

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>12</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
267 CALLAGHAN DR. FATE TX 75189		A II	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		<div style="border: 2px solid red; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>APR 26 2024</b>            9:00 AM            By: <i>[Signature]</i>            Date Hand-delivered or Date Postmarked         </div>
	267 CALLAGHAN DR. FATE TX 75189		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(214) 714 4686			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
(TERRY) HORTON			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE		Receipt #      Amount \$  Date Processed  Date Imaged
	660 Basset Hall Fate TX 75189		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(903) 348.5321			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
4 / 2 / 24		THROUGH	4 / 21 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 / 4 / 24		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Fate City Council Place 5	
14 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	Fate 2024	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
	<input type="checkbox"/> Additional Pages	2263 Bryant Ln. Fate, TX 75189	
	COMMITTEE CAMPAIGN TREASURER NAME		
	MILFORD LONG		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	2263 BRYANT LN. FATE TX 75189		

**GO TO PAGE 2**

APR 26 2024

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** \_\_\_\_\_ **16 Filer ID (Ethics Commission Filers)** \_\_\_\_\_

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 240 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 240 <sup>00</sup>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 816.57 <small>For this period</small>
	4. TOTAL POLITICAL EXPENDITURES	\$ 816.57
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 240 <sup>00</sup>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ N/A

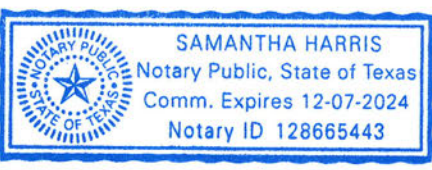
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mark Hatley

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mark Hatley this the 20<sup>th</sup> day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Samantha Harris Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

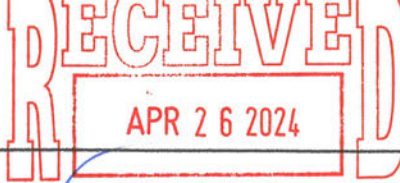
**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



**SUBTOTALS - C/OH**

By: *[Signature]*

**FORM C/OH  
COVER SHEET PG 3**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 240 <sup>00</sup>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ N/A
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ N/A
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ N/A
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 816 <sup>59</sup>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ N/A
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ N/A
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS <i>DUPLICATE</i>		\$ 816 <sup>59</sup>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ N/A
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ N/A
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ N/A

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**MONETARY POLITICAL CONTRIBUTIONS** *Spence* **SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <i>MARK HATLEY</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-10-24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MIKE LABORDE</i>	7 Amount of contribution (\$) <i>\$40<sup>00</sup></i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Fate, TX 75087</i>		
8 Principal occupation / Job title (See Instructions) <i>Vista Corps (Logistics Manager)</i>		9 Employer (See Instructions) <i>Vista Corps</i>
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>MIKE LABORDE</i>	Amount of contribution (\$) <i>\$200<sup>00</sup></i>
Contributor address; City; State; Zip Code [Redacted] <i>FATE TX 75087</i>		
Principal occupation / Job title (See Instructions) <i>Logistics Manager</i>		Employer (See Instructions) <i>Vista Corps</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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 for additional reporting requirements.

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

Chapman

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 4	<b>2</b> FILER NAME MARK HATLEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-17-24	<b>5</b> Payee name TRACTOR SUPPLY	
<b>6</b> Amount (\$) \$23.77	<b>7</b> Payee address; 772 W. I-30	City; State; Zip Code Royse City TX 75189
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Stakes For Large Signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-26-24	Payee name Home Depot	
Amount (\$) \$76.71	Payee address; 765 E. I-30	City; State; Zip Code Rockwall TX 75087
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Large Sign Stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-9-24	Payee name First Graphic Services	
Amount (\$) \$1323.22	Payee address; 229 GARVOR ST.	City; State; Zip Code Garland TX 75040
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Big and Reg Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

Gautreaux

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 204	<b>2</b> FILER NAME MARK HATLEY	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 4-21-24	<b>5</b> Payee name AMAZON
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<b>6</b> Amount (\$) \$19.47	<b>7</b> Payee address; ONLINE	City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description Proter Inc (Magenta)
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-12-24	Payee name Codi Child Campaign
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Amount (\$) \$70.00	Payee address; Fate TX 75189
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description Half Cost Political Flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-11-24	Payee name CHASE BANK ACCOUNT
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Amount (\$) \$12.00	Payee address; ONLINE
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ACCOUNTING BANKING	Description BANK SERVICE Monthly Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

By: Lawton

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4      2 FILER NAME: MARK HATLEY      3 Filer ID (Ethics Commission Filers):

4 Date: 4-2-24      5 Payee name: PRINT PLACE

6 Amount (\$): \$208.21      7 Payee address; City; State; Zip Code:  
1130 AVE H. EAST      ARLINGTON TX 76011

8 PURPOSE OF EXPENDITURE:      (a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE      (b) Description: DOOR PLACARDS

(c)  Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

Date: 4/4/24      Payee name: UBER EATS (SUBWAY)

Amount (\$): \$16.14      Payee address; City; State; Zip Code:  
494 IH-30      ROYSE CITY TX. 75189

PURPOSE OF EXPENDITURE:      Category (See Categories listed at the top of this schedule): FOOD BEVERAGE EXPENSE      Description: COOKIES

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

Date: 4-17-24      Payee name: AMAZON (ONLINE)

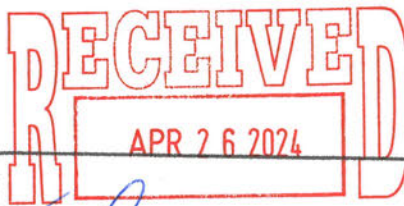
Amount (\$): \$21.05      Payee address; City; State; Zip Code:  
ONLINE

PURPOSE OF EXPENDITURE:      Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE      Description: PRINTER INK

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense, Accounting/Banking, Consulting Expense, Contributions/Donations Made By, Candidate/Officeholder/Political Committee, Credit Card Payment, Event Expense, Fees, Food/Beverage Expense, Gift/Awards/Memorials Expense, Legal Services, Loan Repayment/Reimbursement, Office Overhead/Rental Expense, Polling Expense, Printing Expense, Salaries/Wages/Contract Labor, Solicitation/Fundraising Expense, Transportation Equipment & Related Expense, Travel In District, Travel Out Of District, Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4; 2 FILER NAME: MARK HATLEY; 3 Filer ID (Ethics Commission Filers)

4 Date: 4-3-24; 5 Payee name: DANNI MONTGOMERY

6 Amount (\$): \$4000; 7 Payee address; City: FATE; State: TX; Zip Code: 75189

8 PURPOSE OF EXPENDITURE: ADVERTIZING EXPENSE (2) TSHIRTS (FOR MIKE COMBARDE); (a) Category: ADVERTIZING EXPENSE; (b) Description: (2) TSHIRTS (FOR MIKE COMBARDE); (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH; Candidate / Officeholder name; Office sought; Office held

Date; Payee name

Amount (\$); Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE; Category (See Categories listed at the top of this schedule); Description; Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

Date; Payee name

Amount (\$); Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE; Category (See Categories listed at the top of this schedule); Description; Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense.

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

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## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

By: James **SCHEDULE G**

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|
- The Instruction Guide explains how to complete this form.

Duplicate  
Expense

<b>1</b> Total pages Schedule G: 1 of 4	<b>2</b> FILER NAME MARK HATLEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-17-24	<b>5</b> Payee name TRACTOR SUPPLY	
<b>6</b> Amount (\$) \$23.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 772 W-I 30 Royse City TX 75189	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description STAKES FOR LARGE SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name      Office sought      Office held		
<b>Date</b> 3-26-24	<b>Payee name</b> HOME DEPOT	
<b>Amount (\$)</b> \$76.71 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 765 E-I-30 Rockwall TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> LARGE SIGN STAKES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name      Office sought      Office held		
<b>Date</b> 4-9-24	<b>Payee name</b> FIRST GRAPHICS SERVICES	
<b>Amount (\$)</b> \$23.22 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> 229 GARVON STREET GARLAND TX 75040	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>Description</b> BIG AND REGULAR SIZE SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
Candidate / Officeholder name      Office sought      Office held		

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

By: James

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

Duplicate Expense

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 4	2 FILER NAME MARK HATLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 4-21-24	6 Payee name AMAZON
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6 Amount (\$) \$19.47 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code ONLINE
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	(b) Description Printer Ink (magenta)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-12-24	Payee name Codi CHAIN Campaign
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Amount (\$) \$70.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code FAKE TX 75189
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	Description Half Cost Political Flyers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-11-24	Payee name CHASE BANK Account
-----------------	----------------------------------

Amount (\$) \$12.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code ONLINE
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting Banking	Description Banking Monthly FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

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**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

By: Shirley **SCHEDULE G**

If the requested information is not applicable, DO NOT include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Duplicate EXPENSE

1 Total pages Schedule G: 3 of 4	2 FILER NAME MARK HATZLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 4-2-24	5 Payee name Print Place
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6 Amount (\$) \$208.01 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1130 AVE H. EAST City: ARLINGTON TX State: TX Zip Code: 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	(b) Description DOOR PLACARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-4-24	Payee name UBER EATS (SUBWAY)
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Amount (\$) \$16.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 494 IH-30 City: ROYSE CITY TX State: TX Zip Code: 75189
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description COOKIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-17-24	Payee name Amazon Online
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Amount (\$) \$27.05 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; ONLINE City: _____ State: _____ Zip Code: _____
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	Description PRINTER INK
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

By: Janice

*Duplicate*

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>4 of 4</u>	<b>2</b> FILER NAME <u>MARK HATLEY</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>4-3-24</u>	<b>5</b> Payee name <u>DANNI MONTGOMERY</u>	
<b>6</b> Amount (\$) <u>\$40.00</u> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>231 THATCHER DR. FATE TX 75189</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <u>CDT SHIRTS FOR MAKE COMBATE</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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