

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>DON</u> MI: <u>T.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>HASE</u>	OFFICE USE ONLY Date Received Date Hand-Delivered or Postmarked Receipt # Amount Date Processed Date Imaged BY: <u>R</u> ELECTORAL DIVISION 2014 FEB -3 PM 12:12 TARRANT COUNTY FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>MR.</u> FIRST: <u>DON</u> MI: <u>T.</u> NICKNAME: _____ LAST: _____ SUFFIX: _____ <u>HASE</u>		
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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 1 / 2014</u> <u>2 / 2 / 2014</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 4 / 2014</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>JUDGE, COUNTY CRIMINAL COURT #1 (TARRANT)</u>	
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)

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 FEB -3 PM 12:40
STEVE HANRAHAN
ELECTIONS ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7646.47</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1753.17</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6000.00</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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don T. Hase, this the 3 day of FEB, 20 14, to certify which, witness my hand and seal of office.

Laura G. Allen
Signature of officer administering oath

Laura G. Allen
Print name of officer administering oath

Notary Public
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): 3	
2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-10-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL P. HEISKELL	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5601 BRIDGE ST. # 220 FT WORTH TX 76112		(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 JOHANSON VAUGHN + HEISKELL		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 1-20-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PATTY TILLMAN	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3609 CLUBGATE FT WORTH, TX 76137		(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 SZLF		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 1-22-14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) KARA CARRERAS	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 806 BRAZOS DRIVE SOUTH LAKE TX 76092		(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 GOZA + CARRERAS		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.

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 TARRANT COUNTY
 2014 FEB -3 PM 12:43
 STEVE TARRANT
 ELECTIONS ADMINISTRATION

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):

3

2 FILER NAME

DON T. HASE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1-27-14

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

REED K. BILZ

6 Contributor address; City; State; Zip Code

6130 HALLEY LN
FT WORTH TX 76132

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

SECRETARY

10 Contributor's job title

PARALEGAL

11 Contributor's employer/law firm

UPL COMMITTEE

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

1-28-14

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

TESSIE BRUNER

Contributor address; City; State; Zip Code

5719 AIRPORT FWY
FT WORTH TX 76117

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

LEGAL SECRETARY

Contributor's job title

LEGAL SECRETARY

Contributor's employer/law firm

FACTOR + CAMPBELL

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

1-31-14

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

MELANIE HENSHAW

Contributor address; City; State; Zip Code

3713 WEDGHILL WAY
FT WORTH TX 76133

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

CPA

Contributor's job title

CPA

Contributor's employer/law firm

SELF

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

FILED
TARRANT COUNTY
2014 FEB -3 PM 12:43
STEVE RABSON
ELECTIONS ADMINISTRATOR

**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): 3	
2 FILER NAME Don T. HASE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1-26-14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMIE HUGHES	7 Amount of contribution (\$) \$200⁰⁰	8 In-kind contribution description (if applicable) FOOD + BEVERAGES FOR MEET + GRDST
6 Contributor address; City; State; Zip Code 1404 MONTGOMERY CT SOUTH LAKE TX 76092		(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	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)			

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)			

FILED
 TARRANT COUNTY
 2014 FEB -3 PM 12:43
 JEFF RABORN
 ELECTIONS ADMINISTRATOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor 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.

1 Total pages Schedule F: 2	2 FILER NAME DON T. HASE	3 ACCOUNT # (Ethics Commission Filers) 1-3 PM 2:45
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4 Date 1-9-14	5 Payee name PLAN A + B ADVISORS LLC
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6 Amount (\$) 714 ⁴⁵	7 Payee address; City; State; Zip Code 420 THROCKMORTON ST. # 200 FLEWORTH TX 76102
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8 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, SOCIAL MEDIA PUSHCARDS
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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 1-20-14	Payee name PIRYX INC
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Amount (\$) 2.88	Payee address; City; State; Zip Code 144 2ND 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-22-14	Payee name PIRYX INC
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Amount (\$) 28.76	Payee address; City; State; Zip Code 144 2ND 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-28-14	Payee name PIRYX INC
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Amount (\$) 17.25	Payee address; City; State; Zip Code 144 2ND 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 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

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 1-20-14	5 Payee name DAN FERNANDEZ SIGNS
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6 Amount (\$) \$1800.00	7 Payee address; City; State; Zip Code 2823 QUAIL LANE ARLINGTON TX 76016
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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) SIGN INSTALLATION
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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

FILED
 TARRANT COUNTY
 2014 FEB -3 PM 12:43
 STEPHANIE R. HARRIS
 ELECTIONS ADMINISTRATOR
 BY:

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: 1		2 FILER NAME DON T. HASE		3 ACCOUNT # (Ethics Commission Filers) RY: ELECTIONS ADMINISTRATION 2011 FEB -3 PM 12:43 FILED TARRANT COUNTY	
4 Date 1-3-14		5 Payee name DANWAL INC			
6 Amount (\$) 4,433.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 12404 HWY 155 SOUTH TYLER TX 75703			
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) SIGNS	
Date 1-17-14		Payee name QUICK TRIP			
Amount (\$) 84.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2425 W. DIVISION ARLINGTON TX 76012			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) GAS TO GET SIGNS IN TYLER	
Date 1-24-14		Payee name BROWN + BIGELOW			
Amount (\$) 549.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4950 KELLER SPRINGS #445 ADDISON TX 75001			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) T-SHIRTS	
Date 1-31-14		Payee name OFFICE DEPOT			
Amount (\$) 1641 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1460 EASTCHASE PKWY FT WORTH TX 76120			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) NOTEBOOKS FOR DISPLAY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED