

# 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 <input checked="" type="radio"/>	FIRST <i>Michael</i>	MI <i>R.</i>	<div style="border: 2px solid black; padding: 5px;"> <p align="center"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><b>FEB 22 2022</b></p> <p>BY: <i>JL</i></p> </div> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width: 100%;"> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table> </div>				Receipt #	Amount \$	Date Processed		Date Imaged	
	Receipt #	Amount \$											
Date Processed													
Date Imaged													
NICKNAME <i>Mike</i>	LAST <i>Hale</i>	SUFFIX											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS													
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 732 Alledo, TX 76008</i>													
5 CANDIDATE / OFFICEHOLDER PHONE			AREA CODE PHONE NUMBER EXTENSION <i>(817) 637-2275</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST <i>Randall</i>	MI										
	NICKNAME <i>Randy</i>	LAST <i>Cupp</i>	SUFFIX										
7 CAMPAIGN TREASURER ADDRESS			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>200 Falcon Ridge, Alledo, TX 76008</i>										
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION <i>(817) 475-2453</i>										
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)												
10 PERIOD COVERED	Month Day Year <i>1 / 21 / '22</i>			THROUGH Month Day Year <i>2 / 19 / '22</i>									
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 1 / '22</i>			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Parker County Commission - Pct 4</i>									
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.												
	<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME										
			COMMITTEE ADDRESS										
			COMMITTEE CAMPAIGN TREASURER NAME										
			COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2



# 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	\$ <i>2011.78</i>
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7,532.99</i>
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	\$
	<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: <u>2</u>
2 FILER NAME <u>Michael Hale</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/25/22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Genod Raymond</u>	7 Amount of contribution (\$) <u>\$ 260.<sup>25</sup></u>
6 Contributor address; City; State; Zip Code <u>135 Trinity Bluffs Rd, Alledo, TX 76008</u>		
8 Principal occupation / Job title (See Instructions) <u>Tax Consulting</u>		9 Employer (See Instructions) <u>Invoca Tax Partners</u>
Date <u>1/26/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Barron</u>	Amount of contribution (\$) <u>\$ 90.-</u>
Contributor address; City; State; Zip Code <u>1841 Martin Dr, S2100, Weatherford, TX 76086</u>		
Principal occupation / Job title (See Instructions) <u>Advisor</u>		Employer (See Instructions) <u>Barron Wealth Strategies</u>
Date <u>1/31/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kirk Miller</u>	Amount of contribution (\$) <u>\$ 520.<sup>51</sup></u>
Contributor address; City; State; Zip Code <u>3708 Briarhaven Rd, Ft. Worth, TX 76109</u>		
Principal occupation / Job title (See Instructions) <u>Investor</u>		Employer (See Instructions) <u>Self</u>
Date <u>2/3/22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Hardick</u>	Amount of contribution (\$) <u>\$ 1,041.<sup>02</sup></u>
Contributor address; City; State; Zip Code <u>107 Trinity Bluffs Rd, Alledo, TX 76008</u>		
Principal occupation / Job title (See Instructions) <u>Managing Partner</u>		Employer (See Instructions) <u>Martz Dealerships</u>

**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: <b>2</b>
2 FILER NAME <b>Michael Hale</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/13/22</b>	5 Full name of contributor <b>Sheri Hall</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$100.-</b>
6 Contributor address; City; State; Zip Code <b>173 Trinity Bluffs Rd, Alledo, TX 76008</b>		
8 Principal occupation / Job title (See Instructions) <b>Operations Manager</b>		9 Employer (See Instructions) <b>Alledo Medicine Store</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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.

# 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: <b>3</b>	2 FILER NAME <b>Michael Hale</b>	3 Filer ID (Ethics Commission Filers)		
4 Date <b>2/17/22</b>	5 Payee name <b>MULTICOLOR AND CUSTOM IMPRINT</b>			
6 Amount (\$) <b>\$1,840.25</b>	7 Payee address; <b>1372 N. Main St.</b>	City; <b>Ft Worth</b>	State; <b>TX</b>	Zip Code <b>76164</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Signage</b>	
	(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 <b>2/14/22</b>	Payee name <b>Alphagraphics</b>			
Amount (\$) <b>\$454.91</b>	Payee address; <b>608 S. main st.</b>	City; <b>weatherford,</b>	State; <b>TX</b>	Zip Code <b>76086</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>Push cards</b>	
	<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 <b>2/14/22</b>	Payee name <b>Tractor Supply Co.</b>			
Amount (\$) <b>\$156.<sup>16</sup></b>	Payee address; <b>1817 S. Main St.</b>	City; <b>Weatherford,</b>	State; <b>TX</b>	Zip Code <b>76086</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Sign install materials</b>	
	<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: <u>3</u>		2 FILER NAME <u>Michael Hale</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>2/8/22</u>		5 Payee name <u>Alphasgraphics</u>			
6 Amount (\$) <u>\$ 214.<sup>36</sup></u>		7 Payee address; <u>608 S. Main St,</u>		City; <u>Weatherford, TX</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <u>Cards.</u>		
	(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	
Date <u>2/9/22</u>		Payee name <u>Harbor Freight</u>			
Amount (\$) <u>\$ 20.<sup>53</sup></u>		Payee address; <u>2201 Tin Top Rd,</u>		City; <u>Weatherford, TX</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Sign Install Matt's.</u>		
	<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	
Date <u>1/27/22</u>		Payee name <u>Mulholland Custom Imprint</u>			
Amount (\$) <u>\$ 3,366.<sup>58</sup></u>		Payee address; <u>1332 N. Main St,</u>		City; <u>Ft. Worth,</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Signs</u>		
	<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	

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: <u>5</u>		2 FILER NAME <u>Michael Hale</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/24/22</u>		5 Payee name <u>Macy Hale</u>			
6 Amount (\$) <u>1,000.-</u>		7 Payee address; <u>144 Timberland Ln,</u>		City; <u>Aledo,</u>	State; <u>TX</u>
				Zip Code <u>76008</u>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Marketing</u>		
	(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	
Date <u>2/19/22</u>		Payee name <u>Winres</u>			
Amount (\$) <u>\$79.37</u>		Payee address; <u>1776 Wilson Blvd, Ste 530,</u>		City; <u>Arlington,</u>	State; <u>VA</u>
				Zip Code <u>22209</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Payment Processing Fees</u>		
	<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	
Date <u>2/19/22</u>		Payee name <u>Weathershield</u>			
Amount (\$) <u>\$400.-</u>		Payee address; <u>377 Savage Ln,</u>		City; <u>Aledo,</u>	State; <u>TX</u>
				Zip Code <u>76008</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Billboard</u>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED