# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commiss 00086251	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Christian V.			Date Received	
					ELECTRONICA	J I Y FII FD
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Christian Manuel			SUFFIX	01/13/2023	
	Christian Manuel	Hayes				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	3801 Turtlecreek Dr.					_
ADDRESS					Receipt #	Amount
Change of Address	Port Arthur, TX 77642				2 . 2	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Kaprina		1411		
NAME	IVIS.	Καριπα				
	NIO(4) A LA					
		LAST		SUFFIX		
		Frank				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	4501 Briarwood Lane					
(Residence or Business)						
	Port Arthur, TX 77642					
7 CAMPAICNI	ADEA CODE DUON	E NUMBER - F	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(409) 466-3771					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can	nnainn treasurer
		] contract school		L	appointment (office	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				eporting iimit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	PI	rimary	Runoff	Other	
		│ □G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distri	ict 22		12 OFFICE SOUGHT	(II KIIOWII)	
	State Representative Distri	10t 22				
		GO T	O PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 64

13 C / OH NAME	Hayes, Christian V. (	The Honorable)	<b>14</b> Filer ID ( 00086251	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with d officeholders are required to report this inform	out the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE I		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 6,525.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 17,862.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 27,964.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and include under Title 15, Election Cod	es all information required to	
		The Ho	norable Christian V. Hay	/es
		Signatur	e of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid		day
	, 20, to co	ertify which, witness my hand and seal of office.  Printed name of officer administering		administering oath
Signature of offi	oo. dammistering	. Three name of officer duffillingterling	The or officer	administering oddi

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			C	JVER 3	3 of 64
I	LER NAN ayes, Ch	(Ethics Co	mmission Filers)		
I	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,525.00
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 CONTRIBUTIONS	6	\$	17,862.63
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	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E <b>A1</b>
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/3 Rpt: 4/64	
2	FILER NAME Hayes, Chris	stian V. (The Honorable)			3	Filer ID (Ethics Commission 00086251	n Filers)
4	Date 12/13/2024			7	Amount of Contribution (\$)	\$500.00	
0	Dringing aggu	College Station, TX 77845	10	Employer (See Instructions	<u>,,</u>		
8	Engineer	pation / Job title (See Instructions)	9	HNTB Corporation	s)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Carter, Darryl Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77081 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
Lawyer				Self Employed	"		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Cole, Sheryl Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78722					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sheryl Cole Associates	s)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#: Greer, Haley D. Contributor address; City; State; Zip Code  Austin, TX 78758		)		Amount of Contribution (\$)	\$100.00
			Employer (See Instructions The Arc of Texas	5)			
	Date 09/20/2024				Amount of Contribution (\$)	\$500.00	
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Hellyar Group	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/3 Rpt: 5/64	
2	FILER NAME Hayes, Chris	stian V. (The Honorable)			3	Filer ID (Ethics Commissio 00086251	n Filers)
4	Date 07/23/2024			7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Beaumont, TX 77707 pation / Job title (See Instructions)	9	Employer (See Instructions			
	Marketing ar	nd IT		Nerd Family Production	S		
	Date 08/28/2024	Full name of contributor out-of-state F Miller, Robert Contributor address; City; State; Zip Code	-	)	•	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Locke Lord LLP			
	Date 10/03/2024	Full name of contributor out-of-state F SMITH, ROBERT M Contributor address; City; State; Zip Code	PAC (ID#:	)	•	Amount of Contribution (\$)	\$500.00
		DALLAS, TX 75230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                     </u>		
	PRESIDENT	,		ACCIDENT & INJURY CHIROPRACTIC			
	Date 10/29/2024	Contributor address; City; State; Zip Code	-		•	Amount of Contribution (\$)	\$150.00
	Dringing con	Port Arthur, TX 77640		Employer (Co.) Instructions	<u></u>		
			Employer (See Instructions Not Employed	5)			
	Date 11/01/2024	Full name of contributor out-of-state F Savoy-Hadley, Terry Contributor address; City; State; Zip Code Port Arthur, TX 77640	PAC (ID#:	)		Amount of Contribution (\$)	\$225.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Not Employe	ea		Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/64	
2	FILER NAME Hayes, Chris	FILER NAME Hayes, Christian V. (The Honorable)			Filer ID (Ethics Commission 00086251	on Filers)
4	1 Date 08/14/2024 5 Full name of contributor 0ut-of-state PAC (ID#:) Seiler, Don 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		San Antonio, TX 78247				
8	Principal occupation / Job title (See Instructions)  Not Employed  9 Employer (See Instructions Not Employed			s)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/27/2024 Texas Friends of Trey Martinez Fischer  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	San Antonio, TX 78201  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Vallot, Colette Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$500.00
		Dallas, TX 75219				
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Whitmire, Whitney Contributor address; City; State; Zip Code Houston, TX 77018			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions Whitmire & Munoz	s)		

#### 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

	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: 1/58 Rpt: 7/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/05/2024	823 Congress Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.64	823 Congress Ave
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/08/2024	Academy Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.40	1800 North Mason Road
		Katy, TX 77449
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		GIFTS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	10/24/2024	Payee name Academy Sports
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	1800 North Mason Road
	Ψ34.11	1000 NOTH MUSON NOU
		Katy, TX 77449
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GIFTS
	Complete ONLY if direct expenditure to benefit C/OI	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 Salaries/Wages/Contract Labor

The Instruction Guide explains how to con	nplete this form.		
2 FILER NAME	;	3 Filer ID	(Ethics Commission Filers)
Hayes, Christian V. (The Honorable)		00086251	
5 Payee name	•		
Act Blue			
7 Payee address; City; State; Zip Coo	le		
366 Summer Street			
Somerville, MA 02144			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Fees		utside of Texas. Comp	ete Schedule T.
	<b>—</b>	TX, officeholder living e	expense
	FEES		
	ht	Office hel	d
Payee name			
	le		
1507 W Theo Ave			
San Antonio, TX 78225			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Gift/Awards/Memorials Expense	<b>=</b>		
		1X, officeriolder living 6	expense
	O.I. 1.0		
Candidate/Officeholder name Office souc	ht	Office hel	d
Payee name			
Amazon	le .		
Amazon Payee address; City; State; Zip Coc	le		
Amazon	le		
Amazon  Payee address; City; State; Zip Coo 410 Terry Ave N	le		
Amazon  Payee address; City; State; Zip Coc 410 Terry Ave N  Seattle, WA 98109			
Amazon Payee address; City; State; Zip Coc 410 Terry Ave N Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule)	( <b>b)</b> Description	utside of Texas. Comp	ete Schedule T.
Amazon  Payee address; City; State; Zip Coc 410 Terry Ave N  Seattle, WA 98109	(b) Description	utside of Texas. Compl TX, officeholder living o	
Amazon Payee address; City; State; Zip Coc 410 Terry Ave N Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule)	(b) Description		
Amazon Payee address; City; State; Zip Coc 410 Terry Ave N Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel or		
Amazon  Payee address; City; State; Zip Coc 410 Terry Ave N  Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name  Office soug	(b) Description Check if travel or Check if Austin, OVERHEAD		expense
Amazon  Payee address; City; State; Zip Coc 410 Terry Ave N  Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense	(b) Description Check if travel or Check if Austin, OVERHEAD	TX, officeholder living e	expense
Amazon  Payee address; City; State; Zip Coc 410 Terry Ave N  Seattle, WA 98109  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name  Office soug	(b) Description Check if travel or Check if Austin, OVERHEAD	TX, officeholder living e	expense
	5 Payee name Act Blue 7 Payee address; City; State; Zip Coc 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  Candidate/Officeholder name Alfa Western Wear  Payee address; City; State; Zip Coc 1507 W Theo Ave  San Antonio, TX 78225  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	5 Payee name Act Blue 7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  Candidate/Officeholder name  Office sought  Payee name Alfa Western Wear  Payee address; City; State; Zip Code 1507 W Theo Ave  San Antonio, TX 78225  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  Candidate/Officeholder name  Office sought	5 Payee name Act Blue 7 Payee address; City; State; Zip Code 366 Summer Street  Somerville, MA 02144  (a) Category (See Categories listed at the top of this schedule) Fees  Candidate/Officeholder name Office sought Office held  Payee name Alfa Western Wear  Payee address; City; State; Zip Code 1507 W Theo Ave  San Antonio, TX 78225  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  Candidate/Officeholder name Office sought Office held  (b) Description Check if travel outside of Texas. Complete Complet

### 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 Commission Filers)
	Sch: 3/58 Rpt: 9/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/24/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.85	410 Terry Ave N
		Seattle, WA 98109
	DUDDOCE	
8	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		OVERHEAD OVERHEAD
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/OI	1
	Date	Payee name
	12/24/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	410 Terry Ave N
	Ψ10.10	410 reny rive iv
		Soottle, MA 09100
		Seattle, WA 98109
	PURPOSE OF	(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.
	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/OI	1
	Date	Payee name
	12/30/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.22	410 Terry Ave N
	Ψ01.22	410 reny rive iv
		Soottle, WA 09100
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	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/OI	

#### SCHEDULE F1

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

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

	edit Card Payment	The Instruction Guide explains how to complete this form.
1 Tota	al pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sc	ch: 4/58 Rpt: 10/64	Hayes, Christian V. (The Honorable) 00086251
4 Dat	te	5 Payee name
11/	/04/2024	Amazon
6 Am	ount (\$) \$68.23	7 Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF KPENDITURE	(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
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Dat	te	Payee name
10/	/28/2024	Amazon
Am	ount (\$) \$103.99	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF KPENDITURE	(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
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Dat	te	Payee name
07/	/01/2024	Amazon
Amo	ount (\$) \$43.83	Payee address; City; State; Zip Code 410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF KPENDITURE	(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
	mplete <u>ONLY</u> if direct penditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held H

### 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 comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 5/58 Rpt: 11/64	Hayes, Christian V. (The Honorable)			00086251	
4	Date	5 Payee name		•		
	07/01/2024	Amazon				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$59.14	410 Terry Ave N				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> D	escription		
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outsid		
			L	Check if Austin, TX, over the Community of the Community	officeholder living	expense
			J	VERTIEND		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld .
	expenditure to benefit C/O				Omoo no	, i
	Date	Payee name				
	07/11/2024	Amazon				
	Amount (\$)	Payee address; City; State; Zip Code	Δ			
	\$27.97	410 Terry Ave N	C			
	Ψ21.31	410 Tolly / We IV				
		Seattle, WA 98109				
	DUDDOCE		L\ _			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>0)</b> D	escription  Check if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overfleau/Refital Expense	Ė	Check if Austin, TX,		
			O	VERHEAD		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	ht		Office he	eld
	experialiture to benefit C/O	<u> </u>				
	Date	Payee name				
	08/20/2024	Amunys Liquor & Deli				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$13.51	3748 Gulfway Dr				
		Port Arthur, TX 77642				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>b)</b> D	escription		
	OF EXPENDITURE	Food/Beverage Expense	F	Check if travel outsid		
			F	Check if Austin, TX, o	omicenoider living	expense
			. '			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ht		Office he	eld
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	-		200 110	-

### 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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 6/58 Rpt: 12/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	10/22/2024	Barnes & Noble
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$66.14	33 E 17th Street
		New York, NY 10003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		EVENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	11/06/2024	Beaumont Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1110 Park Street
	Ψ230.00	11101 aik Silect
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GIFTS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Beaumont Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1110 Park Street
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  GIFTS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 7/58 Rpt: 13/64	2 FILER NAME Hayes, Christian V. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086251
4	Date	5 Payee name
	10/30/2024	Beaumont Chamber of Commerce
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1110 Park Street
		Beaumont, TX 77701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  GIFTS
		Gii 13
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/Oi	
	Date	Payee name
	12/23/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.90	7601 Penn Ave S
		Minneapolis, MN 55423
	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
		CVERTE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
	Date	Payee name
	12/04/2024	Blueground US, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,179.60	101 5TH Ave FL 7
		New York, NY 10003
	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
$\vdash$	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 - 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

	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: 8/58 Rpt: 14/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	09/20/2024	Bookpeople
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.90	603 N Lamar Blvd
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		EVENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	10/15/2024	Bread Winners
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.74	3301 McKinney Ave
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		EVENT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davis same
	Date	Payee name Bread Winners
	11/05/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.35	3301 McKinney Ave
		Dallas, TX 75204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		EVENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

### 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

	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: 9/58 Rpt: 15/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/09/2024	Broussard Barbecue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.86	2930 South 11th Street
		Beaumont, TX 77701
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
		1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	12/09/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.28	327 Hwy 2004 Rd
		Lake Jackson, TX 77566
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
		THO WASH STATE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	David and the second se
	Date	Payee name
	11/04/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.05	327 Hwy 2004 Rd
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	ZA ZHOHORZ	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/58 Rpt: 16/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/21/2024	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.66	327 Hwy 2004 Rd
		Lake Jackson, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		TRANSPORT
<u>_</u>	Commission ONU V if allows	Condidate/Officeholder name Office county
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.72	327 Hwy 2004 Rd
		Lake Jackson, TX 77566
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  TRANSPORT
		TIVANOI ONI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	07/31/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.06	327 Hwy 2004 Rd
		Lake Jackson, TX 77566
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		TIVANOI OIVI
	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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 11/58 Rpt: 17/64	Hayes, Ch	ristian V. (The Honora	ıble)				00086251		
4	Date	5 Payee name	е							
	08/19/2024	Burger Kin	g							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de					
	\$8.76	5505 Blue	Lagoon Drive							
		Miami, FL	33126							
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
						FOOD	, 17	, omeenoider name	у схренос	
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld	
L	expenditure to benefit C/OI	<del>-</del>								
	Date	Payee name	е							
	11/08/2024	Chevron								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$43.44	6001 Bollir	nger Canyon Rd							
		San Ramo	n, CA 94583							
	PURPOSE	(a) Category (	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And R	elated		<b>=</b>			plete Schedule T.	
		Expense				TRANSPORT		officeholder living	j experise	
							•			
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	l ight			Office he	eld	
	expenditure to benefit C/OI	4			•					
	Date	Payee name	<del></del>							
	11/18/2024	Chevron								
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$45.70	-	nger Canyon Rd	·						
		San Ramo	n, CA 94583							
	PURPOSE	(a) Category	See Categories listed at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment And R	elated		므			plete Schedule T.	
		Expense				TRANSPORT		officeholder living	g expense	
						TIVIIVOI OINI	•			
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	L ght			Office he	eld	
	expenditure to benefit C/OI				J					
$\vdash$										
ᆫ										

### 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 Commission Filers)
	Sch: 12/58 Rpt: 18/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	10/15/2024	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.36	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 And 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	
_		
	Date	Payee name
	09/20/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.01	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 And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies warms
	Date 09/24/2024	Payee name Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.76	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 And Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/61	

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract  The Instruction Guide explains how to complete this f		OTHER (enter a category not listed above)				
Ļ	T. I. O.I. I.I. E4	<del>-</del> <del>-</del>		_	E'I 15	(Filting Commission Files	- >	
ľ	Total pages Schedule F1:		,	3	Filer ID	(Ethics Commission Filer	S)	
	Sch: 13/58 Rpt: 19/64	Hayes, Christian V. (The Honorable)			00086251			
4	Date	5 Payee name						
	08/06/2024	Chevron						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$45.78	6001 Bollinger Canyon Rd						
		5						
		Con Domen, CA 04500						
L		San Ramon, CA 94583						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip						
	EXPENDITURE	Transportation Equipment 7 tha Related			de of Texas. Comp			
			ISPORT		officeholder living	expense		
		ITAN	ISFORT					
Ļ								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	d		
	experience to benefit 6/6/	•						
	Date	Payee name						
	07/31/2024	Chevron						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$28.88	6001 Bollinger Canyon Rd						
		• •						
		San Ramon, CA 94583						
L								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip			do of Toyon Comp	lata Cabadula T		
	EXPENDITURE	Transportation Equipment And Related			de of Texas. Comp officeholder living			
		Ziperioe	ISPORT					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	ld		
	expenditure to benefit C/O				000 110			
⊨								
	Date	Payee name						
	12/06/2024	Chicken Express						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$18.82	100 SE 25th Ave						
		Mineral Wells, TX 76067						
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion					
	OF			utsi	de of Texas. Comp	lete Schedule T.		
	EXPENDITURE		ck if Austin,	TX,	officeholder living	expense		
		FOOD	)					
1								
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	d		
1	expenditure to benefit C/O							
$\vdash$								
ĺ								
ĺ								

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/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: 14/58 Rpt: 20/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	09/30/2024	Chicken Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.85	100 SE 25th Ave
		Mineral Wells, TX 76067
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2024	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.12	9485 Regency Square Blvd
	70	o loo hegello, equilio 2110
		Jacksonville, FL 32225
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/05/2024	City Park Valet
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.60	114 W 7th
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRANSPORT
	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 Com

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

on Filers)
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### 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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/58 Rpt: 22/64	Hayes, Christian V. (The Honorable)		00086251
4	Date	5 Payee name		•
	10/23/2024	DirecTV		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$240.00	2260 E Imperial Hwy		
		El Segundo, CA 90245		
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.  Check if Austin, TX, officeholder living expense
				FEES
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	jht	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	09/23/2024	DirecTV		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$538.00	2260 E Imperial Hwy		
L		El Segundo, CA 90245		
	PURPOSE OF	2 (	(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 soug	jht	Office held
L	experientare to benefit 6/01			
	Date	Payee name		
	07/01/2024	DirecTV		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$606.80	2260 E Imperial Hwy		
		FI Commission OA 00045		
		El Segundo, CA 90245		
	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.
l	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				FEES
L				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
L				

### 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

Travel in Dis Travel Out o Ontract Labor OTHER (ent

	Candidate/Officeholder/Politica Credit Card Payment	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: 17/58 Rpt: 23/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/15/2024	Eagle on the Way
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.80	7635 N Twin City Hwy
		Port Arthur, TX 77642
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/04/2024	El Refu Tex Mex
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.90	9659 N Sam Houston Pkwy
	42000	
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FOOD
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefft C/Oi	
	Date	Payee name
	10/01/2024	El Refu Tex Mex
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.32	9659 N Sam Houston Pkwy
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
	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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	oriais Expense			se s/Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction	n Guide exp	olains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 18/58 Rpt: 24/64		Hayes, Chris	stian V. (Th	e Honoral	ble)				00086251		
4	Date	5	Payee name									
	10/15/2024		El Refu Tex	Mex								
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	ode					
	\$63.76	ı	9659 N Sam			, ,						
					,							
			Humble, TX	77306								
_	DUDDOOF	⊢					10->					
8	PURPOSE OF	(a)	Category (Se			this schedule)	(a)	Description  Check if travel	outci	do of Toyas Co	mplete Schedule T.	
	EXPENDITURE		Food/Bevera	age Expens	е					officeholder livir		
								FOOD				
9	Complete ONLY if direct		Candidate/Offic	ceholder nam	<u> </u>	Office sou	ught			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/05/2024		El Tacorrido									
	Amount (\$)	$\vdash$	Payee addres	ss; City;		State; Zip Co	ode					
	\$28.51		5303 Burnet			, ,						
			Austin, TX 7	8756								
_	PURPOSE	⊢					(h)	Description				
	OF	(a)	Category (Se			this schedule)	(D)	Description  Check if travel	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Food/Bevera	age Expens	t			=		officeholder livir		
								FOOD				
	Complete ONLY if direct		Candidate/Offic	eholder nam	е	Office sou	ught			Office h	neld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	09/19/2024		El Tacorrido									
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$28.56		5303 Burnet	Road								
			Austin, TX 7	8756								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera			,					mplete Schedule T.	
	EXI ENDITORE							ш	ı, TX,	officeholder livir	ng expense	
								FOOD				
	Complete ONLY if divert	Ļ	Condidate /Off	oboldor		Office	lap+			Office	oold	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enoluer nam	e	Office sou	aynt			Office h	leiu	
_												

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/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: 19/58 Rpt: 25/64	Hayes, Christian V. (The Honorable) 00086251				
4	Date	5 Payee name				
	12/23/2024	ExxonMobil				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$28.67	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 And Related				
	LXI ENDITORE	Expense Check if Austin, TX, officeholder living expense				
		TRANSPORT				
9	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name	_			
	11/12/2024	ExxonMobil				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$33.69	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 And Related				
	EXI ENDITORE	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					
-	Date	Payeo namo	=			
	11/21/2024	Payee name  ExxonMobil				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$28.12	5959 Las Colinas Blvd				
	420.12	2000 Lac Comitae Bive				
		Irving, TX 75039				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder living expense TRANSPORT				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
			_			
•						

#### 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

Candidate/Officeholder/Political C	Committee Legal Services Fring Expense Printing Expense Salaries/Wages/	
Credit Card Payment	The Instruction Guide explains how to complete	te this form.
1 Total pages Schedule F1: 2	PILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/58 Rpt: 26/64	Hayes, Christian V. (The Honorable)	00086251
4 Date 5	Payee name	•
11/21/2024	ExxonMobil	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$28.61	5959 Las Colinas Blvd	
	Irving, TX 75039	
8 PURPOSE (		Description
OF OF	a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		TRANSPORT
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
10/01/2024	ExxonMobil	
Amount (\$)	Payee address; City; State; Zip Code	
\$41.07	5959 Las Colinas Blvd	
	Irving, TX 75039	
PURPOSE (		Description
OF (	a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		TRANSPORT
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH		
Date	Payee name	
10/18/2024	ExxonMobil	
Amount (\$)	Payee address; City; State; Zip Code	
\$40.61	5959 Las Colinas Blvd	
	Irving, TX 75039	
PURPOSE (	a) Category (See Categories listed at the top of this schedule) (b)	Description
OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
		TRANSPORT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
experiorare to belieff C/OH		

### 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 Commission Filers)
	Sch: 21/58 Rpt: 27/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	10/21/2024	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.74	5959 Las Colinas Blvd
		Irving, TX 75039
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/17/2024	ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.00	5959 Las Colinas Blvd
	Ψ14.00	5555 Eas Comitas Biva
		L : TV 75000
		Irving, TX 75039
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
		THU WOLL CITY
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	
	Date	Payee name
	09/17/2024	ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.95	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 And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

### 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

	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: 22/58 Rpt: 28/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/23/2024	ExxonMobil
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.64	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 And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  TRANSPORT
		TRANSFORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/01/2024	ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.60	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 And Related  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
		THO WASH STATE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	07/29/2024	ExxonMobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.60	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 And Related
		Expense
		TRANSPORT
	Complete ONLY if allowers	Condidate/Officeholder name
	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 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 Commission Filers)
	Sch: 23/58 Rpt: 29/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/05/2024	Fadis Cuisine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.15	10403 Katy Fwy
		Houston, TX 77024
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	Food Bucket
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.69	2145 Hwy 290 W
		Brenham, TX 77833
	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 OOD
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/21/2024	Greenberg Smoked Turkeys
	Amount (\$)	2
	\$58.50	Payee address; City; State; Zip Code  221 McMurrey Dr
	Ψ30.30	ZZI McMaricy Di
		Tyler, TX 75702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		EVENT
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
1		

#### 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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/58 Rpt: 30/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/09/2024	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.32	645 S Flores St
		San Antonio, TX 78204
8	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
		OVERTICAD
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
	Date	Payee name
	12/17/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$127.33	645 S Flores St
	Ψ127.55	040 OT 10163 OF
		San Antonio, TX 78204
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OVERHEAD
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit eroi	
	Date	Payee name
	12/24/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.22	645 S Flores St
		San Antonio, TX 78204
	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	

#### 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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee			Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
				ue explains now to co	niipie	+				
1	Total pages Schedule F1:		R NAME					Filer ID	(Ethics Commission File	ers)
	Sch: 25/58 Rpt: 31/64	Haye	es, Christian V. (The Ho	norable)				00086251		
4	Date	<b>5</b> Paye	e name			-				
	12/24/2024	H-E-	В							
6	Amount (\$)	7 Pave	e address; City;	State; Zip Co	nde					
٠	\$239.23		S Flores St	Otate, Zip Ot	Juc					
	Ψ239.23	043	3 10163 31							
		San	Antonio, TX 78204							
8	PURPOSE	(a) Cate	gory (See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		e Overhead/Rental Exp			Check if travel o	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·			Check if Austin,	TX,	officeholder living	expense	
						OVERHEAD				
9	Complete ONLY if direct	Candio	date/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	+								
	Date	Pavo	e name							
	12/26/2024	H-E-								
	Amount (\$)		e address; City;	State; Zip Co	ode					
	\$187.06	645	S Flores St							
		San	Antonio, TX 78204							
	PURPOSE	(a) Cated	GORY (See Categories listed at the	e ton of this schedule)	(b)	Description				
	OF EXPENDITURE		e Overhead/Rental Exp			_	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		'			Check if Austin,	TX,	officeholder living	expense	
						OVERHEAD				
	Complete ONLY if direct	Candid	date/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	-1								
	Date	Payo	e name							
	11/04/2024	H-E-								
	Amount (\$)		e address; City;	State; Zip Co	ode					
	\$29.33	645	S Flores St							
		San	Antonio, TX 78204							
	PURPOSE	(a) Cate	GORY (See Categories listed at the	ton of this schodula)	(b)	Description				
	OF		e Overhead/Rental Exp		( )		outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		e Overnead/Nerital Exp	01130		Check if Austin,	TX,	officeholder living	expense	
						OVERHEAD				
	Complete ONLY if direct	Candid	date/Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OH									

### 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 co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/58 Rpt: 32/64		Hayes, Christian V. (The Honorable)		00086251
4	Date	5	Payee name		
	11/13/2024		H-E-B		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$30.38		645 S Flores St		
			San Antonio, TX 78204		
8	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
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	t Office held
	expenditure to benefit C/OI	Н			
	Date	T	Payee name		
	11/13/2024		H-E-B		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$4.96		645 S Flores St		
			San Antonio, TX 78204		
	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 sou	ught	t Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	11/14/2024		H-E-B		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$126.99		645 S Flores St		
			San Antonio, TX 78204		
	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 sou	ught	t Office held
	expenditure to benefit C/OI	Н			
1					

### 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 27/58 Rpt: 33/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/15/2024	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.32	645 S Flores St
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
_	0 1: 0 1 1 1 1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/13/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.08	645 S Flores St
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
	Occupation ONLY if allowed	One districts (Office health are assets as the control of the cont
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.77	645 S Flores St
		San Antonio, TX 78204
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portation to bottom 0/01	

### 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 28/58 Rpt: 34/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/19/2024	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.84	645 S Flores St
		San Antonio, TX 78204
8	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
_	Operation ONLY if allowed	Our distance (Office health are nown as the control of the control
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.91	645 S Flores St
		San Antonio, TX 78204
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.04	645 S Flores St
		San Antonio, TX 78204
	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
		OVERHEAD
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### 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

l	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)	_
l	Sch: 29/58 Rpt: 35/64	Hayes, Christian V. (The Honorable) 00086251	
4	Date	5 Payee name	
	07/18/2024	H-E-B	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.17	645 S Flores St	
L		San Antonio, TX 78204	
8	PURPOSE OF	(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.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		OVERHEAD	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
┡	·		_
	Date 07/18/2024	Payee name H-E-B	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.93	645 S Flores St	
	Ψ120.30	0-10 0 1 loles of	
		San Antonio, TX 78204	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  OVERHEAD	
		OVERHEAD	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	Н	
	Date	Payee name	_
	07/22/2024	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$57.59	645 S Flores St	
		San Antonio, TX 78204	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		OVERHEAD	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
L	experientare to benefit C/OI		

### 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/58 Rpt: 36/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	07/25/2024	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$384.67	645 S Flores St
		San Antonio, TX 78204
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Data	
	Date	Payee name
	07/26/2024	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.55	645 S Flores St
		San Antonio, TX 78204
	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
		OVERTIEND
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	
	Date 07/29/2024	Payee name H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.53	645 S Flores St
		San Antonio, TX 78204
	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
		SVEIVIE IS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

#### 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		mittee L	ift/Awards/Memorials egal Services	•		/ages	/Contract Labor		Travel Out of D OTHER (enter a	a category not listed above)
	·			he Instruction Gu	iide explains	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 31/58 Rpt: 37/64	-	-	tian V. (The H	onorable)					00086251	
4	Date	ı	Payee name								
L	11/05/2024		Harris Count	/ Toll Road Au	thority						
6	Amount (\$)	<b>7</b> F	Payee address	; City;	State	; Zip Co	de				
	\$10.00	1	1855 S Sam	Houston Pkwy	W						
		+	Houston, TX	77047							
8	PURPOSE	(a) (	Category (See	Categories listed at th	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			n Equipment A			-	_ `	outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		Expense	• •				<b>—</b>		officeholder livin	g expense
								TRANSPORT	Γ		
9	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									
	Date	F	Payee name								
	10/21/2024	+	Harris Count	/ Toll Road Au	thority						
	Amount (\$)	F	Payee address	; City;	State	; Zip Co	de				
	\$50.90	1	1855 S Sam	Houston Pkwy	W						
				·							
		+	Houston, TX	77047							
	PURPOSE	(a) (	Category (See	Categories listed at th	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			n Equipment A				_	outsi	de of Texas. Cor	mplete Schedule T.
	EAPENDITUKE		Expense	• •				<b>—</b>		officeholder livin	g expense
								TRANSPORT	Γ		
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld
	experience to belieff C/Of										
	Date	F	Payee name								
	10/07/2024	+	Hudson New	S							
	Amount (\$)	F	Payee address	; City;	State	; Zip Co	de				
	\$9.16	1	1 Meadowlar	ıds Plaza							
		E	East Rutherf	ord, NJ 07073							
	PURPOSE	(a) (	Category (See	Categories listed at th	ne top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera			<i></i>			outsi	de of Texas. Cor	mplete Schedule T.
	EVENDLICKE			-				ш	, TX,	officeholder livin	g expense
								FOOD			
	Complete ONLY if direct		andidate/Offic	eholder name	(	Office sou	ght			Office h	eld
	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 Comm

Event Expense 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: 32/58 Rpt: 38/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	09/23/2024	JJ Wings and Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.96	1600 Bluebonnet Ave
		Port Arthur, TX 77640
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
		1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	08/12/2024	JJ Wings and Seafood
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$17.30	1600 Bluebonnet Ave
	Ψ11.00	1000 BldcBofffict/Wo
		Port Arthur, TX 77640
	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
		1005
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/17/2024	Joe's Pizza and Pasta
H	Amount (\$)	Payee address; City; State; Zip Code
	\$47.95	601 E Mockingbird Ln
		Victoria, TX 77904
	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
		FOOD
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Densitions Made By
Getting Contributions/ Densitions

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donation Candidate/Officehole Credit Card Payment		Committee Legal Services	Salaries/\	Wages/Contract Labor	Travel Out of Dist OTHER (enter a	trict category not listed above)
			n Guide explains how to co	ompiete tilis lutili.	1	
1 Total pages Sched	I				3 Filer ID	(Ethics Commission Filers)
Sch: 33/58 Rpt:		Hayes, Christian V. (Th	e Honorable)		00086251	
4 Date		5 Payee name				
07/18/2024		Joe's Pizza and Pasta				
6 Amount (\$)	Ţ	<b>7</b> Payee address; City;	State; Zip Co	ode		
\$	53.99	601 E Mockingbird Ln				
		Victoria, TX 77904				
8 PURPOSE		(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
OF EXPENDITURE		Food/Beverage Expense	е	ı <del>=</del>	el outside of Texas. Comp	
<del>-</del>				FOOD FOOD	in, TX, officeholder living	expense
				F00D		
		0 111 1000 111		<u> </u>		
9 Complete ONLY if expenditure to ben		Candidate/Officeholder nam	e Office sou	ught	Office he	ld
2 3	5/5/					
Date		Payee name				
07/22/2024		Judice Groceries				
Amount (\$)		Payee address; City;	State; Zip Co	ode		_
\$	57.23	3005 7th St				
		Port Arthur, TX 77642				
PURPOSE OF		(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
EXPENDITURE		Food/Beverage Expense	е	ı <b>=</b>	el outside of Texas. Comp	
				FOOD	in, TX, officeholder living	ехрепѕе
Complete ONLY if	direct	Candidate/Officeholder name	e Office sou	 ught	Office he	ld
expenditure to ben			c Office Sot	ugill	Office file	iu
Data	Т	Davis a				
Date		Payee name				
12/31/2024		Judice Groceries				
Amount (\$)		Payee address; City;	State; Zip Co	ode		
\$1	L35.89	3005 7th St				
		Port Arthur, TX 77642				
PURPOSE		(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
OF EXPENDITURE		Food/Beverage Expense	е	ı <u>—</u>	el outside of Texas. Comp	
				FOOD FOOD	in, TX, officeholder living	expense
				1000		
Complete ONLY if	direct	Candidate/Officeholder name	e Office sou	<u> </u>	Office he	ld
expenditure to ben			c Office Sot	ugill	Office file	iu

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 34/58 Rpt: 40/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	09/24/2024	Koi Japanese Sushi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.05	3350 Dowlen Rd
		Decument TV 77700
_		Beaumont, TX 77706
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.04	1014 Vine St
		Cincinnati OLL 45202
		Cincinnati, OH 45202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2024	Kroger
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.18	1014 Vine St
		Cincinnati, OH 45202
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
	0 1, 0, 0, 0, 0	
	Complete ONLY 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 Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 35/58 Rpt: 41/64	Hayes, Christian V. (The Honorable)	00086251
4 Date	5 Payee name	•
11/19/2024	La Vaquita Meat Market	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$67.71	1700 Jefferson Dr	
	Port Arthur, TX 77642	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		FOOD
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/18/2024	Microsoft	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$108.24	1 Microsoft Way	
	Redmond, WA 98052	
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 sou	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
09/03/2024	NGP VAN	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$159.90	655 15th St NW	
	Washington, DC 20005	
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 sou	ught Office held
expenditure to benefit C/O	Н	

### 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

ement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/58 Rpt: 42/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/07/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$319.80	655 15th St NW
		Washington, DC 20005
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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/04/2024	Nissi Vegan Mexican Cuisine
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.66	9012 Research Blvd
		Austin, TX 78758
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/01/2024	Party City
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.82	25 Green Pond Rd
		Rockaway, NJ 07866
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		EVENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

#### 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/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: 37/58 Rpt: 43/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/06/2024	Perry's Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.82	114 W 7th St
		Austin, TX 78701
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
		1005
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/07/2024	Pizza B
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.76	P.O. Box 660146
	Ψ33.70	1.0. 000140
		Austin, TX 78766
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FOOD
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	07/15/2024	Popeyes
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.29	5707 Blue Lagoon Drive
		Miami, FL 33126
	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
	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 - 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	
1	Total pages Schedule F1:	
	Sch: 38/58 Rpt: 44/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	10/15/2024	QuikTrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.26	4705 South 129th East Ave
		Tulsa, OK 74134
_	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRANSPORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davisa nama
		Payee name
	07/31/2024	Rockstar Bagels
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.38	1900 Rosewood Ave
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FOOD
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit or of	•
	Date	Payee name
	12/04/2024	Shell Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.49	910 Louisiana St
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guid	Salaries	Wages	s/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 39/58 Rpt: 45/64	Hayes, Ch	ristian V. (The Hor	orable)				00086251		
4	Date	5 Payee name	<del></del>			•				
	12/04/2024	Shell Oil								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$34.70	910 Louisia	ana St							
		Houston, T	X 77002							
8	PURPOSE	(a) Category (s	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Transporta	tion Equipment An			=			plete Schedule T.	
		Expense				TRANSPORT		, officeholder living	j expense	
						TIVANOI OIVI	•			
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> uaht			Office he	eld	
ľ	expenditure to benefit C/OI		noonolaar name	011100 00	agiit			Omoc n	olu -	
H	Date	Payee name	<u> </u>							
	12/05/2024	Shell Oil								
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$20.78	910 Louisia	ana St							
		Houston, T	X 77002							
	PURPOSE OF		See Categories listed at the t		(b)	Description				
	EXPENDITURE	Transporta Expense	tion Equipment An	d Related		<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
		Lxperise				TRANSPORT		,	,	
Г	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name	e							
	12/05/2024	Shell Oil								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$33.58	910 Louisia	ana St							
		Houston, T	X 77002							
	PURPOSE	(a) Category (S	See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		tion Equipment An	d Related		<b></b>			plete Schedule T.	
		Expense				TRANSPORT		, officeholder living	g expense	
						.10.1101 0101	•			
$\vdash$	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI				J -					
$\vdash$										

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/W		se s/Contract Labor		OTHER (enter	a category not listed a	bove)
	Great Gara F ayment			The Instruction C	Guide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 40/58 Rpt: 46/64		Hayes, Chris	stian V. (The I	Honorable)					00086251		
4	Date	5	Payee name									
	12/05/2024		Shell Oil									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$44.97		910 Louisiar	na St								
			Houston, TX	77002								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	<sup>(a)</sup>		e Categories listed at			(D)	Description  Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	And Related					officeholder livin	•	
								TRANSPORT	Τ			
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/09/2024		Shell Oil									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$14.73		910 Louisia	na St								
			Houston, TX	77002								
	PURPOSE	(2)					(h)	Description				
	OF	(a)		e Categories listed at on Equipment			(1)	Description  Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	And Neialeu			<b>=</b>		officeholder livin		
			•					TRANSPORT	Τ			
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/12/2024		Shell Oil									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$8.20		910 Louisia	na St								
			Houston, TX	77002								
	PURPOSE	(a)					(h)	Description				
	OF	(۵)		e Categories listed at on Equipment			(5)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	7 iiia i tolatoa			Check if Austin	, TX,	officeholder livin	g expense	
								TRANSPORT	Τ			
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
1												

#### SCHEDULE F1

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

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

l	Candidate/Officeholder/Politica Credit Card Payment			vards/Memoriais Ex Services			se s/Contract Labor		OTHER (enter a	strict a category not listed above	e)
	· · · · · · · · · · · · · · · · · · ·			nstruction Guid	e explains how to	compl	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission	Filers)
l	Sch: 41/58 Rpt: 47/64	Hay	es, Christian	V. (The Hor	norable)				00086251		
4	Date	<b>5</b> Paye	ee name								
l	11/12/2024		ll Oil								
6	Amount (\$)	<b>7</b> Pave	ee address;	City;	State; Zip (	Code					
	\$41.80	1	Louisiana S	•							
l	¥ .=.55	"-"		•							
l		Llou	uoton TV 770	<b>102</b>							
L			ston, TX 770								
8	PURPOSE OF				top of this schedule)	(b)	Description				
l	EXPENDITURE			quipment An	d Related		=		ide of Texas. Con , officeholder livin	nplete Schedule T.	
l		Exp	ense				TRANSPOR <sup>-</sup>		, 0001101001 114111	g expense	
l											
9	Complete ONLY if direct	<u> </u> Candi	date/Officehol	der name	Office so	<u>l</u> ouaht			Office h	eld	
	expenditure to benefit C/OI					9					
⊨	Date	Davis									
l	11/12/2024		ee name II Oil								
L											
l	Amount (\$)	1	ee address;	City;	State; Zip C	ode					
l	\$44.64	910	Louisiana S	Į.							
L		Hou	ston, TX 770	002							
l	PURPOSE OF	(a) Cate	egory (See Cate	gories listed at the t	top of this schedule)	(b)	Description				
l	EXPENDITURE			quipment An	d Related		<b>=</b>		ide of Texas. Con , officeholder livin	nplete Schedule T.	
l		l ⊨xb	ense				TRANSPORT		, officeriolaer livin	y expense	
l								-			
⊢	Complete ONLY if direct	<u> </u> Candi	date/Officehol	der name	Office so	<u>l</u> ouaht			Office h	eld	
l	expenditure to benefit C/OI					9					
⊨	Date	Do.	20 2020								
l	10/18/2024	1	ee name II Oil								
┡				O'th	Otata: 75a C	N1 -					
l	Amount (\$)	1	ee address;	City;	State; Zip (	oae					
l	\$36.06	910	Louisiana S								
l		l									
L		Hou	ston, TX 770	)02							
l	PURPOSE OF				top of this schedule)	(b)	Description				
l	EXPENDITURE			quipment An	d Related				ide of Texas. Con , officeholder livin	nplete Schedule T.	
l		l ⊏xh	ense				TRANSPORT		, officeriolaer livin	y expense	
$\vdash$	Complete ONLY if direct	<u>Candi</u>	date/Officehol	der name	Office so	)uaht			Office h	eld	
	expenditure to benefit C/OI		Cattor Ciliocitor	asi namo	Omice 30	agni			J.1100 11	o	

### SCHEDULE F1

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

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

t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 42/58 Rpt: 48/64	Hayes, Christian V. (The Honorable)	00086251
4	Date	5 Payee name	
	10/24/2024	Shell Oil	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.63	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 / the Related	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Expense Check if Austi TRANSPOR	
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	09/20/2024	Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.55	910 Louisiana St	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austi	in, TX, officeholder living expense
		TRANSPOR	(1
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/O	<b>9</b>	Office field
_	Data		
	Date 08/05/2024	Payee name Shell Oil	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.89	910 Louisiana St	
		Heusten TV 77002	
		Houston, TX 77002	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Tread part think Family Report And Related	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment 7 tha Related	in, TX, officeholder living expense
		TRANSPOR	₹T
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 43/58 Rpt: 49/64	Hayes, Christian V. (The Honorable)	00086251	
4	Date	5 Payee name		
	08/29/2024	Shell Oil		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$31.61	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 And Related Check if trave	outside of Texas. Complete Schedule T.	
		Expense Land Check if Austi	in, TX, officeholder living expense	
		TIVANSI ON	· <b>'</b>	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O		Cine neid	
_	Date	Payee name		
	08/29/2024	Shell Oil		
	Amount (\$)	Payee address; City; State; Zip Code	-	
	\$48.07	910 Louisiana St		
	410.01			
		Houston, TX 77002		
	DUDDOCE			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  Check if trave	l outside of Texas. Complete Schedule T.	
	EXPENDITURE	Transportation Equipment / the related	in, TX, officeholder living expense	
		TRANSPOR	T	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	IT		
	Date	Payee name		
	07/05/2024	Shell Oil		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$58.41	910 Louisiana St		
		Houston, TX 77002		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment And Related Check if trave	l outside of Texas. Complete Schedule T.	
		Expense Land Check if Austi	in, TX, officeholder living expense	
		INANSFOR	.1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH			

#### 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	Il 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: 44/58 Rpt: 50/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/12/2024	Sonic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.13	300 Johnny Bench Dr
		Oklahoma City, OK 73104
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
		1000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
┡		
	Date	Payee name
	11/12/2024	Sonic
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.73	300 Johnny Bench Dr
		Oklahoma City, OK 73104
	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	5.	_
	Date	Payee name
	12/09/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.79	400 Washington Blvd
		Stamford, CT 06902
	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
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
1		

### SCHEDULE F1

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

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 45/58 Rpt: 51/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/20/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$311.06	400 Washington Blvd
		Stamford, CT 06902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Categories listed at the top of this scriedule)  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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
	experientare to benefit Grot	<u>'</u>
	Date	Payee name
	10/28/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.34	400 Washington Blvd
		Stamford, CT 06902
	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
		FELS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 09/27/2024	Payee name Spectrum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$288.26	400 Washington Blvd
		Stamford, CT 06902
	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
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributors/ 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

	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: 46/58 Rpt: 52/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	08/02/2024	Spectrum
6	Amount (\$) \$279.93	7 Payee address; City; State; Zip Code 400 Washington Blvd
Ļ		Stamford, CT 06902
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.  Check if Austin, TX, officeholder living expense  FEES
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Spectrum
	Amount (\$) \$274.19	Payee address; City; State; Zip Code 400 Washington Blvd Stamford, CT 06902
	DUDDOCE	
	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.  Check if Austin, TX, officeholder living expense  FEES
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	Starbucks
	Amount (\$) \$14.61	Payee address; City; State; Zip Code 2401 Utah Ave S
		Seattle, WA 98134
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  FOOD
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Do 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	
_	Total manage Calculula E4.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 47/58 Rpt: 53/64	2 FILER NAME Hayes, Christian V. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086251
4	Date	5 Payee name
	10/07/2024	Subway
6	Amount (\$) \$11.15	<ul><li>7 Payee address; City; State; Zip Code</li><li>1 Corporate Drive</li></ul>
	Ψ11.13	1 Corporate Drive
		Shelton, CT 06484
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
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	Super Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.99	5423 Hwy 44
		Gonzales, LA 70737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	-	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	Taco Real
	Amount (\$)	Payee address; City; State; Zip Code
	( )	
	\$18.87	9004 N Fwy
		Houston, TX 77037
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FOOD
	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 Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

	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: 48/58 Rpt: 54/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/18/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.98	1000 Nicollet Mall
		Minneapolis, MN 55403
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		OVERHEAD
		OVERTIE/ ID
<u>_</u>	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/24/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.91	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
		OVERHEAD
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/25/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.63	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		OVERHEAD
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	expenditure to beliefft C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense 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: 49/58 Rpt: 55/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	09/30/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$241.22	1000 Nicollet Mall
		Minneapolis, MN 55403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  OVERHEAD
		OVERHEAD
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.76	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
		OVERTIEND
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/18/2024	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.21	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
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		OVERHEAD
_	Operation ONE VIII II	Ora didata (Office hadden granne
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

#### 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

	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: 50/58 Rpt: 56/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	07/29/2024	Taz Indian Cuisine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.78	5868 Eastex Fwy
		Beaumont, TX 77708
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	David and the second se
		Payee name
L	08/15/2024	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.23	1301 S Mopac Expy
		Austin, TX 78746
	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
		FLLS
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida marea
	12/09/2024	Payee name Uber
L		7.77
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.84	1725 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
1		TIANSI ON
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
L		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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: 51/58 Rpt: 57/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/20/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.95	1725 Third Street
		Con Francisco CA 04150
L		San Francisco, CA 94158
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRANSPORT
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.62	1725 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/09/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.32	1725 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		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)**

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	
_		<u> </u>
1	Total pages Schedule F1: Sch: 52/58 Rpt: 58/64	2 FILER NAME Hayes, Christian V. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086251
4	Date	5 Payee name
•	12/16/2024	Uber
6	Amount (\$) \$40.20	7 Payee address; City; State; Zip Code 1725 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.39	1725 Third Street
	<del>+=</del>	
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.32	1725 Third Street
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/58 Rpt: 59/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	11/18/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.70	1725 Third Street
		San Francisco, CA 94158
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense TRANSPORT
		TRANSPORT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Date	Davisa nama
	10/17/2024	Payee name  Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.88	1725 Third Street
	Ψ-10.00	1725 Tillid Gudde
		San Francisco, CA 94158
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		TRANSPORT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	10/28/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.05	1725 Third Street
		San Francisco CA 04150
		San Francisco, CA 94158
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		TRANSPORT
_		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 54/58 Rpt: 60/64	Hayes, Christian V. (The Honorable)		00086251	
4	Date	5 Payee name		-	
	10/28/2024	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode		
	\$44.08	1725 Third Street			
		San Francisco, CA 94158			
8	PURPOSE		(b)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related	(5)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense	
				TRANSPORT	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
	expenditure to benefit C/OI	1			
	Date	Payee name			
	10/30/2024	Uber			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$31.57	1725 Third Street			
		San Francisco, CA 94158			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.	
	ZA ZADITORZ	Expense		Check if Austin, TX, officeholder living expense	
				TRANSPORT	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	11/18/2024	Wal-Mart			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$3.98	702 SW 8th St			
		Bentonville, AR 72716			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				OVERHEAD	
				· · · <del>-</del> · · ·	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Jaht	Office held	
	expenditure to benefit C/OI		9,11	S55 Hold	

#### SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/A

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
┰	Total pages Schedule F1:	<u> </u>				
1	Sch: 55/58 Rpt: 61/64	2 FILER NAME Hayes, Christian V. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00086251				
4	Date	5 Payee name				
	12/06/2024	Walgreens				
6	Amount (\$) \$22.96	7 Payee address; City; State; Zip Code 108 Wilmot Rd  Deerfield, MS 60015				
8	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				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	11/20/2024	Walgreens				
	Amount (\$) \$16.88	Payee address; City; State; Zip Code  108 Wilmot Rd  Deerfield, MS 60015				
	PURPOSE	T				
	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 Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	11/18/2024	Willie G's Seafood				
	Amount (\$) \$11.00	Payee address; City; State; Zip Code  1640 W Loop South				
		Houston, TX 77027				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FOOD				
	Complete ONLY 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 -Candidate/Officeholder/Political Comm

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

abursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/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: 56/58 Rpt: 62/64	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	12/09/2024	Wix.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.80	100 Gansevoort St
		New York, NY 10014
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
9	expenditure to benefit C/O	
	Date	Payee name
	10/22/2024	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.80	100 Gansevoort St
		New York, NY 10014
	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
		1220
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		
	Date	Payee name
	09/23/2024	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.80	100 Gansevoort St
		New York, NY 10014
	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
	Operation ONLY if all part	Our distance (Office health an agree Office health
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commis	sion Filers)
	Sch: 57/58 Rpt: 63/64		
4	Date	5 Payee name	
	08/22/2024	Wix.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.80	100 Gansevoort St	
		New York, NY 10014	
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  OH	
	Date	Payee name	
	07/22/2024	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.80	100 Gansevoort St	
		New York, NY 10014	
	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	
		FLLS	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data		
	Date 10/15/2024	Payee name Yolk	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.57	1120 S Michigan Ave	
		Chicago, IL 60605	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		FOOD	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### 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	/ - al Co	mmittee	Food/Beverage Expensi Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
┰	Total pages Schedule F1:	2	FII FR NAI	 MF	-			3	Filer ID	(Ethics Commission Filers)
-	Sch: 58/58 Rpt: 64/64	-		hristian V. (The Ho	onorable)				00086251	(,
4	Date	5	Payee nan	ne				•		
	07/22/2024		Zoom							
6	Amount (\$)	7	Payee add	lress; City;	State;	Zip Code				
	\$197.01		55 N Alm	aden Blvd						
				, CA 95113						
8	PURPOSE OF	(a)		(See Categories listed at th	e top of this sch	edule) (b)	Description			
	EXPENDITURE		Fees				_		ide of Texas. Comp , officeholder living	
							FEES	11, 1 ^	, officerolder living	expense
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/C	Officeholder name	C	Office sought			Office he	ld