CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00086251 2 Total pages filed: 28					
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Christian V.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		CLIEFIV	07/17/2023	
	Manuel			SUFFIX	01/11/2023	
		Hayes				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	3801 Turtlecreek Dr.					
ADDRESS					Receipt #	Amount
Change of Address	Port Arthur, TX 77642					
	,				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Kaprina		1411		
NAME	IVIS.	Καριπα				
	NICKNAME	LAST		SUFFIX		
		Frank				
				,,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS	4501 Briarwood Lane					
(Residence or Business)						
	Port Arthur, TX 77642					
7 CAMPAIGN	AREA CODE PHON	E NUMBER - E	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(409) 466-3771					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after ca	ımpaign treasurer
		_ countary belove		L	appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
				reporting iimit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	IROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		П	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	Γ (if known)	
III OFFICE	State Representative Distr	rict 22		TE OFFICE SOUGH	(II KIIOWII)	
	State Representative Distr	ICt 22				
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Hayes, Christian V.	(The Honorable)	14 Filer ID 00086251	(Ethics Commission Filers)
15 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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	R NAME	
		COMMITTEE CAMPAIGN TREASURER	R ADDRESS	
16 CONTRIBUTION TOTALS		LIZED POLITICAL CONTRIBUTIONS (OT ES OF LOANS, OR CONTRIBUTIONS N		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 2,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 18,570.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS ERIOD	OF THE LAST DAY OF THE	\$ 11,653.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING L RTING PERIOD	OANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			der penalty of perjury, that the ac includes all information required on Code.	
		Th	ne Honorable Christian V. Ha	nvos
			gnature of Candidate or Officeho	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subse	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of	office.	
Cignoture of effi-	cor administoring	Drinted name of officer administration	on Tisto of office	or administering onth
Signature of office	cer administering	Printed name of officer administering	iy ille di office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 28	
Hayes, C	18 FILER NAME19 Filer ID(Ethics Commission Filers)Hayes, Christian V. (The Honorable)00086251				
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			TAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,750.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	18,570.57	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/28		
2	FILER NAME Hayes, Chris	stian V. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086251		
4	Date 06/30/2023	 Full name of contributor		7 Amount of Contribution (\$) \$250.00		
		Austin, TX 78701				
8	Principal occu Goverment	upation / Job title (See Instructions) Affairs	9 Employer (See Instructions Campos Consulting Gro	,		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ Democrats for Education Reform Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00		
	Principal occu	Ft. Worth, TX 76101 upation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Date 06/27/2023	Full name of contributor out-of-state PAC (ID#:_WHOLESALE BEER DISTRIBUTORS OF TEXA Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00		
	Principal occu	AUSTIN, TX 78701 upation / Job title (See Instructions)	Employer (See Instructions	ls)		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ Warner, Michael Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00		
	Principal occu	Houston, TX 77021 upation / Job title (See Instructions)	Employer (See Instructions Spencer Fane	ls)		
	<u>, </u>					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 1/24 Rpt: 5/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	02/03/2023	100 Black Men
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1104 Denver Blvd
_	DUDDOGE	San Antonio, TX 78210
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		DONATIONS
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2023	100 Black Men
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1104 Denver Blvd
		San Antonio, TX 78210
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		DONATIONS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
L	01/19/2023	823 Congress Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.66	823 Congress Ave
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	1
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	,
1 Total pages Schedule F1: Sch: 2/24 Rpt: 6/28	Hayes, Christian V. (The Honorable) 00086251
4 Date	5 Payee name
01/31/2023	AT&T
6 Amount (\$) \$65.63	7 Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/03/2023	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$64.99	208 S Akard St
	Dallas, TX 75202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2023	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$65.63	208 S Akard St
	Dallas, TX 75202
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/24 Rpt: 7/28	2 FILER NAME Hayes, Christian V. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086251
4	Date 03/03/2023	5 Payee name AT&T
6	Amount (\$) \$65.63	7 Payee address; City; State; Zip Code 208 S Akard St
		Dallas, TX 75202
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense FEES
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2023	Amazon
	Amount (\$) \$81.25	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/03/2023	Best Buy
	Amount (\$) \$129.88	Payee address; City; State; Zip Code 7601 Penn Ave S
		Minneapolis, MN 55423
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense OVERHEAD
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Cr	redit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1 Tot	tal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
S	ch: 4/24 Rpt: 8/28	Hayes, Christian V. (The Honorable)		00086251
4 Dat	te	5 Payee name		•
01/	/11/2023	Best Buy		
6 Am	nount (\$)	7 Payee address; City; State; Zip C	ode	
	\$432.99	7601 Penn Ave S		
		Minneapolis, MN 55423		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
E\	OF XPENDITURE	Office Overhead/Rental Expense	` `	Check if travel outside of Texas. Complete Schedule T.
E/	APENDITORE	·		Check if Austin, TX, officeholder living expense
				OVERHEAD
			<u> </u>	
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
Dat		Payee name		
01/	/17/2023	Buc-ee's		
Am	nount (\$)	Payee address; City; State; Zip C	ode	
	\$51.90	327 Hwy 2004 Rd		
		Lake Jackson, TX 77566		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
ΕX	OF XPENDITURE	Transportation Equipment & Related		Check if travel outside of Texas. Complete Schedule T.
		Expense		Check if Austin, TX, officeholder living expense TRANSPORT
				TO WOT ON
Cor	mplete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	penditure to benefit C/OI		agiit	Cinico Hold
Dat	te	Payee name		
	/23/2023	Buc-ee's		
			odo.	
AIII	ount (\$) \$32.54	Payee address; City; State; Zip C 327 Hwy 2004 Rd	oue	
	Ψ32.34	327 Tiwy 2004 Nu		
		Lake Jackson, TX 77566		
			1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
E	XPENDITURE	Transportation Equipment & Related Expense		Check if Austin, TX, officeholder living expense
		1		TRANSPORT
	mplete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
exp	penditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 5/24 Rpt: 9/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	01/03/2023	Camden Rainey St
6	Amount (\$) \$355.00	7 Payee address; City; State; Zip Code 91 Rainey St Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense OTHER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2023	Camden Rainey St
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,075.95	92 Rainey St
	BUBBOSE	Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense OTHER
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2023	Camden Rainey St
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,145.79	93 Rainey St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense OTHER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 6/24 Rpt: 10/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	02/06/2023	Camden Rainey St
6	Amount (\$) \$2,450.00	7 Payee address; City; State; Zip Code 94 Rainey St Austin, TX 78701
Ļ	DUDDOOF	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense OTHER
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/04/2023	Camden Rainey St
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.84	95 Rainey St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		OTHER
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	Camden Rainey St
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,542.94	96 Rainey St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		OTHER
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 7/24 Rpt: 11/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	04/04/2023	Camden Rainey St
6	Amount (\$) \$2,580.43	7 Payee address; City; State; Zip Code 97 Rainey St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		OTHER
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.32	6001 Bollinger Canyon Rd
		San Ramon, CA 94583
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		TIVANOI OICI
	Operation ONLY if allowed	Our stide to 10 ff as had done as one
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.74	6001 Bollinger Canyon Rd
		San Ramon, CA 94583
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		TRANSFORT
_	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/24 Rpt: 12/28	Hayes, Christian V. (The Honorable) 00086251
4 Date	5 Payee name
02/10/2023	Chevron
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.56	6001 Bollinger Canyon Rd
	San Ramon, CA 94583
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
EXI ENDITORE	Expense
	TRANSPORT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to beliefit 6/01	•
Date	Payee name
05/15/2023	Chevron
Amount (\$)	Payee address; City; State; Zip Code
\$48.15	6001 Bollinger Canyon Rd
	San Ramon, CA 94583
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
	Expense
	TRANSPORT
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/15/2023	Chevron
Amount (\$)	Payee address; City; State; Zip Code
\$52.47	6001 Bollinger Canyon Rd
	San Ramon, CA 94583
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment & Related
LA LABITORL	Expense Check if Austin, TX, officeholder living expense
	TRANSPORT
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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 a Credit Card Payment							
,	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 9/24 Rpt: 13/28	Hayes, Christian V. (The Honorable) 00086251						
4 Date	5 Payee name						
02/15/2023	Chevron						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$56.15	6001 Bollinger Canyon Rd						
	San Ramon, CA 94583						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
	Expense Check if Austin, TX, officeholder living expense TRANSPORT						
	TIVANOI OICI						
O Complete ONLY if direct	Candidate/Officeholder name Office acusht						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/27/2023	Chevron						
Amount (\$)	Payee address; City; State; Zip Code						
\$42.64 6001 Bollinger Canyon Rd							
	San Ramon, CA 94583						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
Expense Check if Austin, TX, officeholder living expense TRANSPORT							
	TIVANOI OICI						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	Ÿ						
Dete							
Date	Payee name						
01/09/2023	City of Austin						
Amount (\$)	Payee address; City; State; Zip Code						
\$297.79	301 W 2nd St						
	Austin, TX 78701						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	X Check if Austin, TX, officeholder living expense FEES						
	FLLS						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
Ļ	Tatalana O. I. I. T.							
1	Total pages Schedule F1:							
	Sch: 10/24 Rpt: 14/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	01/05/2023	Erenterplan.com						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$24.84	330 Commerce 100						
		Irvine, CA 92602						
8	PURPOSE	(b) Description						
ľ	OF	Category (See Categories listed at the top of this schedule) Fees Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	X Check if Austin, TX, officeholder living expense						
		FEES						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
	Date	Payee name						
	01/23/2023	Erenterplan.com						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$24.84	330 Commerce 100						
		Irvine, CA 92602						
_	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	The control of the						
	FEES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
	Date	Payee name						
	05/22/2023	Erenterplan.com						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$24.83	330 Commerce 100						
		Irvine, CA 92602						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	X Check if Austin, TX, officeholder living expense						
		FEES						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	<u> </u>						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
Ļ		The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 11/24 Rpt: 15/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	04/24/2023	Erenterplan.com						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$24.83	330 Commerce 100						
		Irvine, CA 92602						
8	PURPOSE	(b) Description						
ľ	OF	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	X Check if Austin, TX, officeholder living expense						
		FEES						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
	Date	Payee name						
	02/22/2023	Erenterplan.com						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$24.84	330 Commerce 100						
		Irvine, CA 92602						
_	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. X Check if Austin, TX, officeholder living expense						
	FEES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
	Date	Payee name						
	03/22/2023	Erenterplan.com						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$24.84	330 Commerce 100						
	, .							
		Irvine, CA 92602						
	DUDDOSE							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
		FEES						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/24 Rpt: 16/28	Hayes, Christian V. (The Honorable)	00086251					
4	Date	5 Payee name						
	01/03/2023	Exxon Mobil						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$49.80	5959 Las Colinas Blvd						
		Irving, TX 75039						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense					
		Expense Land Check if Austi						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	н						
_	Date	Payee name						
	01/09/2023	Exxon Mobil						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$46.14	5959 Las Colinas Blvd						
		Irving, TX 75039						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related	el outside of Texas. Complete Schedule T.					
		Expense Check if Austi	in, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	Н						
	Date	Payee name						
	01/10/2023	Exxon Mobil						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.84	5959 Las Colinas Blvd						
		Irving, TX 75039						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related	el outside of Texas. Complete Schedule T.					
		Expense	in, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	•						
l								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
L	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:							
	Sch: 13/24 Rpt: 17/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	01/30/2023	Exxon Mobil						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$23.60	5959 Las Colinas Blvd						
		Irving, TX 75039						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
	EM LINDITURE	Expense Check if Austin, TX, officeholder living expense						
		TRANSPORT						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
	CAPERIORALE TO DETICITE C/OF							
	Date	Payee name						
	02/06/2023	Exxon Mobil						
	Amount (\$)	Payee address; City; State; Zip Code						
\$48.81 5959 Las Colinas Blvd								
		Irving, TX 75039						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
Expense Cneck if Austin, 1X, officenoider living expense								
	TRANSPORT							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							
_	Data	Davisa nama						
	Date 06/20/2023	Payee name Exxon Mobil						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$45.81	5959 Las Colinas Blvd						
L		Irving, TX 75039						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.						
		Expense Check if Austin, TX, officeholder living expense TRANSPORT						
		TRANSPORT						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 18/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	04/17/2023	Exxon Mobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.70	5959 Las Colinas Blvd
		Irving, TX 75039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		THO WAS CITY
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	5 .	
	Date	Payee name
	01/20/2023	Exxon Mobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.96	5959 Las Colinas Blvd
		Irving, TX 75039
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		THO WAS CITY
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	04/17/2023	Payee name Exxon Mobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.01	5959 Las Colinas Blvd
		Irving, TX 75039
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 15/24 Rpt: 19/28	Hayes, Christian V. (The Honorable) 00086251							
4	Date	5 Payee name							
	01/09/2023	H-E-B							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$68.74	646 S Flores St							
		San Antonio, TX 78204							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense FOOD							
		1 COD							
9	Commission ONII V if disposi	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
L	•								
	Date	Payee name							
	02/06/2023	Lowe's							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$109.27	1000 Lowe's Blvd							
		Mooresville, NC 28117							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense OVERHEAD							
		OVERTIEAD							
H	Complete ONLY if direct	direct Candidate/Officeholder name Office sought Office held							
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
⊨									
	Date	Payee name							
	03/07/2023	Marshall's Barber Shop							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.00	1915 E 12th St							
		Austin, TX 78702							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
1		FEES							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
1	expenditure to benefit C/OI								
\vdash									
L									

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Polling Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 16/24 Rpt: 20/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	03/14/2023	Marshall's Barber Shop						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$35.00	1916 E 12th St						
		Austin, TX 78702						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		FEES						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	03/21/2023	Marshall's Barber Shop						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$45.00	1917 E 12th St						
		Austin, TX 78702						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officenoider living expense							
		FEES						
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	03/28/2023	Marshall's Barber Shop						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.00	1918 E 12th St						
		Austin, TX 78702						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense FEES						
		FEES						
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held						
	Complete ONLY if direct expenditure to benefit C/OI							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 17/24 Rpt: 21/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	04/18/2023	Marshall's Barber Shop						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$15.00	1918 E 12th St						
		Austin, TX 78702						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense FEES						
		1223						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
⊨	Date	Payso nama						
	01/06/2023	Payee name Metropolis						
L		· · · · · · · · · · · · · · · · · · ·						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$13.99	144 2nd Ave N						
		Nashville, TN 37201						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
		FEES						
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1						
	Date	Payee name						
	05/01/2023	Metropolis						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$30.99	144 2nd Ave N						
		Nashville, TN 37201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense						
		FEES						
\vdash	Complete ONIL V if aligned	Candidate/Officeholder name Office cought						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
\vdash	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 18/24 Rpt: 22/28	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	05/03/2023	Metropolis						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$40.99	144 2nd Ave N						
		Nashville, TN 37201						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		X Check if Austin, TX, officeholder living expense FEES						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	05/18/2023	Metropolis						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.99	144 2nd Ave N						
		Nashville, TN 37201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense FEES						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	04/21/2023	Metropolis						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$60.23	144 2nd Ave N						
		Nashville, TN 37201						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense						
		FEES						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 19/24 Rpt: 23/28	Hayes, Christian V. (The Honorable) 00086251				
4	Date	5 Payee name				
	04/24/2023	Metropolis				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$10.99	144 2nd Ave N				
		Nashville, TN 37201				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense				
		FEES				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name				
	04/24/2023	Metropolis				
	Amount (\$)	Payee address; City; State; Zip Code				
	` '					
\$40.99 144 2nd Ave N						
		AL AL WAY TALOTOGA				
		Nashville, TN 37201				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense				
		FEES				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	4				
	Date	Payee name				
	04/24/2023	Metropolis				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$264.99	144 2nd Ave N				
	Ψ204.33	244 Zhu / We IV				
		Nashville, TN 37201				
	DUDDOCE					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense				
		FEES				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Coi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Contributions Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)			
<u>, </u>			ıı Guide explai	INS NOW TO CC	mple	ete this form.	_						
1	Total pages Schedule F1:	2							3		•	ommission Filers)	
	Sch: 20/24 Rpt: 24/28		Hayes, Christian V. (The Honorable)						0008625	1			
4	Date	5	Payee name										
	04/25/2023		Metropolis										
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	ode						
	\$342.99		144 2nd Av	e N									
			Nashville, T	N 37201									
8	PURPOSE	(a)	<u> </u>		ed at the top of this	schedule)	(b)	Description					
	OF EXPENDITURE		Fees	5. 22 note		-7			outsi	ide of Texas. C	Complete Schedul	e T.	
	EXPENDITURE							X Check if Austin	ı, TX,	, officeholder li	ving expense		
								FEES					
L							L		_				
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	е	Office sou	ıght			Office	held		
L	expenditure to benefit C/OF	H —							_				
	Date		Payee name										
	04/26/2023		Metropolis										
	Amount (\$)	Γ	Payee addres	ss; City;	Sta	ate; Zip Co	ode		_				
	\$40.99		144 2nd Av										
			Nashville, T	N 37201									
_	PURPOSE	(a)	<u> </u>		d at the term ()	schodul-)	(b)	Description					
	OF	(~)	Fees	ee Calegories liste	d at the top of this	scrieaule)	`~,	_	outsi	de of Texas. C	Complete Schedul	е Т.	
EXPENDITURE			1 003	X Check if Austin, TX, officeholder living expense									
FEES													
	Complete ONLY if direct		Candidate/Offi	ceholder nam	е	Office sou	ıght			Office	held		
	expenditure to benefit C/OH	Н											
	Date	Π	Payee name										
	04/27/2023		Metropolis										
	Amount (\$)	\vdash	Payee addres	ss; City;	Sta	ate; Zip Co	ode		—				
	\$25.99		144 2nd Av	-	Ju	, <u>-</u> .ip C(. 40						
	Ψ23.33		⊥ → ∠IIU AV	J 14									
			Nie -! '''	'NI 0700 :									
			Nashville, T										
	PURPOSE OF	(a)		ee Categories liste	d at the top of this	schedule)	(b)	Description				_	
	EXPENDITURE		Fees								Complete Schedul	е Т.	
								X Check if Austin	ı, 1X,	, omcenoider l	virig expense		
								1 LLJ					
	Complete ONLY if direct	Ц	Candidate/Offi	ceholder nom		Office sou	laht			Office	held		
	expenditure to benefit C/O		Sanuiudie/OIII	cenoidel IIdli.	C	Onice SOL	agrit			Onice	HEIU		
_	· · · · ·												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/24 Rpt: 25/28	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
Ļ	02/23/2023	Metropolis
6	Amount (\$) \$10.99	7 Payee address; City; State; Zip Code 144 2nd Ave N
	Ф10.99	144 ZHU AVE N
		Nashville, TN 37201
8	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/14/2023	Metropolis
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.99	144 2nd Ave N
		Nashville, TN 37201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2023	Metropolis Para attheres City Control (1) Out to 1
	Amount (\$) \$52.99	Payee address; City; State; Zip Code 144 2nd Ave N
	Ψ32.33	144 ZIIU AVE IV
		Nashville, TN 37201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	X Check if Austin, TX, officeholder living expense
		FEES
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Legal Services	als Expense	Salaries/M	kpens /ages	e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 22/24 Rpt: 26/28		Hayes, Chris	stian V. (The	Honorable)					00086251		
4	Date	5	Payee name									
	04/18/2023		Metropolis									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$19.99		144 2nd Ave									
			Nashville, Ti	N 37201								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(4)	Category _{(Se} Fees	e Categories listed a	t the top of this sch	nedule)	(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 003					브		officeholder livir	•	
								FEES				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/19/2023		Metropolis									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$40.99		144 2nd Ave	e N								
			Nashville, Ti	N 37201								
	PURPOSE	(a)	Category (so	e Categories listed a	t the ten of this coh	odulo)	(b)	Description				
	OF	<u> </u> `´	Fees	e categories listed t	it the top of this ser	icuuic)	` ,		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							—	, TX,	officeholder livir	ng expense	
								FEES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office h	neld	
	Date		Payee name									
	04/20/2023		Metropolis									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$19.99		144 2nd Ave	e N								
			Nashville, T	N 37201								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					므			mplete Schedule T.	
								—	, TX,	officeholder livir	ng expense	
								FEES				
\vdash	Complete ONLY if direct	Ц,	Candidate/Offic	eholder name	-	Office sou	aht			Office h	neld	
	expenditure to benefit C/OI		Januiuale/OIII	cholder Hairle	,	Jillou 300	giil			Office I	iciu	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memorials Legal Services	·		/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
L		_		The Instruction G	ude explains	now to cor	mple	ete this form.	_			
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)	
	Sch: 23/24 Rpt: 27/28	_	-	stian V. (The H	onorable)					00086251		
4	Date	5	Payee name									
	01/04/2023		Shell									
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Coo	de					
	\$48.42		910 Louisia	na St								
			Houston, TX	< 77002								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ion Equipment &		·		=			nplete Schedule T.	
	LAI LINDITORL		Expense					—		officeholder living	g expense	
								TRANSPORT	I			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office souç	ght			Office h	eld	
	experiorale to belieff C/Of	17										
	Date		Payee name									
	01/18/2023		Shell									
	Amount (\$)	Г	Payee addre	ss; City;	State;	; Zip Coo	de					
	\$41.86		910 Louisia	na St								
			Houston, T	< 77002								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Transportat	ion Equipment &				=			nplete Schedule T.	
			Expense					—		officeholder living	g expense	
								TRANSPORT	ı			
_	Complete ONLY 'C. "	<u> </u>	Damali-lat 1000			D# ia - :	aul- d			Ott	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(Office sou	ynt			Office h	eiu	
L		_										_
	Date		Payee name									
L	01/31/2023	L	Shell									
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
	\$56.99		910 Louisia	na St								
			Houston, T	K 77002			_					
	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ion Equipment &	≩ Related			<u></u>			nplete Schedule T.	
			Expense							officeholder living	g expense	
								TRANSPORT	1			
	Complete ONLY !! -!!	Ļ	Condidate 10"	ooholder :==		Office see	als:			Off:!	ald	
	Complete ONLY if direct expenditure to benefit C/OH		Januluate/Offi	ceholder name	(Office sou	ynt			Office h	eiu	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 24/24 Rpt: 28/28	Hayes, Christian V. (The Honorable) 00086251	
4	Date	5 Payee name	
	02/13/2023	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.81	910 Louisiana St	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Expense Check if Austin, TX, officeholder living expense	
		TRANSPORT	
_	Operation ONE V if dispose	Own district Office helds	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
_			
	Date	Payee name	
	01/09/2023	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.41	1000 Nicollet Mall	
		Minneapolis, MN 55403	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		OVERHEAD	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	04/17/2023	Texas Legislative Black Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$344.44	1108 Lavaca St	
		Austin, TX 78701	
	PURPOSE	100	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		FEES	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	חע	