CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00086251		2 Total pages file 21	
3 CANDIDATE /	MS/MRS/MR	FIRST		MI		
OFFICEHOLDER	The Honorable	Christian V.				ISE ONLY
NAME	menonorable	Christian v.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
				JUFFIA	01/20/2021	
	Christian Manuel	Hayes				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	-Y;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER	3801 Turtlecreek Dr.					
MAILING ADDRESS					Receipt #	Amount
ADDRESS						
Change of Address	Port Arthur, TX 77642				Date Processed	
					Date i recoucia	
					Data Imaged	
					Date Imaged	
5 04MD4/04						
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Kaprina				
	NICKNAME	LAST		SUFFIX		
		Frank				
		Trank				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	4501 Briarwood Lane					
(Residence or Business)	Port Arthur, TX 77642					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(409) 466-3771					
8 REPORT TYPE				- "	1	
	January 15	30th day before	election	Runoff	15th day after cam appointment (offic	
	X July 15	8th day before		Exceeded modified	Final Report (Atta	
		our day before		reporting limit	T mai report (Aud	
9 PERIOD COVERED	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	HROUGH	06/30/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	State Representative Dist	rict 22		State Representa	ative District 22	
		GO 1	FO PAGE 2			
Forme provided by T-	vac Ethios Commission		biog state to a	0	1045:-	$n \sqrt{4} 1 0 d070 - b - 0$
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Versio	n V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 21

13 C / OH NAME	Hayes, Christian V. (The Honorable)	14 Filer ID (E 00086251	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	nolder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	5S	
	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THAI		
16 CONTRIBUTION TOTALS	\$ 0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 13,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 14,294.67
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 16,640.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT	-			
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	able Christian V. Hay	es
			Candidate or Officehold	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Culorn to and outpag	ribad bafara ma bu tha a	aid	this the	dov
		aid ertify which, witness my hand and seal of office.	, uns une	day
Signature of offic	er administering	Printed name of officer administering	Title of officer a	administering oath
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us	V	ersion V4.1.0.d378aba0

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 21 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Hayes, Christian V. (The Honorable) 00086251 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 13,500.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. X SCHEDULE E: LOANS \$ 0.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 14,294.67 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ 0.00 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_				-		
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/21	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hayes, Chris	stian V. (The Honorable)			00086251	
4	Date	5 Full name of contributor out-of-state PAC ((ID#:)	7	Amount of Contribution (\$)	
	05/07/2024	BASF Employees Corporation PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Washington, DC 20005	i			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	02/27/2024	Berel-Harrop, Sarah				\$250.00
		Contributor address; City; State; Zip Code				
		Farmers Branch, TX 75234	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Intern minist	er	ТХUUJM			
	Date	Full name of contributor out-of-state PAC ((ID#:)	T	Amount of Contribution (\$)	
	03/02/2024	Blackwell, Eric				\$250.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77019				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Govetnment		NRG Energy	ς,		
	Date	Full name of contributor out-of-state PAC (Т	Amount of Contribution (\$)	
	04/18/2024	Carter, Darryl	(iD#)			\$1,000.00
		Contributor address; City; State; Zip Code		·		. ,
		Houston, TX 77081				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Law Office of Darryl B.	Ca	rter	
	Date	Full name of contributor out-of-state PAC ((ID#:)	Γ	Amount of Contribution (\$)	
	03/08/2024	Grigsby, Matthew				\$250.00
		Contributor address; City; State; Zip Code				
		Pasadena, CA 91104		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Finance Dire		Cal State LA			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/21	
2	FILER NAME Hayes, Chris	stian V. (The Honorable)		3	Filer ID (Ethics Commission 00086251	on Filers)
4	Date 06/03/2024	5 Full name of contributor out-of-state PAC (ID#: Jackson Walker LLP PAC)	7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
		Dallas, TX 75201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: Jones, Neal Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78746				
	Principal occu HillCo Partne	pation / Job title (See Instructions) ers)			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Raymond, Richard				\$1,500.00
		Contributor address; City; State; Zip Code Austin, TX 78757				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/02/2024	Ryerkerk, Lori				\$5,000.00
		Contributor address; City; State; Zip Code				
	Duits sized easy	Winnie, TX 77665		Ļ		
	CEO	pation / Job title (See Instructions)	Employer (See Instructions) Celanese)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	_
	02/26/2024	Texas Society of Architects Committee				\$1,000.00
		Contributor address; City; State; Zip Code				
L		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/21
2	FILER NAME Hayes, Chris	stian V. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086251
4	Date 02/26/2024	 5 Full name of contributor out-of-state PAC (ID#: Texas Society of Certified Public Accountants 6 Contributor address; City; State; Zip Code Addison, TX 75001 	7 Amount of Contribution (\$) \$750.00	
8	Principal occu		r (See Instructions)
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	Bentonville, AR 72716 pation / Job title (See Instructions) Employer	r (See Instructions)

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 7/21
2 FILER NAME Hayes, Christian V. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086251
⁴ TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:) 9 Loan Amount (\$)
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?	
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)
14 Description of Collateral 15 Check if per None Image: Collateral	ersonal funds were deposited into political account (See Instructions)
Information 17 Name of guarantor INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See Instructions)

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME	-		-	3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/14 Rpt: 8/21		layes, Christian V. (The Hor	norable)				00086251		
4	Date 05/07/2024		Payee name ActBlue							
6	Amount (\$) \$500.00									
8	PURPOSE OF EXPENDITURE	Eees								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	d	
	Date	F	Payee name							
	05/10/2024	ļ	Area Impressions							
	Amount (\$) \$552.40	2	Payee address; City; 1705 Highland Ave	State	; Zip Coo	le				
		E	Beaumont, TX 77705							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	edule)		I, TX,	de of Texas. Comple officeholder living e		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held	d	
	Date	F	Payee name							
	06/14/2024		Area Impressions							
	Amount (\$) \$297.21		Payee address; City; 1705 Highland Ave	State	; Zip Coo	le				
		E	Beaumont, TX 77705							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	iedule)		I, TX,	de of Texas. Comple officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office soug	ht		Office held	d	

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explain:	Office Ov Polling Ex Printing E Salaries/V	erhead kpense xpense Wages/	e 'Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense	
1	Total pages Schedule F1:	2 1			•		3	Filer ID (Ethics Commission Filers)	
-	Sch: 2/14 Rpt: 9/21		layes, Christian V. (The Honorable)				•	00086251		
4	Date 03/22/2024		Payee name Buckstin Brewing Company							
6	Amount (\$) \$84.02	1	Payee address; City; Stat L211 Boston Ave Nederland, TX 77627	e; Zip Co	ode					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this se Food/Beverage Expense	chedule)				de of Texas. Comple officeholder living ex		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held		
	Date	F	Payee name							
	03/04/2024	0	Chick-Fil-A							
	Amount (\$) \$123.32		Payee address; City; Stat 3701 Memorial Blvd	e; Zip Co	ode					
			Port Arthur, TX 77640							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this se Food/Beverage Expense	chedule)				de of Texas. Comple officeholder living ex		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	I	
	Date	F	Payee name							
	03/06/2024		DJs Boudain Inc							
	Amount (\$) \$187.60		Payee address; City; Stat 1840 Lafin Dr	e; Zip Co	ode					
			Beaumont, TX 77705							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this se Food/Beverage Expense	chedule)				de of Texas. Comple officeholder living ex		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	l 	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Awards/Memorials Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission I	Filers)	
	Sch: 3/14 Rpt: 10/21		Hayes, Christian V. (The H	onorable)				00086251		
4	Date 03/04/2024		^p ayee name Hamilton's Restaurant							
6	Amount (\$) \$227.54		Payee address; City; 8460 Central Mall Dr Port Arthur, TX 77705	State;	; Zip Co	de				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	ne top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		
	Date		Payee name							
	04/01/2024		Hamilton's Restaurant							
	Amount (\$) \$363.72	I	Payee address; City; 8460 Central Mall Dr	State;	; Zip Co	de				
			Port Arthur, TX 77705							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Food/Beverage Expense	e top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght		Office held		
	Date		Payee name							
	02/26/2024		Harris Consulting							
	Amount (\$) \$2,000.00		Payee address; City; 4625 Bolivar St	State;	; Zip Co	de				
			Beaumont, TX 77707							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Consulting Expense	ne top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Legal Services	Expense morials Expense ion Guide explains	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense	
1	Total pages Schedule F1:			•		·	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 4/14 Rpt: 11/21		s, Christian V. (1	he Honorable)				00086251	(
4	Date	Payee	name							
	05/24/2024	Jasmi	Jasmine Crockett Campaign							
6	Amount (\$)	Payee	address; City;	State	; Zip Code	9				
	\$120.00	00 P.O. Box 227235								
		Dallas	, TX 75222							
8	PURPOSE	a) Catego	ory (See Categories lis	sted at the top of this sch	nedule) (k	b) Description				
	OF EXPENDITURE		butions/Donation date/Officeholde	ns Made By r/Political Comm	nittee		n, TX, c	e of Texas. Comp officeholder living		
9	Complete ONLY if direct	Candida	te/Officeholder na	me (Office sough	ot .		Office he	ld	
5	expenditure to benefit C/OI		tt, Jasmine (Rep		0	District 30			se District 30	
_	Data			.,						
	Date	Payee		Davit Na sha s						
	03/04/2024		Pizza and Pasta							
	Amount (\$)	-	address; City;	State	; Zip Code	9				
	\$235.56	2839	Nall St							
		Port N	leches, TX 7765	1						
	PURPOSE OF EXPENDITURE		ory (See Categories lit Beverage Exper	sted at the top of this sch	_{ledule)} (k			e of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder na	me C	Office sough	nt		Office he	ld	
	Date	Payee	name							
	04/29/2024	Judice	es							
	Amount (\$)	Payee	address; City;	State	; Zip Code	9				
	\$102.89	3005	7th St							
		Port A	rthur, TX 77642							
	PURPOSE OF			sted at the top of this sch	nedule) (k	Description	out-1-1	a of Town - Or	alata Cabadula T	
	EXPENDITURE	Food/	Beverage Exper	se				e of Texas. Comp officeholder living		
						FOOD	., ., ., .	sineerielder innig	0,00,000	
	Complete ONLY if direct expenditure to benefit C/O	Candida	te/Officeholder na	me C	Office sough	nt		Office he	ld	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr	Office Over Polling Experinting Exp Printing Exp Printing Exp	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 5/14 Rpt: 12/21	2	Hayes, Christian V. (The Honorable)				00086251			
4	Date	5	Payee name							
	05/17/2024		Lauren Simmons Campaign							
6	Amount (\$)	7	Payee address; City; State; Z	Zip Cod	e					
	\$1,000.00	P.O. Box 58356								
			Houston, TX 77256							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedul	ıle) (b) Description					
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
			Candidate/Officeholder/Political Committee	ee			, officeholder living expense			
					DONATIONS	5				
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			ce soug		int	Office held			
	•		Simmons, Lauren Stat	ше кер	resentative Distr					
	Date		Payee name							
	03/04/2024		Museum of the Gulf Coast							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	е					
	\$108.23		700 Procter St							
			Port Arthur, TX 77640							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ile)	b) Description	outei	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Event Expense				, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offic	ce soug	ht		Office held			
	Date		Payee name							
	03/04/2024		NGP VAN							
-	Amount (\$)		Payee address; City; State; Z	Zin Cod	<u> </u>					
	\$159.90		P.O. Box 441146	_ip 000	C					
	\$100.00									
			Somerville, MA 20144							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedul	ıle) (b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense			
					FEES	I, IA,	, unicendider living expense			
					. 220					
-	Complete ONLY if direct	L	Candidate/Officeholder name Offic	ce soug	ht		Office held			
	expenditure to benefit C/OI			ee souy						
_										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment		Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		B Filer ID (Ethics Commission Filers)					
	Sch: 6/14 Rpt: 13/21	Hayes, Christian V. (The Honorable)		00086251					
4	Date 04/08/2024	Payee name NGP VAN							
6	Amount (\$) 7 Payee address; City; State; Zip Code \$159.90 P.O. Box 441146 Somerville, MA 20144								
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		itside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held					
	Date	Payee name							
	05/02/2024	NGP VAN							
	Amount (\$) \$159.90	Payee address; City; State; Zip Co P.O. Box 441146	de						
	PURPOSE OF EXPENDITURE	Somerville, MA 20144 Category (See Categories listed at the top of this schedule) Fees		itside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held					
	Date	Payee name							
	06/03/2024	IGP VAN							
	Amount (\$) \$159.90	Payee address; City; State; Zip Co P.O. Box 441146	de						
		Somerville, MA 20144							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ıtside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sour	ght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related I Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District ommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed at						
1	Total pages Schedule F1:	5		expiants			3	Ethics Commission Eilers)	
T	Sch: 7/14 Rpt: 14/21	2	HILER NAME Hayes, Christian V. (The Hono	rable)			3	Filer ID (Ethics Commission Filers) 00086251	
4	Date	5	Payee name						
	02/27/2024		Rimal, Karrol						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$1,750.00		300 Republic Lane						
			Euless, TX 76040						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b) Description			
	OF		Consulting Expense	01 1113 3011	iculic)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5 1			Check if Austin	I, TX	, officeholder living expense	
						CONSULT			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office souç	ht		Office held	
	Date		Payee name						
	03/04/2024		Rimal, Karrol						
	Amount (\$)		Payee address; City;	State	; Zip Coo	le			
	\$2,184.45		300 Republic Lane						
			•						
			Euless, TX 76040						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Consulting Expense	of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(Office souç	ht		Office held	
	Date		Payee name						
	04/25/2024		Rimal, Karrol						
	Amount (\$)		Payee address; City;	State	; Zip Coo	le			
	\$1,492.75		300 Republic Lane	Olulo,	, <u>Lip</u> 000				
	+=,								
			Euless, TX 76040						
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this sch	nedule)	b) Description			
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.	
							I, IX,	, officeholder living expense	
						CONSOLI			
-	Complete ONLY if direct	Ľ	andidate/Officeholder name	·	Office soug	ht		Office held	
	expenditure to benefit C/Oł			(Chice Soul	n n.			
-									

				EXPENDIT	URE CATEGO	RIES FOR	BOX 8	B(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	head/Rer ense oense ages/Con	eimbursement ntal Expense ntract Labor his form.		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FII FR NAME					1	3	Filer ID	(Ethics Commission Filers)	-
-	Sch: 8/14 Rpt: 15/21			stian V. (The	e Honorable)					00086251		
4	Date 05/29/2024		Payee name Rimal, Karro	I								
6	Amount (\$) \$500.00		Payee addres 300 Republi		State;	; Zip Co	le					
			Euless, TX 7	76040								
8	PURPOSE OF EXPENDITURE		Category _{(Se} Consulting E		at the top of this sch	nedule)				de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	ht			Office he	eld	_
	Date		Payee name									
	04/24/2024		Ruggles Bla	ck								
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	le					_
	\$260.56		2245 W Alal			, i						
		<u> </u>	Houston, TX									_
	PURPOSE OF EXPENDITURE			e Categories listed age Expense	at the top of this sch	iedule)				de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Dffice sou	ht			Office he	eld	
-	Date		Payee name									-
	04/05/2024		Shell									
	Amount (\$) \$40.15		Payee addres 910 Louisiar		State	; Zip Co	le					
			Houston, TX	77002								
	PURPOSE OF EXPENDITURE				at the top of this sch ht And Related				, TX,	de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	eholder name	(Dffice sou	ht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Rel Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel of District ICommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lis						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 9/14 Rpt: 16/21		Hayes, Christian V. (The Honorable)	00086251					
4	Date 04/05/2024	5	Payee name Shell						
6	Amount (\$) \$57.01		Payee address; City; State; 910 Louisiana St Houston, TX 77002	Zip Co	le				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment And Related Expense			n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held		
	Date		Payee name						
	04/08/2024		Shell						
	Amount (\$) \$53.02		Payee address; City; State; 910 Louisiana St Houston, TX 77002	Zip Co	le				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Transportation Equipment And Related Expense			n, TX,	de of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held		
	Date		Payee name	_					
	05/06/2024		Shell						
	Amount (\$) \$50.31		Payee address; City; State; 910 Louisiana St	Zip Co	le				
			Houston, TX 77002						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment And Related Expense			n, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)				
	Sch: 10/14 Rpt: 17/21	Hayes, Christian V. (The Honorable)	00086251				
4	Date 06/05/2024	5 Payee name Shell					
6	Amount (\$) \$75.98	7 Payee address; City; State; Zip Code 910 Louisiana St Houston, TX 77002					
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/07/2024	Shell					
	Amount (\$) \$65.00	Payee address; City; State; Zip Code 910 Louisiana St Houston, TX 77002					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date 06/10/2024	Payee name Shell					
	Amount (\$) \$30.91	Payee address; City; State; Zip Code 910 Louisiana St					
		Houston, TX 77002					
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpense Vages/	e Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · · ·	1000 12 2 .			3	Filer ID (Ethics Commission Filers)		
1	Sch: 11/14 Rpt: 18/21	2	Hayes, Christian V. (The Honorable)				5	00086251		
4	Date	5	Payee name							
	06/10/2024		Shell							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$56.07		910 Louisiana St							
			Houston, TX 77002							
8	PURPOSE	(a)			(h)	Description				
0	OF	(a)	Category (See Categories listed at the top of this sch Transportation Equipment And Related		(u)	Description Check if travel of	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Expense	J				officeholder living expense		
						TRANSPORT				
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	04/08/2024		Squarespace							
	Amount (\$)			; Zip Co	nde					
	\$35.18		8 Clarkson St	, zip co	ue					
	φ55.10		o Clarkson St							
			Manhattan, NY 10014							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					de of Texas. Complete Schedule T.		
							, IX,	officeholder living expense		
						FEES				
				245						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt			Office held		
	•	i								
	Date		Payee name							
	04/22/2024		Squarespace							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$36.80		8 Clarkson St							
			Manhattan, NY 10014							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	OF		Fees	iouulo)			outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin,	, TX,	officeholder living expense		
						FEES				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght			Office held		
	expenditure to benefit C/OF	H								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Imittee Legal Services The Instruction Guide expension		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 19/21		Hayes, Christian V. (The Honora	able)				00086251
4	Date 05/07/2024		Payee name Squarespace					
6	Amount (\$)		Payee address; City;	State:	; Zip Co	le		
	\$35.18		8 Clarkson St	,	, I			
			Manhattan, NY 10014					
8	PURPOSE OF	(a)	Category (See Categories listed at the top o	f this sch	edule)	(b) Description		
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht		Office held
_	Data							
	Date		Payee name					
	05/23/2024		Squarespace					
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le		
	\$36.80		8 Clarkson St					
			Manhattan, NY 10014					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Fees	f this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office held
	Date		Payee name					
	06/07/2024		Squarespace					
	Amount (\$)		Payee address; City;	State;	; Zip Co	le		
	\$35.18		8 Clarkson St					
			Manhattan, NY 10014					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Fees	f this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_				e explains	now to con	ipiete this form.	1_	
1	Total pages Schedule F1: Sch: 13/14 Rpt: 20/21		FILER NAME Hayes, Christian V. (The Hon	orable)			3	Filer ID (Ethics Commission Filers) 00086251
4	Date	5	Payee name					
	06/24/2024	<u> </u>	Squarespace					
6	Amount (\$) \$104.13		Payee address; City; 8 Clarkson St Manhattan, NY 10014	State;	; Zip Coc	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Fees	op of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	03/05/2024		Target					
	Amount (\$)		Payee address; City;	State	; Zip Coo	le		
	\$287.34		1000 Nicollet Mall Minneapolis, MN 55403					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Office Overhead/Rental Expe		nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	(Office soug	ht		Office held
	Date		Payee name					
	06/24/2024		Target					
	Amount (\$) \$104.13		Payee address; City; 1000 Nicollet Mall	State	; Zip Coo	le		
			Minneapolis, MN 55403					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Office Overhead/Rental Expe		nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract	xpense Labor		Travel in District Travel Out of Dist	uipment & Related Expense	
			The Instruction Guide exp	lains l	how to com	plete this f					
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 14/14 Rpt: 21/21		Hayes, Christian V. (The Honoral	ole)					00086251		
4	Date	5	Payee name								
	06/28/2024		Target								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	е					
	\$38.96		1000 Nicollet Mall								
			Minneapolis, MN 55403								
8	PURPOSE	(a)	·			b) Descrip	ntion				
ľ	OF	(,	Category (See Categories listed at the top of t Office Overhead/Rental Expense	his sche	edule)			outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE					Cheo	ck if Austin,	, тх,	officeholder living	expense	
						OVER	RHEAD				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	С	Office soug	ht			Office he	ld	
	Date		Payee name								
	05/01/2024		Texas Coffee Company								
	Amount (\$)		Payee address; City;	State:	Zip Cod	e					
	\$303.48		3297 S MLK Parkway	o tato,	p 000	•					
	\$600.40										
			Beaumont, TX 77705								
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his sche	edule)	b) Descrip					
	EXPENDITURE		Food/Beverage Expense						de of Texas. Comp officeholder living		
						FOOD		, 17,	oncentrater inving	expense	
						1000					
	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht			Office he	Id	
	expenditure to benefit C/OI			C	Shice Soug	inc.			Office field		
_		-									_
	Date		Payee name								
	03/04/2024		The Toasted Yolk Cafe								
	Amount (\$)			State;	Zip Cod	е					
	\$119.19		6455 Phelan Blvd								
			Beaumont, TX 77705								
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	edule)	b) Descrip	otion				
	OF		Food/Beverage Expense		ouulo,			outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITURE					Cheo	ck if Austin,	, TX,	officeholder living	expense	
						FOOD)				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ht			Office he	ld	
	expenditure to benefit C/OI	H									