>		15 Law Firm of lender's spouse (if any) <b>N/A</b>
16 If lender is child, law firm of parent(s) (if any) <b>N/A</b>		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor  21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)  <b>FILED TARRANT COUNTY 2011 JAN 15 PM 1:47 STEVE GARDNER ELECTIONS ADMINISTRATOR</b>
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)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS (JUDICIAL)**

**SCHEDULE E (J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>2</b>
2 FILER NAME <b>DON T. HASE</b>		3 ACCOUNT # (Ethics Commission Filers) <b>—</b>
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan <b>7-5-13</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON T. HASE</b>	9 Loan Amount (\$) <b>1000.00</b>
6 Is lender a financial Institution?  <b>Y (N)</b>	8 Lender address; City; State; Zip Code <b>P. O Box 174412 ARLINGTON TX 76003</b>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <b>ATTORNEY</b>		13 Lender's Job Title <b>ATTORNEY</b>
14 Lender's Employer/Law Firm <b>BALL + HASE PC</b>		15 Law Firm of lender's spouse (if any) <b>N/A</b>
16 If lender is child, law firm of parent(s) (if any) <b>N/A</b>		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
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)		

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 TARRANT COUNTY  
 2014 JAN 15 PM 1:47  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR

**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/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.

<b>1</b> Total pages Schedule F: 3	<b>2</b> FILER NAME DON T. HASE	<b>3</b> ACCOUNT # (Ethics Commission File #) 1
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<b>4</b> Date 8-7-13	<b>5</b> Payee name PLAN A + B ADVISORS LLC
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<b>6</b> Amount (\$) \$2889.73	<b>7</b> Payee address; City; State; Zip Code 850 COTTON DEPOT LANE 225 FT WORTH TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE, PHOTOS, LOGO, SOCIAL MEDIA PUSH CARDS, BANNER, INVITATIONS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <hr/>	Office sought <hr/>	Office held <hr/>
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<b>Date</b> 9-2-13	<b>Payee name</b> PLAN A + B ADVISORS LLC
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<b>Amount (\$)</b> \$427.84	<b>Payee address; City; State; Zip Code</b> 850 COTTON DEPOT LN 225 FT WORTH TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE, SOCIAL MEDIA BUSINESS CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <hr/>	Office sought <hr/>	Office held <hr/>
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<b>Date</b> 10-2-13	<b>Payee name</b> PLAN A + B ADVISORS LLC
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<b>Amount (\$)</b> \$200.00	<b>Payee address; City; State; Zip Code</b> 604 MAIN ST. #308 FT WORTH, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE + SOCIAL MEDIA
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <hr/>	Office sought <hr/>	Office held <hr/>
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<b>Date</b> 11-17-13	<b>Payee name</b> PLAN A + B ADVISORS LLC
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<b>Amount (\$)</b> \$352.35	<b>Payee address; City; State; Zip Code</b> 420 THROCKMORTON #200 FT WORTH TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE, SOCIAL MEDIA PUSH CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <hr/>	Office sought <hr/>	Office held <hr/>
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# POLITICAL EXPENDITURES

# SCHEDULE F

FILED  
TARRANT COUNTY  
2011 JAN 5 PM 11:17  
ELECTIONS DIVISION

**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 Expenses                                |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense       | Polling Expense               | Travel Out Of District           |  |
| 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: <b>3</b>	2 FILER NAME <b>DON T. HASE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12-11-13</b>	5 Payee name <b>PLAN A + B ADVISORS</b>
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6 Amount (\$) <b>\$ 245.46</b>	7 Payee address; City; State; Zip Code <b>420 THROCKMORTON #200 FT WORTH TX 76102</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE, SOCIAL MEDIA BUSINESS CARDS</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>                    </u>	Office sought <u>                    </u>	Office held <u>                    </u>
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Date <b>8-7-13</b>	Payee name <b>PIRYX INC</b>
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Amount (\$) <b>\$ 28.76</b>	Payee address; City; State; Zip Code <b>144 2ND ST. SAN FRANCISCO, CA 94105</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CREDIT CARD FEE</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>                    </u>	Office sought <u>                    </u>	Office held <u>                    </u>
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Date <b>12-2-13</b>	Payee name <b>PIRYX INC</b>
------------------------	--------------------------------

Amount (\$) <b>\$ 14.38</b>	Payee address; City; State; Zip Code <b>144 2ND ST. SAN FRANCISCO, CA 94105</b>
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FUNDRAISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CREDIT CARD FEE</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>                    </u>	Office sought <u>                    </u>	Office held <u>                    </u>
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Date <b>9-13-13</b>	Payee name <b>ARLINGTON REPUBLICAN CLUB</b>
------------------------	--

Amount (\$) <b>\$ 125.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 14095 ARLINGTON, TX 76094</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>SPONSOR HOLE O GOLF TOUR</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>                    </u>	Office sought <u>                    </u>	Office held <u>                    </u>
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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.

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 TARRANT COUNTY  
 2011 JAN 15 PM 1:08  
 ELECTIONS  
 STATE OF TEXAS  
 CLERK

1 Total pages Schedule F: <b>3</b>	2 FILER NAME <b>DON T. HASE</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>12-4-13</b>	5 Payee name <b>TARRANT COUNTY REPUBLICAN PARTY</b>
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6 Amount (\$) <b>\$ 2500.00</b>	7 Payee address; City; State; Zip Code <b>2405 GRAVEL DRIVE FT WORTH, TX 76118</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>FEE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>FILING FEE</b>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-5-13</b>	Payee name <b>TARRANT COUNTY REPUBLICAN PARTY</b>
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Amount (\$) <b>\$12.00</b>	Payee address; City; State; Zip Code <b>2405 GRAVEL DRIVE FT WORTH, TX 76118</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>ADDRESS LABELS; PRECINCT CHAIRS</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12-17-13</b>	Payee name <b>TARRANT COUNTY REPUBLICAN PARTY</b>
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Amount (\$) <b>\$175.00</b>	Payee address; City; State; Zip Code <b>2405 GRAVEL DRIVE FT WORTH, TX 76118</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>LINCOLN DAY TABLE</b>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

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

Complete ONLY 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 category not listed above)    |

The Instruction Guide explains how to complete this form.

FILED  
 TARRANT COUNTY  
 JUN 15 PM 1:48  
 CLERK  
 JENNIFER RABON  
 COUNTY CLERK  
 JENNIFER RABON  
 COUNTY CLERK

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>DON T. HASE</b>	3 ACCOUNT # (Ethics Commission Filer)
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4 Date <b>7-3-13</b>	5 Payee name <b>OFFICE DEPOT</b>
-------------------------	-------------------------------------

6 Amount (\$) <b>\$140.83</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1460 EASTCHASE PKWY FT WORTH, TX</b>
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>PUSHCARDS</b>
--------------------------	--	---

Date <b>7-11-13</b>	Payee name <b>MULHOLLAND</b>
------------------------	---------------------------------

Amount (\$) <b>\$7.85</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1332 N. MAIN ST. FT WORTH TX 76164</b>
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>NAMEBADGE</b>
------------------------	--	---

Date <b>8-7-13</b>	Payee name <b>RISKY'S BARBEQUE</b>
-----------------------	---------------------------------------

Amount (\$) <b>\$850.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>300 MAIN ST. FT WORTH TX</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>FUNDRAISER: FOOD AND BEVERAGE</b>
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Date <b>8-10-13</b>	Payee name <b>OFFICE DEPOT</b>
------------------------	-----------------------------------

Amount (\$) <b>\$23.76</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>3611 S. COOPER ARLINGTON TX 76015</b>
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>RETURN ADDRESS LABEL</b>
------------------------	--	--

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.

FILED  
 CLERK COUNTY  
 JAN 15 PM 1:48  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR

1 Total pages Schedule G: <b>3</b>	2 FILER NAME <b>DON T. HASE</b>	3 ACCOUNT # (Ethics Commission Filers) <b>1</b>
4 Date <b>8-11-13</b>	5 Payee name <b>WAL GREENS</b>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$ 27.60</b>	7 Payee address; City; State; Zip Code <b>4208 SW GREEN OAKS ARLINGTON TX 76017</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>STAMPS FOR THANK YOUS</b>
Date <b>12-14-13</b>	Payee name <b>HALF PRICE BOOKS</b>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$ 122.91</b>	Payee address; City; State; Zip Code <b>2211 S. COOPER ST. ARLINGTON TX 76013</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CHRISTMAS CARDS FOR CHAIRS</b>
Date <b>12-14-13</b>	Payee name <b>KROGER</b>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$ 12.99</b>	Payee address; City; State; Zip Code <b>5330 S. COOPER ARLINGTON, TX 76017</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/ BEVERAGE</b>	Description (If travel outside of Texas, complete Schedule T) <b>CAKE FOR GOP WOMEN PARTY</b>
Date <b>12-17-13</b>	Payee name <b>OFFICE DEPOT</b>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <b>\$ 31.18</b>	Payee address; City; State; Zip Code <b>401 CARROLL ST. FT WORTH TX</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>IMPRINT CHRISTMAS CARDS FOR PRECINCT CHAIRS</b>

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: <b>3</b>		2 FILER NAME <b>DON T. HASE</b>		3 ACCOUNT # (Ethics Commission Filers) <b>1</b>	
4 Date <b>12-20-13</b>		5 Payee name <b>U. S. POSTAL SERVICE</b>			
6 Amount (\$) <b>\$165.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>4108 SW GREEN OAKS ARLINGTON TX 76017</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>POSTAGE FOR PRECINCT CHAIR CHRISTMAS CARDS</b>	
Date <b>8-7-13</b>		Payee name <b>OFFICE DEPOT</b>			
Amount (\$) <b>\$9.70</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>3611 S. COOPER ARLINGTON, TX 76015</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>NATE BADGES FOR FUNDRAISER</b>	
Date <b>11-11-13</b> <del>3-5-13</del>		Payee name <b>ONE STOP PRINTING</b>			
Amount (\$) <b>35.18</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>611 UNIVERSITY DR FT WORTH TX 76107</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING</b>		Description (If travel outside of Texas, complete Schedule T) <b>BANNER DISC.</b>	
Date <b>9-14-13</b>		Payee name <b>NATIONAL FEDERATION OF REPUBLICAN ASSOCIATES</b>			
Amount (\$) <b>\$45.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>981 HIGHWAY 98 EAST, # 3273 DESTIN, FL 32541</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>FEE EVENT EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>DFW TEXAS DAY PASS</b>	

FILED  
 PARANOTARY  
 JAN 15 PM 1:48  
 STEVE RABORN  
 ELECTIONS ADMINISTRATOR

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