

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: <i>1</i>	2 FILER NAME <i>Michael Hale</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/9/22</i>	5 Payee name <i>Go Daddy Website</i>	
6 Amount (\$) <i>20.¹⁷</i>	7 Payee address; City; State; Zip Code <i>1020 Enterprise Way, #300, Sunnyvale, CA 94089</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Website</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12/21/22</i>	Payee name <i>Go Daddy Website</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>1020 Enterprise Way, #300, Sunnyvale, CA 94089</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Website</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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

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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: 1

2 FILER NAME

Michael Hale

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/22

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

Phil King Office Holder

7 Amount of contribution (\$)

\$1,000.-

6 Contributor address; City; State; Zip Code

2158 Ft Worth Hwy, Weatherford, TX 76086

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Eggleston, King LLP

Date

10/10/22

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

*c/o Frank Galitski
Farmers Employee and Agent PAC of Texas*

Amount of contribution (\$)

\$5,000.-

Contributor address; City; State; Zip Code

100 Congress Ave, #1100, Austin, TX 78701

Principal occupation / Job title (See Instructions)

Insurance

Employer (See Instructions)

members

Date

10/19/22

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

TNP Political Action Committee

Amount of contribution (\$)

\$1,500.-

Contributor address; City; State; Zip Code

5237 Riverside Dr, #100, Ft. Worth, TX 76137

Principal occupation / Job title (See Instructions)

Engineering

Employer (See Instructions)

members

Date

12/2/22

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

Ph:hp Trow

Amount of contribution (\$)

\$ 200.-

Contributor address; City; State; Zip Code

100 S. Lakeshore Dr, Weatherford, TX 76087

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Parker Co

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Michael Hak</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,700. ⁻
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0. ⁻
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0. ⁻
4. SCHEDULE E: LOANS		\$ 20,000. ⁻
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 96. ²⁹
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0. ⁻
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0. ⁻
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0. ⁻
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0. ⁻
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0. ⁻
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0. ⁻
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0. ⁻

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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.-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,700.-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.-
	4. TOTAL POLITICAL EXPENDITURES	\$ 96.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,603.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000.-

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

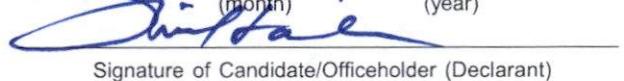
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

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 12/14/72.
 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 17th day of January, 2003.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

1. $\frac{1}{x^2} = x^{-2}$

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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: 5			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR.</i>	FIRST <i>Michael</i>	MI <i>A.</i>	OFFICE USE ONLY		
	NICKNAME <i>Mike</i>	LAST <i>Hale</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; <i>PO box 732,</i>		CITY; <i>Aledo, TX</i>	STATE; <i>TX</i>	ZIP CODE <i>76008</i>	Date Received JAN 17 2023 PM 3:25 <i>LH</i>
	AREA CODE <i>(817)</i>		PHONE NUMBER <i>637-2275</i>	EXTENSION		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Randall</i>	MI <i>E.</i>	Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME <i>Randy</i>	LAST <i>Cupp</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <i>200 Falcon Ridge,</i>		CITY; <i>Aledo,</i>	STATE; <i>TX</i>	ZIP CODE <i>76008</i>	
	AREA CODE <i>(817)</i>		PHONE NUMBER <i>475-2453</i>	EXTENSION		
9 REPORT TYPE	<input checked="" 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 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>7 / 1 / 2022</i>		THROUGH	Month Day Year <i>12 / 31 / 2022</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>#11 / 8 / 2022</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
	12 OFFICE OFFICE HELD (if any) <i>Parker County Commissioner At-Large</i>		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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