

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Mr.

FIRST

Michael

MI

R.

NICKNAME

Mike

LAST

Hale

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

PO Box 732

APT / SUITE #;

Aledo

CITY;

TX

STATE;

ZIP CODE
76008

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(817)

PHONE NUMBER

637-2275

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr.

FIRST

Randall

MI

NICKNAME

Randy

LAST

Cupp

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

200 Falcon Ridge

CITY;

Aledo

STATE;

TX

ZIP CODE

76008

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

(817)

PHONE NUMBER

475-2453

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 Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

01

Day

01

Year

2022

THROUGH

Month

01

Day

20

Year

2022

11 ELECTION

ELECTION DATE

Month

03

Day

01

Year

2022

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Parker County Commissioner - Precinct 4

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Michael Hale		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,578.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,222.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	11,355.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Michael Hale and my date of birth is 12/14/1972
 My address is 144 Timberland Ln. Aledo TX 76008 USA
(street) (city) (state) (zip code) (country)

Executed in Parker County, State of Texas, on the 31st day of January, 20 22
(month) (year)

Michael Hale
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Michael Hale		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 13,578.70
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2,500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,222.83
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

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 form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hak		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Farmer Beggs, II	7 Amount of contribution (\$) \$1,000.-
6 Contributor address; City; State; Zip Code 306 W. 7th St. Ft Worth TX 76102		
8 Principal occupation / Job title (See Instructions) Rattle		9 Employer (See Instructions) Beggs Cattle Co.
Date 1/6/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnny Petree	Amount of contribution (\$) \$50.-
Contributor address; City; State; Zip Code 202 Kent St. Wausau WI 54403		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shane Cartwright	Amount of contribution (\$) \$250.-
Contributor address; City; State; Zip Code 4950 Bear Creek Rd, Alledo, TX 76008		
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) DPS
Date 1/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson Finken	Amount of contribution (\$) \$250.-
Contributor address; City; State; Zip Code 218 Hillside DR, Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions) Retired		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.

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 form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hale		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarence Ellis	7 Amount of contribution (\$) \$ 250.-
	6 Contributor address; City; State; Zip Code 3405 Acorn Hill Trc, Weatherford, TX 76087	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Draco Systems
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Hale	Amount of contribution (\$) \$ 104.¹⁰
	Contributor address; City; State; Zip Code 3706 Westminster Pl, Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Douglas	Amount of contribution (\$) \$1,000.-
	Contributor address; City; State; Zip Code 114 Hiddenlake Ranch, Alledo, TX 76007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Gonzales	Amount of contribution (\$) \$ 100
	Contributor address; City; State; Zip Code 503 E. Oak St, Alledo, TX 76008	
Principal occupation / Job title (See Instructions) Roofing		Employer (See Instructions) Weathershield Roofing

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hale		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Burt's	7 Amount of contribution (\$) \$ 1,000.-
6 Contributor address; City; State; Zip Code 4108 Hialeah Cir So, North Richland Hills, TX 76182		
8 Principal occupation / Job title (See Instructions) Corporate Aviation		9 Employer (See Instructions) BJT Group
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Phipps	Amount of contribution (\$) \$ 250.-
Contributor address; City; State; Zip Code 250 Amelia Ln, Medco, TX 76008		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) HUIE
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vicki Newsom	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 6451 FM 1886, Aledo, TX 76020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foxy Parks	Amount of contribution (\$) \$ 100.-
Contributor address; City; State; Zip Code 8560 CR 1009, Godley, TX 76044		
Principal occupation / Job title (See Instructions) Stucco		Employer (See Instructions) Parks Plaster + Stucco

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME <i>Michael Hake</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ray Ray</i>	7 Amount of contribution (\$) <i>\$100.-</i>
6 Contributor address; City; State; Zip Code <i>2000 Underwood Rd, Alledo, TX 76008</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Flowers</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>223 Angelina Ave, Alledo, TX 76008</i>		
Principal occupation / Job title (See Instructions) <i>owner</i>		Employer (See Instructions) <i>Northshield Roofing</i>
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chey Reeves</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>3516 Klemmeda St, Ft. Worth, TX 76126</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Hardick</i>	Amount of contribution (\$) <i>\$1,000.-</i>
Contributor address; City; State; Zip Code <i>107 Trinity Bluffs Rd, Alledo, TX 76008</i>		
Principal occupation / Job title (See Instructions) <i>Automotive</i>		Employer (See Instructions) <i>Meritz</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hale		3 Filer ID (Ethics Commission Filers)
4 Date 1/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Chance Smith	7 Amount of contribution (\$) \$ 250.-
6 Contributor address; City; State; Zip Code 112 Trinity Bluffs Rd, Alledo, TX 76007		
8 Principal occupation / Job title (See Instructions) Banking		9 Employer (See Instructions) Citico
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle Hawley	Amount of contribution (\$) \$1,000.-
Contributor address; City; State; Zip Code 745 W. Hill Dr, Alledo, TX 76008		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Hinsley	Amount of contribution (\$) \$300.-
Contributor address; City; State; Zip Code 107 McFarland Ranch Rd, Alledo, TX 76008		
Principal occupation / Job title (See Instructions) Oil Field		Employer (See Instructions) Self
Date 1/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Cox	Amount of contribution (\$) \$400.-
Contributor address; City; State; Zip Code 131 Crooked Stick, Alledo, TX 76008		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME <i>Michael Hale</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Johnson</i>	7 Amount of contribution (\$) <i>\$200.-</i>
6 Contributor address; City; State; Zip Code <i>8810 Charlene Ave, Aledo, TX 76020</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hunter Stockman</i>	Amount of contribution (\$) <i>\$500.-</i>
Contributor address; City; State; Zip Code <i>113 McKenzie Ln, Weatherford, TX 76087</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate</i>		Employer (See Instructions) <i>Self</i>
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sean Knight</i>	Amount of contribution (\$) <i>\$200.-</i>
Contributor address; City; State; Zip Code <i>4650 Annitta Center point Rd, Aledo, TX 76008</i>		
Principal occupation / Job title (See Instructions) <i>Home Building</i>		Employer (See Instructions) <i>Self</i>
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tacey Tomlin</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>1621 Highlake Ln, Weatherford, TX 76087</i>		
Principal occupation / Job title (See Instructions) <i>Home Builder</i>		Employer (See Instructions) <i>Self</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hale		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rennie Jones	7 Amount of contribution (\$) \$250.-
	6 Contributor address; City; State; Zip Code PO Box 720144, Oklahoma City, OK 73172	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self
Date 1/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Esenore	Amount of contribution (\$) \$260.²⁵
	Contributor address; City; State; Zip Code 3003 S. Lipscomb St, Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad McFarland	Amount of contribution (\$) \$500.-
	Contributor address; City; State; Zip Code 230 Jenkins Rd, Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 1/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilee Roberts	Amount of contribution (\$) \$104.¹⁰
	Contributor address; City; State; Zip Code 184 Timberland Ln, Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Joe Atkins Realty

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 form.		1 Total pages Schedule A1: 9
2 FILER NAME Michael Hale		3 Filer ID (Ethics Commission Filers)
4 Date 1/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Cupp	7 Amount of contribution (\$) \$1,000.-
	6 Contributor address; City; State; Zip Code 200 Fulcon Ridge, Aledo, TX 76008	
8 Principal occupation / Job title (See Instructions) Excavation		9 Employer (See Instructions) RE Cupp
Date 1/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Martin	Amount of contribution (\$) \$500.-
	Contributor address; City; State; Zip Code 10604 1840, Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Real Estate / Owner		Employer (See Instructions) Railhead Realty
Date 1/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbie Marlar	Amount of contribution (\$) \$500.-
	Contributor address; City; State; Zip Code 601 Beverly Pl, Aledo, TX 76008	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin Rico	Amount of contribution (\$) \$500.-
	Contributor address; City; State; Zip Code 405 Mikes Rd, Weatherford, TX 76087	
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) JRM Construction

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9
2 FILER NAME <i>Michael Hale</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Bessire</i>	7 Amount of contribution (\$) <i>\$500.-</i>
6 Contributor address; City; State; Zip Code <i>109 Prairie Dunes Rd, Willow Park, TX 76008</i>		
8 Principal occupation / Job title (See Instructions) <i>Real Estate</i>		9 Employer (See Instructions) <i>Martin Land Sales</i>
Date <i>1/18/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tracie Martin</i>	Amount of contribution (\$) <i>\$500.-</i>
Contributor address; City; State; Zip Code <i>PO Box 1040, Abide, TX 76008</i>		
Principal occupation / Job title (See Instructions) <i>Real Estate + Insurance</i>		Employer (See Instructions) <i>Self</i>
Date <i>1/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Seth Anderson</i>	Amount of contribution (\$) <i>\$260.25</i>
Contributor address; City; State; Zip Code <i>4200 W. Vickery Blvd, Ft. Worth, TX 76077</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Anderson Cummings, LLP</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)

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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Michael Hale			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 2,500.-
5 Date of loan 1/11/22	7 Name of lender Michael Hale	<input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$) \$ 2,500.-
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 144 Timberland Ln, Alledo, TX 76008		10 Interest rate 0
			11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) Insurance Sales & Service		13 Employer (See Instructions) Mike Hale Agency, LLC	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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 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: 3	2 FILER NAME Michael Hale	3 Filer ID (Ethics Commission Filers)	
4 Date 1/7/22	5 Payee name Alphagraphics		
6 Amount (\$) \$ 64.95	7 Payee address: 608 S. Main St,	City: Weatherford, TX	State; Zip Code 76086
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/10/22	Payee name Office Max		
Amount (\$) \$ 147.22	Payee address: 202 N. 1-20,	City: Weatherford, TX	State; Zip Code 76086
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Marketing Materials	
	<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 1/12/22	Payee name Harbor Freight		
Amount (\$) \$ 41.02	Payee address: 2201 Tin Top Rd,	City: Weatherford, TX	State; Zip Code 76087
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign install materials	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	2 FILER NAME Michael Hale	3 Filer ID (Ethics Commission Filers)	
4 Date 1/12/22	5 Payee name Fast Signs		
6 Amount (\$) \$252.⁷⁵	7 Payee address; 5925 Camp Bowie Blvd, Ft. Worth, TX	City;	State; Zip Code TX 76107
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Banner/Signage	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/12/22	Payee name Alpha graphics		
Amount (\$) \$1254.¹⁵	Payee address; 608 S. Main St,	City;	State; Zip Code Weatherford, TX 76086
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Banner, 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
Date 1-20-22	Payee name Winres		
Amount (\$) \$162.⁷⁴	Payee address; 1776 Wilson Blvd, Ste 530,	City;	State; Zip Code Arlington, VA 22209
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Payment Processing fees	
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>Michael Hahn</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/18/22</i>	5 Payee name <i>Mike Hahn Agency</i>	
6 Amount (\$) <i>\$300.-</i>	7 Payee address; <i>213 N. Front St.,</i>	City; State; Zip Code <i>Aledo, TX 76008</i>
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Table co-sponsor</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> 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
	<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 (\$)	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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