CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME ate Received NICKNAME SUFFIX CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER 7 5189 FATE TX MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ **OFFICEHOLDER** (214) 714-4686 PHONE Receipt # Amount \$ MS / MRS / MR MI 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); STATE; ZIP CODE CAMPAIGN TREASURER 660 BASSETT HALL **ADDRESS** 75189 (Residence or Business) AREA CODE 8 CAMPAIGN **TREASURER** PHONE REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Day COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Description 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE EATE ity COUNCIL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE W GENERAL Additional Pages SPECIFIC

GO TO PAGE 2

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR 17 CONTRIBUTION CONTRIBUTIONS MADE ELECTRONICALLY) TOTALS TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL UNITEMIZED POLITICAL EXPENDITURE. EXPENDITURE TOTALS TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 6. LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: VICTORIA RADUECHEL Notary Public, State of Texas Comm. Expires 09-17-2026 Notary ID 129960951 (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Declaration __, and my date of birth is _ My name is My address is __ (state) (zip code) (country) (city) (street) Executed in _____ County, State of _____ , on the ____ day of _ (year) (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	MA	RK HATCEY	20 Filer ID (Ethics Co	mmis	sion Filers)
		JLE SUBTOTALS F SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1784.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	NA
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	NIA
4.		SCHEDULE E: LOANS		\$	NIA
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	1045,91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	N/A
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	NA
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	N/A
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	1045.91
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	WIA
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	NIA
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	NA

MONETARY POLITICAL CONTRIBUTIONS

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 for	rm.	1 Total pages Schedule A1:				
2 FILER NAME	ARK HATCES		3 Filer ID (Ethics Commission Filers)				
4 Date 3-7-24	= /	State: Zip Code X 75087	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) Vi'STA (ORP (Logistics Manager) 9 Employer (See Instructions) Vi'STA (ORP)							
3-8-24	Full name of contributor	State; Zip Code	Amount of contribution (\$) \$\frac{3}{5}.90				
	etion / Job title (See Instructions)	Employer (See Instructi	ons)				
3-3-2¢	Full name of contributor out-of-state PAC (ID# MARY KOBIENTZ WARD Contributor address; City;	State; Zip Code TX 75032	Amount of contribution (\$) # 25 00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)				
Principal occup	ation / Job title (See Instructions)						
VY OPE	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDUL E AS N	EEDED				
	If contributor is out-of-state PAC please see instruction						

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credt Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	expense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)				
3-18-24	PRINT PLACE						
\$ 166,29	1136 AVE H. EAST	ARlington	State; Zip Code J TX 76011				
8	(a) Category (See Categories I sted at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	DOOR HAN	IgEL FlytRS				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held				
3-16-24	PrintPlace						
Amount (\$)	Payee address;	City;	State; Zip Code				
(CREDIT)	1130 AVE H EAST	ARlingto	NTX 16011				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT FROM OVER CHARGE FOR PRINTING	CREDIT	FOR WERCHARGE				
	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						
1-27-24	ROCKWAll DONUTS						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$73.80	2006 S. GoliAD St Soite		WHILTX 15087				
	Category (See Categories listed at the top of this schedule)	Description	STATERY				
PURPOSE OF EXPENDITURE	FOOD /BENTRAGE EXPENSE	Donuts	FOR CAMPAIGN MEETING				
	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				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT inc	clude this page in the re	port.
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credt Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME HATCEY		3 Filer ID (Ethics Commission Filers)
4 Date 1-27-24	5 Payeename SUBWAY		
#30,77	7 Peyee address; 1 494 W. I-30	Royst Cit	State; Zip Code y TX 15/89
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	FOOD/BEVERAGE EA	PENSE CAMPA'S	gn KickOFF EVENT
	(c) Check ftravel outside of Texas. Complete Sched	duleT. Check if Austin	TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
1-08-24	THERESA HORFON		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 10000	660 BASSEH HALL	FATE	Tx 75189
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description William CENTER REN	SBURG ALLENIFY HAI CAMPAIGN EVEN
	Cneck if travel outside of Texas. Complete Schedi	ule 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 schedu	ule) Description	
	Check of travel outside of Texas. Complete Schedu	TeT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDIII E AS NEED	ED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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1 Total pages Schedule F1	2 MARK HATCEY	3	Filer ID (Ethics Commission Filers)				
4 Date 1-24-74	AMAZON (ON/INF)						
HG, 48	Payee address; ON/INE	City;	State; Zip Code				
8	(a) Category (See Categories I sted at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	NAME	TAgs				
	(c) 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						
1-76-24	Office Depot						
Amount (S) 30 mil	Payee address;	City: NER DR. KI	State: Zip Code 000000000000000000000000000000000000				
			CRUATI, IN 13032				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	PRINING EXPENSE	Business	- CARDS				
	Checkif frauer 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				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment			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 o	complete this form.					
1 Total pages Schedule F1	MAKK HATCEY		3 Filer ID (Ethics Commission Filers)				
4 Date 1-24-24	5 Payee name AMAZON (6N/NE)						
6 Amount (\$) #24, 89	7 Payee address;	City;	State; Zip Code				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Printing Expense	INK	ARPRIDGE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
1-24-24	AMAZON CONLINE)						
Amount (\$)	Payee address;	City:	State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Bus iness	Note CARD PAPER				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
3-21-24	FIRST GRAPHIC SERVIC	t5					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$216.12	229 GARVON St.	GARLANI	D TX. 75040				
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	LARGE .	Signs				
	Check if travel outside of Texas. Camplete 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				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	DED				

POLITICAL EXPENDITURES MADE

FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Consulting Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Credit Card Payment Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)							
ordan dyrian.	The Instruction Guide explains how to c	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME HATCEY		3 Filer ID (Ethics Commission Filers)				
4 Date 21-24	5 Payee name SigN Depot						
\$39500	1100 W. Colonial DR.	City; ORIANDO	State; Zip Code FL. 32864				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	YARD S	GN 5				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX. officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	,					
2-6-24	OFFICE MAX						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$129.10	2663 MARKET CENTER DR.	RUCKW	All TX 75032				
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Description PAPER	, BADges HolDer				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
2/2/24	WALMART						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$30.61	782 E. INTERSTATE 30	ROCKWA	11 TX 75087				
PURPOSE OF EXPENDITURE	FOOD BEVEAGE EAPLINSE	Description (AN DRI MEET	NKS (SOFF) BAOR AND GREET				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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	EXPENDITURE CATEGORIES	FOR BOX 8(a)					
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1 Total pages Schedule G:	MARK HATURY		3 Filer ID (Ethics Co	mmission Filers)			
3-18-24	PRINT PLACE						
6 Amount (\$) Reimbursement from political contributions intended	1130 AVE, H EAST	AR/ing	, ,	Zip Code 160 //			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	(D	(3/ASI/EU			
EXPENDITURE PRINTING EXPENSE DOOR HANGER TYERS							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought		fice held			
3-18-24	Print Place						
Amount (\$) G G Reimbursement from political contributions intended	Payee address;	ARling	State; FOW TX.	Zip Code 16011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PROWLING EXPENSE CREDY	CREDIT	FOR OVER	CHARGE			
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living expe	fice held			
Complete ONLY if direct expenditure to benefit C/		Onice sought					
Date 1-27-24	ROCKWALL DON'S						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Reimbursement from political contributions intended	ROCKWALL DONULS Payee address; 2006 5. Goliab St. Sc.	" LE ZZY RO	cheall, TX	75687			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVELLAG EX PENSE Check if travel guiside of Texas. Complete Schedule T.		C (AMPA)ga				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held			
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

				CODIECE	OR BOX 8(a)			1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y al Committee	Event Expens Fees Food/Beverag Gift/Awards/N	ge Expense Memorials Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/M	yment/Reimbursement rhead/Rental Expense pense	Trans Trave Trave Other	I In District I Out Of District (enter a category	Expense ent & Related Expense not listed above) Commission Filers)
1 Total pages Schedule G:	2 FILER N	AME RK F	PATLEC	1				
1-24-24			CONLINE		City;		State;	Zip Code
Reimbursement from political contributions intended	7 Payee ad							Duplin
8	(a) Categor	y (See Categorie	es listed at the top of this	schedule)	(b) Description	10:		7-71-71
PURPOSE OF	PRINT	INI C	XPENSE		-	arthi		
EXPENDITURE	(c)	_	tside of Texas. Complete	Schedule T.	Check if A	ustin, TX, of	ficeholder living ex	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Office	holder name		Office sought			Office rield
Date 1-24-24	Payee n	ame 1AZO/	N Conl	INE)			7:- Codo
Amount (\$) Reimbursement from political contributions intended	Payee a	ddress;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE	PRin	1	es listed at the top of thi	is schedule)	Business			PADER
			utside of Texas. Complete	Schedule T.		Austin, TX, o	fficeholder living e	Office held
Complete ONLY if direct expenditure to benefit C/C		idate / Office	holder name		Office sought			Office field
3.21.24	Payee n		RAPHICS	SEY	lvices			
Amount (\$)	Payee a	Comprehensive Control of the Control			City;		State;	Zip Code
Reimbursement from political contributions intended	229		von St	,	GARLA	ND CN	TX,	75040
PURPOSE OF EXPENDITURE	A D V	ER-list	es listed at the top of this	NSE	Description Check if	GE Austin, TX. o	Srgn fficeholder living	2 S expense
	Cano		holder name		Office sought			Office held
Complete ONLY if direct expenditure to benefit C/OH								
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Event Expense Food/Beverage Expense Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains now to some statement of the ID (Ethics Commission Filers)
1 Total pages Schedule G:	MARK HATCEY
4 Date 2-21-24	Sign DEPOT City; State; Zip Code
Reimbulsement from political contributions intended	1100 W. Colonial DK. GRIANDO FT. 32804
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	ADVERTS / A O CX PCNSt
9	Candidate / Office holder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	
2-6-24	Payee name OFFICE MAX
Amount (\$) Reimbursement from political contributions intended	Payee address; City: State; Zip Code 7663 MARKET CENTER DR ROCKWAILTX 75032
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office held OH
Date 2.2.24	Payee name WA(MAR+
Amount (\$)	Payee address; City; State; Zip Code
Reimbursement from political contributions intended	182 EAST INTERSTATE 30 LOCKWALLITY 15087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE CAFENSE AND 6REET EVENT Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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

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	F	XPENDITURE CATE	GORIES F	OR BOX 8(a)		4
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1 Total pages Schedule G:	2 FILER NAME MARK	HATLEY	1		3 Files 1D (Zimes	
4 Date -27-24	5 Payee name	Ay		City	State;	Zip Code
Amount (\$) Reimbursement from political contributions intended	719	0-I-30		Royse	ty TX	75/89
8 PURPOSE OF EXPENDITURE	FOOD BOVE	ategories listed at the top of this PAG EXPLOSE travel outside of Texas. Complete S	E	Check if Austi	T, CKOFF	EVENT opense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office sought		Onice risia
Date 1-08-24	Payee name	SA HORECA)			7:n Codo
Amount (\$) %C Reimbursement from political contributions intended	Payee address	asself t	6//	TAKE	State;	75/87
PURPOSE OF EXPENDITURE	EVENT	Categories listed at the top of this		CENTER	LEWAY CE	
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Date	Payee name					
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Reimbursement from political contributions intended						
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Complete ONLY if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Award cal Committee Legal Ser	Officerage Expense Pollings/Memorials Expense Print	Repayment/Reimbursement to Overhead/Rental Expense ing Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense		
1 Total pages Schedule G:	2 FILER NAME MARK	HATCEN	-1800-000-000-000-00-00-00-00-00-00-00-00-	3 Filer ID (Ethics	Commission Filers)		
4 Date 1-24-24	5 Payee name	zon Conli	NE)				
Reimbursement from political contributions intended	7 Payee address;	E	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	PRINTING	ories listed at the top of this schedule CXPCCC Outside of Texas. Complete Schedule T	Name	TAG 5	spense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name	Office sought		Office held		
1.26.24	Payee name	Depot					
Amount (\$) Reimbursement from political contributions intended	Payee address;	MARKET	Centar Di	State; 2. ROCKWA	Zip Code 11/7x 1503		
PURPOSE OF EXPENDITURE	Printin	ories listed at the top of this schedule GRAPH SE Outside of Texas. Complete Schedule 1	Bush	DESS (AR	DS kpense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Office	eholder name	Office sought		Office held		
Date	Payee name						
Amount (\$)	Payee address;		City;	State;	Zip Code		
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE		ries listed at the top of this schedule					
	Check if travel	cutside of Texas. Complete Schedule T	Check if Austin	n, TX, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	eholder name	Office sought		Office held		
	ATTACH ADD	TIONAL COPIES OF THI	S SCHEDULE AS NEED	DED			