

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

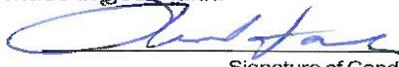
1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u> FIRST <u>Michael</u> MI <u>R</u>			
		NICKNAME <u>Mike</u> LAST <u>Hale</u> SUFFIX			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Other (specify) <input type="checkbox"/> 8th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>1 / 1 / 2022</u> THROUGH <u>1 / 20 / 2022</u>		Receipt # Amount \$	
				Date Processed	
				Date Imaged	
6 EXPLANATION OF CORRECTION <u>Forgot to include in-kind contribution from meet + greet</u>					

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Michael Hale this the 7th day of February 2022, to certify which, witness my hand and seal of office.

Gina K Osborn Gina K Osborn Chief deputy
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

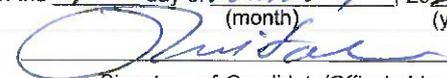
OR

(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 7th day of February, 2022.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

PO Box 732

APT / SUITE #;

Aledo

CITY;

TX

STATE;

76008

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

(817)

PHONE NUMBER

637-2275

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Mr.

FIRST

Randall

MI

NICKNAME

Randy

LAST

Cupp

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

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 Day Year
01 / 01 / 2022

THROUGH

Month Day Year
01 / 20 / 2022

11 ELECTION

ELECTION DATE

Month Day Year
03 / 01 / 2022

ELECTION TYPE

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

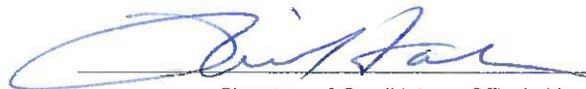
GO TO PAGE 2

**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)	\$	14,028.70
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	\$	11,805.87
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:

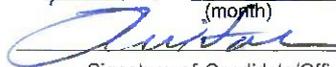
(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Hale this the 7th day of February 2022, to certify which, witness my hand and seal of office.
Dina K Osborn Gina Osborn Chief Deputy
 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 12/14/1992.
 My address is 144 Timberland Ln. Alledo TX 76608 USA.
 (street) (city) (state) (zip code) (country)
 Executed in Parker County, State of Texas, on the 7th day of February, 2022.
 (month) (year)

 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 checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 450.00
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 <i>Michael Hak</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/6/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Farmer Beggs, II</i>	7 Amount of contribution (\$) <i>\$1,000.-</i>
	6 Contributor address; City; State; Zip Code <i>306 W. 7th St. Ft Worth TX 76102</i>	
8 Principal occupation / Job title (See Instructions) <i>Buttle</i>		9 Employer (See Instructions) <i>Beggs Cattle Co.</i>
Date <i>1/6/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Petree</i>	Amount of contribution (\$) <i>\$50.-</i>
	Contributor address; City; State; Zip Code <i>202 Kout St. Wausau WI 54403</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>1/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shane Cartwright</i>	Amount of contribution (\$) <i>\$250.-</i>
	Contributor address; City; State; Zip Code <i>4950 Bear Creek Rd, Alledo, TX 76008</i>	
Principal occupation / Job title (See Instructions) <i>Officer</i>		Employer (See Instructions) <i>DPS</i>
Date <i>1/7/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wilson Fisher</i>	Amount of contribution (\$) <i>\$250.-</i>
	Contributor address; City; State; Zip Code <i>218 Hillside DR, Fredericksburg, TX 78624</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		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 3905 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 Hidden Lake 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

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 <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>Jeff Butts</i>	7 Amount of contribution (\$) <i>\$ 1,000.-</i>
6 Contributor address; City; State; Zip Code <i>4108 Hialeah Cir So, North Richland Hills, TX 76182</i>		
8 Principal occupation / Job title (See Instructions) <i>Corporate Aviation</i>		9 Employer (See Instructions) <i>BJT Group</i>
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Justin Phipps</i>	Amount of contribution (\$) <i>\$ 250.-</i>
Contributor address; City; State; Zip Code <i>250 Amelia Ln, Aledo, TX 76008</i>		
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions) <i>HUE</i>
Date <i>1/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicki Neuman</i>	Amount of contribution (\$) <i>\$ 100.-</i>
Contributor address; City; State; Zip Code <i>6431 FM 1886, Aledo, TX 76020</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>1/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jay Parks</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>8560 CR 1009, Godley, TX 76044</i>		
Principal occupation / Job title (See Instructions) <i>Stucco</i>		Employer (See Instructions) <i>Parks Plaster & Stucco</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 <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 Dr, 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>Chay Reeves</i>	Amount of contribution (\$) <i>\$100.-</i>
Contributor address; City; State; Zip Code <i>3516 Alameda 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>Merite</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 1/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Smith	7 Amount of contribution (\$) \$ 250.-
6 Contributor address; City; State; Zip Code 112 Trinity Bluffs Rd, Alledo, TX 76008		
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 N. 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)

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 <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>Phill Johnson</i>	7 Amount of contribution (\$) <i>\$200.-</i>
	6 Contributor address; City; State; Zip Code <i>8810 Chulene Ave, Ackerly, 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 Anatta Centerpoint 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>Tracy 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

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 1/12/22	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 720141, 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#: _____) Jackie Sumner	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 Gentling 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

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 1/15/22	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, Alledo, 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, Alledo, TX 76007		
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 Dr, Alledo, 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

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 <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>Marlin 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, Alida, 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 Victory Blvd, Ft Worth, TX 76071</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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>2</u>	
2 FILER NAME <u>Michael Hark</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>450.-</u>	
5 Date <u>1/11/22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lloyd Douglas</u>	8 Amount of Contribution \$ <u>150.-</u>	9 In-kind contribution description <u>Sponsored Meet & greet</u>
7 Contributor address; City; State; Zip Code <u>114 Hidden Lake Ranch, Aledo, TX 76008</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Owner</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>Self-Employed</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>1/11/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randy Cupp</u>	Amount of Contribution \$ <u>150.-</u>	In-kind contribution description <u>Sponsor Meet & greet</u>
Contributor address; City; State; Zip Code <u>200 Falcon Ridge, Aledo, TX 76008</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>Excavation</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>R.E. Cupp</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: **2**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

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

8 Amount of Contribution \$

9 In-kind contribution description

1/11/22

Shane Cartwright

450.-

Sponsor meet + greet

7 Contributor address; City; State; Zip Code

4950 Bear Creek Rd, Alledo, TX 76008

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Officer

11 Employer (FOR NON-JUDICIAL)(See Instructions)

DPS

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

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 <i>Michael Hale</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,500.-
5 Date of loan <i>1/11/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Hale</i>	9 Loan Amount (\$) \$ 2,500.-
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>144 Timberland Ln, Alledo, TX 76008</i>	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) <i>Insurance Sales & Service</i>		13 Employer (See Instructions) <i>Mike Hale Agency, LLC</i>
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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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 Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 | 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 1/9/22	5 Payee name Alpha Graphics	
6 Amount (\$) \$ 64.95	7 Payee address; City; State; Zip Code 608 S. Main St, Weatherford, TX 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; City; State; Zip Code 202 N. 1-20, Weatherford, TX 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; City; State; Zip Code 2201 Tin Top Rd, Weatherford, TX 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

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	2 FILER NAME Michael Hale	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/22	5 Payee name Fast Signs	
6 Amount (\$) \$252.¹⁵	7 Payee address; City; State; Zip Code 5925 Camp Bowie Blvd, Ft. Worth, 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 ONLY 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; City; State; Zip Code 608 S. Main St, 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 ONLY 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; City; State; Zip Code 1776 Wilson Blvd, Ste 530, 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 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	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 Hab	3 Filer ID (Ethics Commission Filers)
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4 Date 1/18/22	5 Payee name Miss Hab Agency
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6 Amount (\$) \$300.-	7 Payee address; 213 N. Front St.,	City; Aledo,	State; TX	Zip Code 76008
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Table CO-SPONSOR
	(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
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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
	<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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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
	<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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