# 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 Commi 00031197		2 Total pages f	iled: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Richard D.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	,
	NICKNAME	Hayes		SUFFIX	0171072020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	1225 Sycamore Bend Rd.				Receipt #	Amount
ADDRESS						
Change of Address	Hickory Creek, TX 75065				Date Processed	I
					Date Imaged	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Tracy				
	NICKNAME	LAST		SUFFIX		
		Murphree				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP.	T / SUITE #; CITY;	ST	ATE; ZIP CODE
ADDRESS	411 Ridgecrest Place					
(Residence or Business)						
	Sanger, TX 76266					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER	(940) 368-4430					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after ca appointment (off	ampaign treasurer
	X July 15	8th day before	election $\square$	Exceeded modified	Final Report (Att	
		] - 5411 443, 251515	J. 100.1011	reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	HROUGH	06/30/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			Seneral	Special	<del></del>	
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
22 011102	State Representative Distr	ict 57 Denton		22 011102 0000111	(ii iuiowii)	
	γ					
				<u> </u>		
		60.1				
		GO I	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Hayes, Richard D. (T	he Honorable)	<b>14</b> Filer ID (I 00031197	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTHER THA		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 10,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 58,348.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 36,571.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 73,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honor	rable Richard D. Haye	es
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

					3 of 32
<b>18</b> FIL	ER NAM	ME	19 Filer ID	(Eth	ics Commission Filers)
		ichard D. (The Honorable)	00031197		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	15,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	51,836.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,511.58
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 F TO FILER	RETURNED	\$	
				•	

TARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
uction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/32	
E chard D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00031197
5 Full name of contributor out-of-state PAC (In Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code	ID#:)	7 Amount of Contribution (\$) \$10,000.00
Austin, TX 78701		
cupation / Job title (See Instructions)	9 Employer (See Instruction	is)
	uction Guide explains how to complete the  E hard D. (The Honorable)  5 Full name of contributor  out-of-state PAC (Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701	hard D. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:)  Texans for Lawsuit Reform PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78701

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to	1	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/32		
2	FILER NAME Hayes, Richard	D. (The Honorable)			3 Filer ID 000311	(Ethics Commission Filers) 97
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 06/16/2025	7 Name of lender Hayes, Richard (Mr.)	out-of-state PA	C (ID#:	)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Hickory Creek, TX 75065				11 Maturity Date
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions Hayes, Berry, White & V		<b>o</b>
14	Description of Coll  X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	Dn .		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state PA	AC (ID#:	)	Loan Amount (\$)
	02/10/2025	Hayes, Richard (Mr.)				\$10,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Hickory Creek, TX 75065				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions	;)	
	Attorney	,		Hayes, Berry, White & V		
	Description of Coll  X None	ateral		Check if personal funds were deposited into political account  (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	s)	
				•		

### 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 6/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	02/03/2025	Albertson's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$177.92	4351 FM 2181
		Corinth, TX 76210
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 for Freedom Ring Dinner
		Toda for Freedom King Diffici
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	02/03/2025	Albertson's
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.42	4351 FM 2181
		Corinth, TX 76210
	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 - Lincoln Day
		1 ood - Emcom Day
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H		
	Date	Payee name
	02/10/2025	Berry, Jordan (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,000.00	1014 W. Milton
		Austin, TX 78704
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Consulting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (or processes and installation)

	Candidate/Officeholder/Politica			Gitt/Awards/Memoriai Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict a category not listed	above)
	Credit Card Payment			The Instruction G	iuide explains l	now to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 2/12 Rpt: 7/32		Hayes, Rich	ard D. (The Ho	onorable)					00031197		
4	Date	5	Payee name						·			
	02/03/2025		Chick-Fil-A									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
Ŭ	\$110.42	1	•	versity Drive	Otato,	Z.p 00	uo					
	¥2202			70.0.0, 27								
			Donton TV	76201								
		⊢	Denton, TX									
8	PURPOSE OF			e Categories listed at	the top of this sche	edule)	(b)	Description		df T O		
	EXPENDITURE		Event Exper	nse				<b>=</b>		officeholder living	nplete Schedule T. g expense	
								Lincoln Day -			J - 1	
								•				
9	Complete ONLY if direct		andidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					•					
	Date		Payee name									
	01/31/2025	ı	-	akfast Kiwanis								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	ide					
	\$350.00	1	1001 N Elm	•	Otato,	Z.p 00	uo					
	φοσο.σσ		1001 11 1111	O.								
			Denton, TX	76201								
	DUDDOOF	├					(I-)					
	PURPOSE OF			e Categories listed at		edule)	(a)	Description  Check if travel (	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po	,	ittee		<b>-</b>		officeholder living		
								Donation				
	Complete ONLY if direct		andidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/03/2025		Denton Cou	nty Republicar	Party							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,639.00		2921 Counti	y Club Road								
			Suite 102									
			Denton, TX	76210								
	PURPOSE	-		e Categories listed at	46 - 4	\	(h)	Description				
	OF			s/Donations M		edule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		ittee		Check if Austin,	, TX,	officeholder living	g expense	
								Auction Items	3			
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experiorare to benefit C/OI	П					_		_			
_		_										

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ļ			
1	Total pages Schedule F1: Sch: 3/12 Rpt: 8/32	2 FILER NAME Hayes, Richard D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00031197	
4	Date	5 Payee name	
	02/20/2025	Denton County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	2921 Country Club Road	
		Suite 102	
		Denton, TX 76210	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lincoln Day	
L			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/17/2025	Denton County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,500.00	2921 Country Club Road	
		Suite 102	
		Denton, TX 76210	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Donation for July 3rd Celebration	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/23/2025	Graham Public Relations	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3,000.00	1506 Highland Park Road	
	. 2,223.30		
		Denton, TX 76205	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Marketing Expense	
		Maineting Expense	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
	•		

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above	2)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/12 Rpt: 9/32	l	hard D. (The Honorab	ole)				00031197	•	•
4	Date	5 Payee name								
	02/03/2025	Hayes, Ric	hard (Mr.)							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$15,000.00	1225 Sycaı	more Bend Rd							
		Hickory Cre	eek, TX 75065							
8	PURPOSE OF		ee Categories listed at the top of		(b)	Description				
	EXPENDITURE	Loan Repa	yment/Reimbursemer	nt				de of Texas. Comp officeholder living		
						Loan repaym			expense	
						Loan Topayiii	···	•		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	Date	Payee name								
	02/10/2025	Herr Busine	ess Forms							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$521.77	1740 West	minster St.							
		Denton, TX	76205							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
	EXPENDITURE	Printing Ex	pense			<b>=</b>		de of Texas. Comp officeholder living		
						Envelopes/inv				
						Livelopes/iii	VILC	.5/GII GIC IGDC	15	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	02/03/2025	Houlihan, N	likki							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$250.00	1409 Lynnl	nurst Ln							
		Denton, TX	76205							
	PURPOSE		ee Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com		
								officeholder living		
						Cash - Barter	iue	AS IUI LIIIUUI	n Day	
_	Complete ONLY if direct	Condidate/Off	iocholder norm	Office	ıab+			O#: !-	ıld	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt			Office he	eiu	

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 5/12 Rpt: 10/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	01/30/2025	Howell, Jayne (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1400 Dallas Drive
		Denton, TX 76205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wages
		agoo
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiordine to berieff C/O	
	Date	Payee name
	02/03/2025	Hyatt Regency Hotel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$545.06	2334 N International Pkwy
		DFW Airport, TX 75261
	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
		Meeting - Hotel
		mooting Protes
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
⊨	Data	
	Date	Payee name
	01/21/2025	Innovation and Technology Caucus
l	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1108 Lavaca St. Ste 110-701
l		
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Dues
ldash	Operation ONE VIII II	Open State of Control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total names Calcadala 54	
1	Total pages Schedule F1: Sch: 6/12 Rpt: 11/32	2 FILER NAME Hayes, Richard D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00031197
4	Date	5 Payee name
	03/17/2025	LaMastra, Ari
6	Amount (\$) \$1,300.00	<b>7</b> Payee address; City; State; Zip Code 8440 La Fontaine Dr
		North Richland Hills, TX 76182
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Wages
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Т	Date	Payee name
	01/24/2025	Lake Cities Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3101 Garrison Rd
	4200.00	5252 Galliss II la
		Corinth, TX 76210
	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
		Meals
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Moore, Brandon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,250.00	12716 Sky Harbor Dr
	,	
		Del Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Wages
	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

**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	
_	Tatal as a second of Education Education	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 7/12 Rpt: 12/32	2 FILER NAME Hayes, Richard D. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00031197
4	Date	5 Payee name
	02/11/2025	My Safe Domain
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$295.00	530B Harkle Rd Ste 100
		Santa Fe, NM 87505-4739
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Domain registration
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/61	·
	Date	Payee name
	02/03/2025	North Texas Collegiate Academy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	4601 N I-35
	•	
		Denton, TX 76207
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval outside of Tayas, Complete Schedule T
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	01/29/2025	Patriot Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.66	431 N Graham St. # 286
		Stephenville, TX 76401
	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  Class Ring
		Class King
	Complete ONU V if allow	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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)
l	Sch: 8/12 Rpt: 13/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	01/15/2025	Silva, Jonathan (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2,250.00	1701 S Heatherwilde
		Pflugerville, TX 78660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Wages - 10/24-06/25
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	
	Date	Payee name
l	01/28/2025	Starnes, Deon
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$658.50	826 Anna St
		Denton, TX 76201
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Lodging Reimbursement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
┝	Date	Davida marra
l	03/18/2025	Payee name Starnes, Deon
┡		
l	Amount (\$) \$135.00	Payee address; City; State; Zip Code 826 Anna St
l	\$135.00	820 AIIII St
l		D L TV 70004
		Denton, TX 76201
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
l	EXPENDITURE	Various Supplies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Reimburse for Various Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
ĺ		

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 9/12 Rpt: 14/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	04/07/2025	Starnes, Deon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,369.86	826 Anna St.
		Denton, TX 76201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Travel Expense Reimbursement
_	Complete ONLY !! -!!!	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/23/2025	TCI
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,596.70	8801 South 1st Street
		Suite 100
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Auction Items to be donated
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2025	Tattersall Publishing
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7020 Raintree Way
		Denton, TX 76210
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Construct Valentine heart table decoration for Event
		Construct valentine heart table decoration for Event
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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: 10/12 Rpt: 15/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	02/19/2025	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	P O Box 2659
L		Austin, TX 78768
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
		Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	06/05/2025	Texas Energy and Climate Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P O Box 301074
		Austin, TX 78703
	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
		Dues
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialiture to beliefit C/O	
	Date	Payee name
	02/13/2025	Texas Federation of Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	13740 N HIghway 183, Ste J4
		A TV T0TT0 4000
		Austin, TX 78750-1832
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ad
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	S. Portation to borionic 0/01	•

### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/12 Rpt: 16/32	Hayes, Richard D. (The Honorable) 00031197
4	Date	5 Payee name
	01/14/2025	Texas Freedom Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P O Box 304
		Austin, TX 78707
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  Dues
		Ducs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
-	Date	
	Date	Payee name
	03/04/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P O box 13305
		Austin, TX 78711
	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  Dues
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Dove name
	03/17/2025	Payee name The Capital Tower Garage
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$254.39	206 E 9th Street
		Austin, TX 78701
	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
		Parking
		·
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

### SCHEDULE F1

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expense Printing Expense	a/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di		
	Credit Card Payment			The Instruction Guid	le explains l	how to comple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers	)
	Sch: 12/12 Rpt: 17/32		Hayes, Ric	chard D. (The Hond	rable)				00031197		
4	Date	5	Payee name					<u> </u>			_
	02/03/2025	ľ	Wall, Cryst								
Ļ		<u> </u>			Ctata	7in Codo					_
ľ	Amount (\$)	'	Payee addre		State;	Zip Code					
	\$250.00		1215 Scrip	lure Street							
l											
l			Denton, TX	K 76201							
8	PURPOSE	(a)	Category (S	See Categories listed at the	top of this sche	edule) (b)	Description				
l	OF EXPENDITURE			ages/Contract Lab		,	Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LAFLINDITORE						_		officeholder living	j expense	
							Bartender - L	inc	oln Day		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	Office sought			Office h	eld	
	experiulture to beliefit C/Or										
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### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G: Sch: 1/15 Rpt: 18/32	2 FILER NAME Haves, Ricl	and D. (The Honorable)			1	iler ID 0003119	(Ethics Commission	Filers)	
4	Date	5 Payee name								
•	02/15/2025	Albertson's								
6	Amount (\$)	7 Payee addre	ss; City; State;	; Zip Co	ode					
	\$85.10	4351 FM 23	181							
	Reimbursement from political contributions intended	Corinth, TX	76210							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	outside of Texas. Complete S	chedule T.	
	OF EXPENDITURE	Food/Bever	rage Expense			Che	ck if Austin,	TX, officeholder living expens	se	
					Precinct Choice	Meet	ing - Fo	ood		
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held		
	C/OH									
	Date	Payee name								
	02/03/2025	Albertson's								
Amount (\$) Payee address; City; State; Zip Code										
	\$41.16	4351 FM 23	181							
	Reimbursement from political contributions	Covintle TV	70010							
	intended	Corinth, TX				<del></del>				
	PURPOSE OF		ee Categories listed at the top of this sch	edule)	Description	_		outside of Texas. Complete S TX, officeholder living expens		
	EXPENDITURE	Event Expe	nse		L  Food	_				
		L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	Date 02/12/2025	Payee name								
		Amazon	O'the Otata	- 7!- O	1 -					
	Amount (\$) \$33.44	Payee addre 410 Terry A		; Zip Co	oue					
		410 10119 /	WC 14							
	X Reimbursement from political contributions intended	Seattle, WA	A 98109							
	PURPOSE OF		ee Categories listed at the top of this sch	edule)	Description	_		outside of Texas. Complete S		
	EXPENDITURE	Office Over	head/Rental Expense		L	Cne	CK IT AUSTIN,	TX, officeholder living expens	se	
					Supplies					
	Complete ONLY if direct expenditure to benefit	L Candidate/Office	holder name		Office sought			Office held		
	C/OH									

### SCHEDULE **G**

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

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in District Travel Out of District	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethic	cs Commission Filers)		
	Sch: 2/15 Rpt: 19/32	_	Hayes, Richard D. (The Honor	able)				00031197	,		
4	Date	5	Payee name								
	02/13/2025		Amazon								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	ode					
	\$31.27		410 Terry Ave N								
	Reimbursement from political contributions intended		Seattle, WA 98109								
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	dule)	(b) Description	Ch	eck if travel outside o	of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Rental Expen	se			Ch	eck if Austin, TX, offi	ceholder living expense		
	_, _, _, _, _, _, _, _, _, _, _, _, _, _					Supplies					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name			Office sought		Offic	ce held		
	Date		Payee name								
	02/20/2025		Amazon								
	Amount (\$)		Payee address; City;	State;	Zip Co	ode					
	\$323.66		410 Terry Ave N								
	X Reimbursement from political contributions intended		Seattle, WA 98109								
	PURPOSE		Category (See Categories listed at the to	p of this sched	dule)	Description	Ch	eck if travel outside o	of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Rental Expen	se		Supplies [	Ch	eck if Austin, TX, offi	ceholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name			Office sought		Offic	ce held		
	Date		Payee name								
	04/25/2025		Amazon								
	Amount (\$)	Γ	Payee address; City;	State;	Zip Co	ode					
	\$96.22		410 Terry Ave N								
	Reimbursement from political contributions intended		Seattle, WA 98109								
	PURPOSE		Category (See Categories listed at the to	p of this sche	dule)	Description	_		of Texas. Complete Schedule T.		
	OF EXPENDITURE		Contributions/Donations Made Candidate/Officeholder/Politica		ttee	Auction items to	_		ceholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name			Office sought		Offic	ce held		

### SCHEDULE **G**

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

	Auvertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide	oense	Office Ove Polling Ex Printing E: Salaries/V	kpense /ages/Contract Labor	Tr Tr Tr	ansportation Equipment & ansportation Equipment & avel in District avel Out of District THER (enter a category no	Related Expense
1	Total pages Schedule G:	2	FILER NAME				3 Fi	ler ID (Ethics Cor	mmission Filers)
	Sch: 3/15 Rpt: 20/32	_	Hayes, Richard D. (The Hono	rable)			1	0031197	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Date	5	Payee name						
	04/28/2025		Amazon						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$79.99		410 Terry Ave N						
	Reimbursement from political contributions intended		Seattle, WA 98109						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sched	dule)	(b) Description	Checl	k if travel outside of Texas	. Complete Schedule T.
	OF	l`	Contributions/Donations Made		,	Ì	Checl	k if Austin, TX, officeholde	r living expense
	EXPENDITURE		Candidate/Officeholder/Politic		ttee	Auction items to	be do	nated	
9	Complete ONLY if direct		ndidate/Officeholder name			Office sought		Office held	1
3	expenditure to benefit C/OH	Ca	ididate/Oniceriolder flame			Office Sought		Office field	
	Date		Payee name						
	01/09/2025		Capitol Gift Shop						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$10.83		1400 Congress Ave Suite E1.	006					
	Reimbursement from political contributions intended		Asutin, TX 78701						
	PURPOSE		Category (See Categories listed at the to	op of this sched	dule)	Description	Checl	k if travel outside of Texas	. Complete Schedule T.
	OF EXPENDITURE		Gift/Awards/Memorials Expen	se		Gift	Checl	k if Austin, TX, officeholde	r living expense
	Operation ONE Wife disease		didata (Office Installantes and			Office requests		O#:   -	.1
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name			Office sought		Office held	a
	Date	Г	Payee name						
	01/14/2025		Chuy's						
	Amount (\$)	Г	Payee address; City;	State;	Zip Co	de			
	\$148.16		2027 Aldrich St						
	Reimbursement from political contributions intended		Austin, TX 78723						
	PURPOSE	Г	Category (See Categories listed at the to	op of this sched	dule)	Description	Checl	k if travel outside of Texas	. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense				Checl	k if Austin, TX, officeholde	r living expense
	EXPENDITURE		<b>5</b> 1			Lunch for Swear	ring In		
							-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name			Office sought		Office held	d

### SCHEDULE G

### **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 B Candidate/Officeholder/Politic Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAMI	E			3 Filer ID (Ethics Commission Filers)
	Sch: 4/15 Rpt: 21/32	Hayes, Ric	hard D. (The Honorable)			00031197
4	Date	5 Payee name				
	02/03/2025	Dollar Tree	!			
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State;	Zip Co	ode	
	\$8.12	3924 Teasl	ey Ln			
	X Reimbursement from political contributions intended	Denton, TX	76210			
8	PURPOSE	(a) Category (S	See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Event Expe	ense			Check if Austin, TX, officeholder living expense
					Decorations	
_						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
	Date	Payee name				
	02/01/2025	Embassy S	Suites			
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode	
	\$602.70	3100 Town	Center Tr			
	X Reimbursement from political contributions intended	Denton, TX	76201			
	PURPOSE OF	Category (S	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T
	EXPENDITURE	Event Expe	ense		L	Check if Austin, TX, officeholder living expense
					Let Freedom Rin	ng Hospitality Suites
	Complete ONL V if direct	Candidata/Office	holder name		Office cought	Office hold
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought	Office held
	C/OH					
	Date	Payee name				
	06/01/2025	Google				
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode	
	\$153.50	1600 Amph	nitheatre Parkway			
	Reimbursement from					
	X political contributions intended	Mountain V	iew, CA 94043			
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T
	OF EXPENDITURE	Advertising	Expense			Check if Austin, TX, officeholder living expense
					Ad	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
$\vdash$						

### SCHEDULE G

# Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		pense /ages/Contract Labor	Travel	in District Out of District R (enter a category not listed a	ubove)	
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer I	D (Ethics Commissi	on Filers)	
	Sch: 5/15 Rpt: 22/32	Hayes, Ric	hard D. (The Honorable)			0003	1197		
4	Date	5 Payee name	9			1			
	05/01/2025	Google	Google						
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Stat	e; Zip Co	de				
	\$153.50	· ·	nitheatre Parkway	, ,					
	X Reimbursement from political contributions intended		/iew, CA 94043						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule)	(b) Description	Check if tra	avel outside of Texas. Compl	ete Schedule T.	
	OF EXPENDITURE	Advertising	j Expense		Ĺ	Check if A	ustin, TX, officeholder living ex	rpense	
					Ad				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		
	Date	Payee name	)						
	04/01/2025	Google							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de				
	\$153.49	1600 Ampl	nitheatre Parkway						
	Reimbursement from political contributions intended	Mountain \	/iew, CA 94043						
	PURPOSE	Category (	See Categories listed at the top of this so	chedule)	Description	=	avel outside of Texas. Compl		
	OF EXPENDITURE	Advertising	j Expense		L Ad	Check if A	ustin, TX, officeholder living ex	kpense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		
	Date	Payee name							
	03/05/2025	Google							
	Amount (\$)	Payee addre		e; Zip Co	de				
	\$318.73	1600 Ampi	nitheatre Parkway						
	Reimbursement from political contributions intended	Mountain \	/iew, CA 94043						
	PURPOSE OF	Category (	See Categories listed at the top of this so	chedule)	Description	_	avel outside of Texas. Comple		
	EXPENDITURE	Advertising	j Expense		L	Check if A	ustin, TX, officeholder living ex	cpense	
					ad				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held		

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•	Wages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)					
	<u> </u>		The Instruction Guide explains how to c	omplete this form.							
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)					
	Sch: 6/15 Rpt: 23/32		Hayes, Richard D. (The Honorable)			00031197					
4	Date	5	Payee name								
	02/21/2025		HEB								
6	Amount (\$)	7	Payee address; City; State; Zip C	ode							
	\$19.47		108 N Rosillo								
	Reimbursement from										
	X political contributions intended		San Antonio, TX 78207								
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>7</b> c	heck if travel outside of Texas. Complete Schedule T.					
	OF	<b> `</b> ´	Food/Beverage Expense	``	jc	heck if Austin, TX, officeholder living expense					
	EXPENDITURE		p	Food							
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held					
	expenditure to benefit			_							
	C/OH										
	Date		Payee name								
	04/24/2025		HEB								
	Amount (\$)		Payee address; City; State; Zip C	ode							
	\$50.48		1434 Wells Branch Rd								
	Reimbursement from										
	X political contributions intended		Pflugerville, TX 78660								
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Office Overhead/Rental Expense		С	heck if Austin, TX, officeholder living expense					
				Office Supplies -	plies - Drinks						
		Car	ndidate/Officeholder name	Office sought		Office held					
	expenditure to benefit C/OH										
	5.	_									
	Date		Payee name								
	03/13/2025	╙	HEB								
	Amount (\$)		Payee address; City; State; Zip C	ode							
	\$62.41		1434 Wells Branch Rd								
	Reimbursement from political contributions										
	intended		Pflugerville, TX 78660								
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE		Office Overhead/Rental Expense		_	heck if Austin, TX, officeholder living expense					
	<del></del>			Supplies - Drinks	ar	nd snacks					
	Complete <u>ONLY</u> if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held					
	C/OH										
$\vdash$											

### SCHEDULE G

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Travel in District Travel Out of District OTHER (enter a category n		
L	Creak Gard Edymont		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAMI				3	Filer ID (Ethics Co	mmission Filers)	
	Sch: 7/15 Rpt: 24/32	Hayes, Ric	nard D. (The Honorable)				00031197		
4	Date	5 Payee name							
	02/03/2025	HEB							
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$24.13	1434 Wells	Branch Rd						
	Reimbursement from								
	X political contributions intended	Pflugerville	, TX 78660						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas	·	
	OF EXPENDITURE	Office Over	head/Rental Expense			_	eck if Austin, TX, officeholde	er living expense	
					Supplies - Drinks	and	d snacks		
9	expenditure to benefit	Candidate/Office	holder name		Office sought		Office hel	d	
	C/OH								
	Date	Payee name			·				
	01/18/2025	HEB							
Amount (\$) Payee address; City; State; Zip Code									
	\$15.65	\$15.65 1434 Wells Branch Rd							
	Reimbursement from								
	x political contributions intended	Pflugerville	, TX 78660						
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas	s. Complete Schedule T.	
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	eck if Austin, TX, officeholde	er living expense	
	<b></b>				Office Drinks and	d sna	acks		
L									
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office hel	d	
	expenditure to benefit C/OH								
H		<u> </u>							
	Date	Payee name							
	01/16/2025	HEB							
	Amount (\$)	Payee addre		; Zip Co	ode				
	\$26.98	1434 Wells	Branch Rd						
	X Reimbursement from political contributions	Dilly are an all to	TV 70000						
	intended	Pflugerville			<del>-</del>				
	PURPOSE OF		ee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas eck if Austin, TX, officeholde		
	EXPENDITURE	Office Over	head/Rental Expense		Office Drinks and	_		or maining expense	
					Diffice Diffiks and	J 511	auns		
	Complete ONLY if direct	<u>l</u> Candidate/Office	holder name		Office sought		Office hel	d	
	expenditure to benefit				<b>5</b> ·				
	C/OH								

### SCHEDULE G

### **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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel Out o OTHER (en	of District hter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME					3 Filer ID	(Ethics Commission Filers)		
	Sch: 8/15 Rpt: 25/32		Hayes, Rich	nard D. (The	Honorable)			0003119	97		
4	Date	5	Payee name								
	01/09/2025		HEB								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode				
	\$212.99		1434 Wells	Branch Rd							
	Reimbursement from political contributions intended		Pflugerville,	TX 78660							
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	nedule)	(b) Description	Check if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Over	head/Rental	Expense		l L	Check if Austin	n, TX, officeholder living expense		
							Office Supplies a	and snacks			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought		Office held		
	Date		Payee name								
	02/03/2025		Hobby Lobb	ру							
Amount (\$) Payee			Payee address; City; State; Zip Code								
	\$86.74		2217 S Loop 288								
	Reimbursement from										
	X political contributions intended		Denton, TX	76205							
	PURPOSE		Category (S	ee Categories listed	at the top of this sch	nedule)	Description [	Check if travel	outside of Texas. Complete Schedule T.		
OF EXPENDITURE			Event Expe	nse			Check if Austin, TX, officeholder living expense				
							Decorations - Lir	ncoln Day			
L	Complete ONLY if direct	Car	ndidate/Officel	nolder name			Office sought		Office held		
	expenditure to benefit	Jui	iaidato/Office	iolaci name			Omoc Jought		Smoc noid		
	C/OH										
Π	Date		Payee name								
	01/06/2025		Home Depo	ot							
Т	Amount (\$)	Т	Payee addre	ss; City;	State	; Zip Co	ode				
	\$49.60		1200 Barba	ra Jordan Bl	⁄d						
	Reimbursement from political contributions intended		Austin, TX	78723							
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	nedule)	Description	Check if travel	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Over	head/Rental	Expense			_	n, TX, officeholder living expense		
	-						Cleaning Supplie	es			
L											
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought		Office held		

### SCHEDULE G

### **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/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor	Travel in Dis Travel Out o OTHER (ent	
1	Total pages Schedule G:	2 FILER NAM	 E			3 Filer ID	(Ethics Commission Filers)
	Sch: 9/15 Rpt: 26/32	Hayes, Ric	hard D. (The Honorable)			0003119	7
4	Date	<b>5</b> Payee name	<u> </u>			1	
	01/05/2025	Home Dep					
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	e; Zip Co	ode		
	\$20.36		ara Jordan Blvd	,			
	Reimbursement from political contributions intended	Austin, TX	78723				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel of	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check if Austin,	TX, officeholder living expense
	EXI ENDITORE				Cleaning Supplie	es	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name	)				
	01/02/2025	Home Dep	ot				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$28.49	1200 Barba	ara Jordan Blvd				
	Reimbursement from						
	x political contributions intended	Austin, TX	78723				
	PURPOSE	Category (s	See Categories listed at the top of this sc	hedule)	Description	Check if travel of	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check if Austin,	TX, officeholder living expense
	EXI ENDITORE				Office Supplies		
		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date						
	02/03/2025	Payee name Home Goo					
	Amount (\$)	Payee addre		e; Zip Co	odo		
	\$97.36	1800 S Loc	•	ε, Ζιρ Οι	oue		
		1000 0 200	<b>ур 200</b>				
	Reimbursement from political contributions intended	Denton, T〉	76205				
	PURPOSE OF	Category (s	See Categories listed at the top of this sc	hedule)	Description	<b>-</b>	outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expe	ense		L	Check if Austin,	TX, officeholder living expense
					Decorations		
	Complete ONLY if direct	Condidate (Office	holder name		Office asserts		Office hold
	Complete ONLY if direct expenditure to benefit	Candidate/Office	moider name		Office sought		Office held
	C/OH						

### SCHEDULE G

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Exp al Committee Legal Services Salaries/Wa			xpense Nages/Contract Labor	T T	pment & Related Expense ct tegory not listed above)					
	ordan dara r aymoni	_	The Instruction Guide explains	s how to co	omplete this form.							
1	Total pages Schedule G:	2 FILER NAME	Ξ			3 F	iler ID (Ethi	cs Commission Filers	)			
	Sch: 10/15 Rpt: 27/32	Hayes, Ric	hard D. (The Honorable)			0	0031197					
4	Date	5 Payee name										
	02/03/2025	Houlihan's										
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	e; Zip Co	ode							
	\$46.95	3120 Town	Center Tr.									
Reimbursement from												
	X political contributions intended	Denton, TX	Denton, TX 76201									
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sc	hedule)	(b) Description	Chec	ck if travel outside	of Texas. Complete Schedule	e T.			
	OF EXPENDITURE	Salaries/Wa	ages/Contract Labor			Chec	ck if Austin, TX, off	iceholder living expense				
	EXI ENDITORE				Contractor - Mea	al						
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Offic	ce held				
	C/OH											
	Date	Payee name										
	02/03/2025	Houlihan's										
	Amount (\$)		Payee address; City; State; Zip Code									
	\$123.42	3120 Town Center Tr.										
	Reimbursement from	5225 : 51111										
	x political contributions intended	Denton, TX	76201									
	PURPOSE		ee Categories listed at the top of this sc	hedule)	Description	Chec	ck if travel outside	of Texas. Complete Schedule	e T.			
	OF	1	ages/Contract Labor	incudic)		=		iceholder living expense				
	EXPENDITURE				Contractor - Mea	al						
	•	Candidate/Office	holder name		Office sought		Offic	ce held				
	expenditure to benefit C/OH											
		<u> </u>										
	Date 01/10/2025	Payee name Jerry's Arta										
					1 -							
	Amount (\$) \$363.03	Payee addre 6010 N IH3		e; Zip Co	oae							
		0010 N IH3	JOIN									
	X Reimbursement from political contributions intended	Austin, TX	78752									
	PURPOSE	Category (S	ee Categories listed at the top of this sc	hedule)	Description	=		of Texas. Complete Schedule	e T.			
	OF EXPENDITURE	Office Over	head/Rental Expense		_ L	_		iceholder living expense				
					Frames and pict	ures f	or office					
	Operation ONE VIII I	0	h-1d		0#:			5-1-1				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Offic	ce held				

### SCHEDULE **G**

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ee I	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule G:	2 =11 1	ER NAME					3	Filer ID	(Ethics Commis	ssion Filers)	
-	Sch: 11/15 Rpt: 28/32		Hayes, Richard D. (The Honorable)						000311	•	3310111 11013)	
4	Date	<b>5</b> Pay	ee name									
	01/07/2025	Jer	Jerry's Artarama									
6	Amount (\$)	<b>7</b> Pay	7 Payee address; City; State; Zip Code									
	\$151.39	601	LO N IH35	5N								
	Reimbursement from political contributions intended	Aus	stin, TX 7	8752								
8	PURPOSE	(a) Cat	enory (Se	e Categories listed at th	ne ton of this sche	edule)	(b) Description		heck if travel	outside of Texas. Con	mplete Schedule T.	
	OF	l ` ′		ead/Rental Exp		duic)	Check if Austin, TX, officeholder living expense					
	EXPENDITURE	"	ice Overri	icad/Nerital Exp	CHSC		Frames and pic	— ture	es for office			
				Traines and p			ramos ana pio	place of the office				
_	Complete ONLY if direct	Candida	ata/Officah	older name			Office cought			Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Onicen	older name			Office sought			Office held		
	Date	Pay	ee name									
	02/03/2025	Kro	Kroger									
	Amount (\$)	Pay	Payee address; City; State; Zip Code									
\$21.49 500 W University Dr												
	Reimbursement from political contributions intended	Dei	nton, TX	76201								
	PURPOSE	Cat	egory (See	e Categories listed at th	ne top of this sche	edule)	Description		Check if travel	outside of Texas. Con	mplete Schedule T.	
OF EXPENDITURE		Event Expense							Check if Austir	ı, TX, officeholder living	g expense	
			·				Food					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Officeh	older name			Office sought			Office held		
	Date	Pav	ee name									
	01/30/2025	1 1		namber of Comr	nerce							
	Amount (\$)	Payee address; City; State; Zip Code										
	\$20.00	P O Box 184										
	Reimbursement from											
	X political contributions intended	Littl	le Elm, T	X 75068								
	PURPOSE	Cat	egory (See	e Categories listed at th	ne top of this sche	edule)	Description	=		outside of Texas. Con		
	OF EXPENDITURE	Foo	od/Bevera	age Expense					heck if Austir	ı, TX, officeholder livinç	g expense	
							Lunch					
	Complete ONLY if direct expenditure to benefit C/OH	Candida	ate/Officeh	older name			Office sought			Office held		

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/15 Rpt: 29/32 Hayes, Richard D. (The Honorable) 00031197 Date Payee name 06/10/2025 Michaels Payee address; Amount (\$) City; State; Zip Code \$1,191.18 1800 S. Loop 288 Ste 106 Reimbursement from political contributions Х intended Denton, TX 76205 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Custom Framing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/10/2025 Michaels Amount (\$) Payee address; City; State; Zip Code \$319.88 1800 S. Loop 288 Ste 106 Reimbursement from political contributions Χ Denton, TX 76205 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Custom Framing Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2025 PF Chang Payee address; City; State; Zip Code Amount (\$) \$39.94 201 San Jacinto Blvd Reimbursement from Χ political contributions intended Austin, TX 78701 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

Food/Beverage Expense

Candidate/Officeholder name

Food

Office sought

Office held

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/15 Rpt: 30/32 Hayes, Richard D. (The Honorable) 00031197 Date Payee name 02/03/2025 Party City Payee address; Amount (\$) City; State; Zip Code \$20.52 2315 Colorado Blvd Ste 120 Reimbursement from political contributions Х intended Denton, TX 76205 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Decorations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 Photographic Design Amount (\$) Payee address; City; State; Zip Code \$549.00 5026 E 101 St. Ste. B Reimbursement from political contributions Х Tulsa, OK 74137 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Picture Framing Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 01/30/2025 Ponder Chamber of Commerce City; State; Zip Code Amount (\$) Payee address; \$52.00 102 W Bailey St Reimbursement from Χ political contributions intended Ponder, TX 76259 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

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	y - Food/Beverage Expense F Gift/Awards/Memorials Expense F al Committee Legal Services S			Polling Expense Trav Printing Expense Trav Galaries/Wages/Contract Labor OTH			Travel in District Travel Out of District OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule G:	2 FILER NAME	Ē			3 F	iler ID	(Ethics Commission Filers)		
	Sch: 14/15 Rpt: 31/32	Hayes, Ric	hard D. (The Honorable)				0003119	7		
4	Date	5 Payee name				•				
	02/03/2025	Printlink								
6	Amount (\$)	7 Payee addre	ess; City; State;	ode						
	\$456.16	309 Fritz K								
	Reimbursement from		•							
	X political contributions intended	Battle Cree	k, MI 49037							
8	PURPOSE	(a) Category (s	a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedu							
	OF EXPENDITURE	Advertising	Expense		L	Che	ck if Austin,	TX, officeholder living expense		
					2000 Envelopes					
9		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	Date	Payee name								
	02/03/2025	Sam's Club	)							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$123.01	2850 W University Dr								
	Reimbursement from									
	X political contributions intended	Denton, TX	76201							
	PURPOSE		ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel o	utside of Texas. Complete Schedule T.		
OF		Event Expe		cudic)		=		TX, officeholder living expense		
	EXPENDITURE				Food	_				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
	C/OH									
	Date	Payee name								
	02/15/2025	Sprout's								
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode					
	\$4.99	4930 Teasley Ln								
	Reimbursement from									
	X political contributions intended	Denton, TX	76210							
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Food/Beve	rage Expense			Che	ck if Austin,	TX, officeholder living expense		
					Precinct Choice Meeting - Food					
L										
		Candidate/Office	holder name		Office sought			Office held		
	expenditure to benefit C/OH									
$\vdash$										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/15 Rpt: 32/32 Hayes, Richard D. (The Honorable) 00031197 Date Payee name 03/20/2025 Statesman Cap10k Amount (\$) Payee address; State; Zip Code \$82.88 100 S Congress Ave Reimbursement from political contributions intended Х Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee **Publications** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/16/2025 Walmart Amount (\$) Payee address; City; State; Zip Code \$11.21 1035 Hickory Creek Blvd Reimbursement from political contributions Х Hickory Creek, TX 75065 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Precinct Choice Meeting - Food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH