CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Comm 00086251		2 Total pages	filed: 19
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Christian V.			Date Received	
					ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Christian Manuel			SUFFIX	01/15/2025	
	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					
	·				Date Processed	
					Date Imaged	
					Date illiageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Kaprina		IVII		
NAME	IVIS.	Καριπα				
	NIO(4) A LE					
		LAST		SUFFIX		
		Frank				
				_,		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	T / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS	4501 Briarwood Lane					
(Residence or Business)						
,	Port Arthur, TX 77642					
7 CAMPAICNI	ADEA CODE DIJONI	- NUMBER - E	VTENCIONI			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(409) 466-3771					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after c	ampaign treasurer
		l courtage perere		L	appointment (of	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (At	tach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	ROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
		П	eneral	Special		
				Ш'		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
III OFFICE	State Representative Distri	ct 22		TE OFFICE SOUGH	i (ii Kilowii)	
	State Representative Distri	Ct 22				
				<u> </u>		
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	Hayes, Christian V. (The Honorable)	14 Filer ID (00086251	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made w I officeholders are required to report this info	ithout the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш							
	COMMITTEE ADDRESS						
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NA	AME				
		COMMITTEE CAMPAIGN TREASURER AL	DDRESS				
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTHER		<u> </u>			
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MAD	E ELECTRONICALLY)	\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF I	_OANS)	\$ 2,500.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,548.68			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF RIOD	THE LAST DAY OF THE	\$ 6,847.43			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAI TING PERIOD	NS AS OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
			penalty of perjury, that the acc udes all information required to Code.				
		The H	Honorable Christian V. Hay	/es			
		Signa	ture of Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
Sworn to and subse	cribed before me, by the s	aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office	ce.				
			=				
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

		JVLK 3	3 of 19		
l	ER NAN yes, Ch	19 Filer ID 00086251	(Ethics Co	mmission Filers)	
l	HEDULI ME OF	SUBT	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,500.00	
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	\$	18,548.68
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		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this	1	Fotal pages Schedule A1: Sch: 1/1 Rpt: 4/19		
2	FILER NAME				Filer ID (Ethics Commission	on Filers)
		stian V. (The Honorable)		1	00086251	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)		
	06/26/2025 Raymond, Richard (The Honorable) 6 Contributor address; City; State; Zip Code Laredo, TX 78045				()	\$2,500.00
_						
8		upation / Job title (See Instructions)	9 Employer (See Instructions			
	State Repre	sentative	House of Representativ	/es		

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	oove)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 1/15 Rpt: 5/19	Hayes, Ch	ristian V. (The Hond	orable)				00086251		
4	Date	5 Payee name	e							
	04/28/2025	AMAZON								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$32.13	410 Terry	Avenue North							
		Seattle, W								
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expen	se		=		ide of Texas. Com , officeholder living	plete Schedule T.	
						OVERHEAD	, .,.	, conconcider name	, скронес	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
L										
	Date	Payee name	e							
	04/22/2025	AMAZON								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$149.56	410 Terry	Avenue North							
		Seattle, W	A 98109							
	PURPOSE	(a) Category	See Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		=			plete Schedule T.	
						OVERHEAD	, TX	, officeholder living	g expense	
						OVERNILAD				
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ıaht			Office he	əld	
	expenditure to benefit C/OI		noonolaar name	000 000	agiit			Omoc n	314	
H	Date	Dayoo name								
	04/14/2025	Payee name AMAZON	=							
		Payee addr	City	State: 7in C	o d o					
	Amount (\$) \$66.01	l	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State; Zip C	bue					
	\$00.01	410 Telly /	Avenue North							
		Seattle, W	Δ 08100							
L	DUDDOCE				(1-)	5				
	PURPOSE OF		See Categories listed at the top		(D)	Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Office Ove	rhead/Rental Expen	se				, officeholder living		
						OVERHEAD				
1										
Г	Complete ONLY if direct		ficeholder name	Office so	ught			Office he	eld	
1	expenditure to benefit C/OI	4								
H										
ᆫ										

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	- I Committee	Gift/Awards/Memorials Expe Legal Services	Salaries/	Wage:	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)
			The Instruction Guide	explains now to c	ompl	ete triis form.	_		
1	Total pages Schedule F1:						3		(Ethics Commission Filers)
	Sch: 2/15 Rpt: 6/19	-	ristian V. (The Hond	orable)				00086251	
4	Date	5 Payee nam	e						
	04/10/2025	AMAZON							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode				
	\$48.70	410 Terry	Avenue North						
	·								
		Seattle, W	Δ 08100						
8	PURPOSE				(h)	Description			
0	OF		See Categories listed at the to		(0)	Description Check if travel	outei	de of Teyes Com	nplete Schedule T.
	EXPENDITURE	Office Ove	erhead/Rental Expen	se		=		officeholder living	
						OVERHEAD			0 · 1 · · · ·
						<u></u>			
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O		osnoidor namo	Since 30	agrit			Omoc III	o.u
\vdash	Date	Deves :							
	Date	Payee nam	е						
	01/16/2025	AMAZON							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$32.40	410 Terry	Avenue North						
		Seattle, W	'A 98109						
	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Ove	erhead/Rental Expen	se		=			nplete Schedule T.
						OVERHEAD	, IX,	officeholder living	y expense
						OVERHEAD			
	Complete ONII V if allowers	Condid-t-10	fficeholder =====	O#:	ucile t			O# !	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fficeholder name	Office so	ugnt			Office h	eiu
	Date	Payee nam	e						
L	01/16/2025	AMAZON							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode				
	\$40.15	410 Terry	Avenue North						
		Seattle, W	'A 98109						
	PURPOSE	(a) Category	See Categories listed at the to	p of this schedule)	(b)	Description			
	OF		erhead/Rental Expen		<u> </u>		outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living	g expense
						OVERHEAD			
	Complete ONLY if direct		fficeholder name	Office so	ught			Office h	eld
	expenditure to benefit C/O	1							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 3/15 Rpt: 7/19	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	01/13/2025	AMAZON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.00	410 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		OVERHEAD
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/06/2025	AMAZON
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.38	410 Terry Avenue North
		Seattle, WA 98109
	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/OI	
	Date	Payee name
	03/03/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$641.37	208 S Akard St
	77.2.2.	
		Dallas, TX 75202
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEES
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit 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 Con Credit Card Payment	nmittee Legal Services Salarie				
1 Total pages Schedule F1: 2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
Sch: 4/15 Rpt: 8/19	Hayes, Christian V. (The Honorable)		00086251		
4 Date 5	Payee name				
01/24/2025	AT&T				
6 Amount (\$) 7	Payee address; City; State; Zip	Code			
\$585.08	208 S Akard St				
	Dallas, TX 75202				
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Fees	1 =	outside of Texas. Complete Schedule T.		
		FEES	, m, omedicate wing expense		
Complete ONLY if direct Complete on the expenditure to benefit C/OH	Candidate/Officeholder name Office s	ought	Office held		
Date	Payee name				
04/04/2025	BLUEGROUND US, INC.				
Amount (\$)	Payee address; City; State; Zip	Code			
\$4,179.60	106 W 32nd St.				
	NEW YORK, NY 10001				
PURPOSE (a) OF	Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Office Overhead/Rental Expense	· ·	outside of Texas. Complete Schedule T.		
		OVERHEAD	, m, omedicate wing expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	ought	Office held		
Date	Payee name				
03/11/2025	BLUEGROUND US, INC.				
Amount (\$)	Payee address; City; State; Zip	Code			
\$4,370.52	106 W 32nd St.	Ouc			
Ψ4,070.02	100 W GZNG GC.				
	NEW YORK, NY 10001				
PURPOSE (a) OF	Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Office Overhead/Rental Expense	_ <u>_</u>	outside of Texas. Complete Schedule T.		
		OVERHEAD	n, TX, officeholder living expense		
		J VEINIEAD			
Complete <u>ONLY</u> if direct C	Candidate/Officeholder name Office s		Office held		
expenditure to benefit C/OH	Salada Antonomonio antono antono antono antono a	~ ~9'''t	Cindo Hold		

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

	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: 5/15 Rpt: 9/19	Hayes, Christian V. (The Honorable) 00086251
4	Date	5 Payee name
	02/11/2025	BLUEGROUND US, INC.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,593.09	106 W 32nd St.
		NEW YORK, NY 10001
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
		OVERTIE/ID
Ļ	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	· 	
	Date	Payee name
	01/13/2025	Buc-ees
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.55	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
		THO WOLLDEN
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
┕		
	Date	Payee name
	01/27/2025	CIRLCE K
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$49.50	19500 BULVERDE RD. SUITE 100
		SAN ANTONIO, TX 78259
	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 ONE V if allow -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 10/19	Hayes, Christian V. (The Honorable)		00086251
4	Date	5 Payee name		
	02/03/2025	Chevron		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$54.05	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	stin, T	side of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	02/19/2025	DirecTV		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$350.00	2260 E Imperial Hwy		
		El Segundo, CA 90245		
	PURPOSE OF EXPENDITURE	1 003		side of Texas. Complete Schedule T. X, officeholder living expense
		FEES	Suii, 1.	A, unicertailer living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	Date	Payee name		
	02/19/2025	DirecTV		
	Amount (\$) \$333.00	Payee address; City; State; Zip Code 2260 E Imperial Hwy		
		El Segundo, CA 90245		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(al aut	iside of Toyon, Complete Schodule T
	EXPENDITURE	1 663		side of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought		Office held
	ms provided by Tayas F	nice Commission www.athics state ty us		Version VA 1.0 f10d0fd9

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		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed abo	ove)
	Credit Card Payment		The Instruction Gu	ide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 7/15 Rpt: 11/19	Hayes,	Christian V. (The H	onorable)				00086251		
4	Date	5 Payee na	ame				<u> </u>			
	01/21/2025	DirecT\								
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip Co	ahe					
٠	\$335.00	,	Imperial Hwy	Oldic, Zip Ol	ouc					
	φοσο.σσ	2200 L	impenar i wy							
		El Com	anda CA 00045							
		El Segu	ndo, CA 90245							
8	PURPOSE OF		(See Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Fees				=		de of Texas. Com officeholder living		
						FEES	,,		, олронов	
9	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	ıaht			Office he	eld.	
-	expenditure to benefit C/O		,		- 3					
	Date	Davisa								
	01/21/2025	Payee na Exxon	ame							
			dalara a constituit de la constituit de	Otata: 7in O	1 -					
	Amount (\$)	Payee a	, , , , , , , , , , , , , , , , , , , ,	State; Zip Co	oue					
	\$22.69	5959 La	as Colinas Blvd							
		Irving, I	X 75039							
	PURPOSE OF	(a) Category	/ (See Categories listed at th	e top of this schedule)	(b)	Description				
	EXPENDITURE		ortation Equipment A	and Related		=		de of Texas. Com officeholder living	plete Schedule T.	
		Expens	е			TRANSPORT		onicendider living	ехрепзе	
	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	<u>l</u> Jaht			Office he	eld.	
	expenditure to benefit C/OI				3					
	Date	Payee n	amo							
	01/21/2025	Exxon	ame							
			ddrocc: City:	State: 7in Co	odo					
	Amount (\$) \$45.55	Payee a	ddress; City; as Colinas Blvd	State; Zip Co	bue					
	Φ45.55	3939 La	is Cuillas bivu							
		1								
			X 75039							
	PURPOSE OF		(See Categories listed at th		(b)	Description		df-T O	ulata Cabadala T	
	EXPENDITURE	Transpo Expens	ortation Equipment A	and Related				officeholder living	plete Schedule T.	
		Lxpens	C			TRANSPORT			, олронов	
	Complete ONLY if direct	Candidate	/Officeholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/O			55 300	J			200 110		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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		
	Credit Card F ayment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/15 Rpt: 12/19	Hayes, Christian V. (The Honorable) 00086251	
4	Date	5 Payee name	
	01/13/2025	Exxon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.75	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	
		Expense Check if Austin, TX, officeholder living expense TRANSPORT	
		TRANSPORT	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
_	Data	David and the second se	=
	Date 02/28/2025	Payee name H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$114.62	645 S Flores St	
		San Antonio, TX 78204	
	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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	-	
	Date	Payee name	_
	02/24/2025	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$90.99	645 S Flores St	
	,		
		San Antonio, TX 78204	
	PURPOSE	1	_
	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	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 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	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: 9/15 Rpt: 13/19	Hayes, Christian V. (The Honorable) 00086251							
4	Date	5 Payee name							
	01/31/2025	H-E-B							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$20.40	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							
		OVERHEAD							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
_	Dete								
	Date	Payee name							
	01/28/2025	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							
		OVERTICAD							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_	Data								
	Date 01/13/2025	Payee name H-E-B							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$32.77	645 S Flores St							
		San Antonio, TX 78204							
	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, 1X, officenoider living expense									
		OVERHEAD							
_	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 Comm

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

	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: 10/15 Rpt: 14/19	Hayes, Christian V. (The Honorable) 00086251						
4	Date	5 Payee name						
	04/11/2025	LEGISLATIVE STUDY GROUP						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,000.00	PO Box 12943						
		AUSTIN, TX 78711						
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/OI							
	Date	Payee name						
	02/18/2025	NORTH ITALIA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$269.41	26901 Malibu Hills Road						
		Calabasas Hills, CA 91301						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		FOOD						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	01/17/2025	NORTH ITALIA						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$28.22	26901 Malibu Hills Road						
	,							
		Calabasas Hills, CA 91301						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		FOOD						
	Complete ONII V if allower	Condidate/Officeholder name Office assists Office hald						
	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

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

	Credit Card Payment	Salaries/Wages/Collidat Eable Of The Refire a category not isled 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: 11/15 Rpt: 15/19	Hayes, Christian V. (The Honorable) 00086251									
4	Date	5 Payee name									
	01/13/2025	QI									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$300.07	835 W 6th St #114									
		AUSTIN, TX 78703									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Check if Austin, TX, officeholder living expense									
		FOOD									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
		·									
	Date	Payee name									
	01/14/2025	ROYAL BLUE GROCERY									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$37.85	408 N Pleasant Valley Rd									
		AUSTIN, TX 78702									
	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	01/14/2025	ROYAL BLUE GROCERY									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$47.47	408 N Pleasant Valley Rd									
		AUSTIN, TX 78702									
	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										

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)										
L		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:											
	Sch: 12/15 Rpt: 16/19	Hayes, Christian V. (The Honorable) 00086251										
4	Date	5 Payee name										
L	02/03/2025	Shell Oil										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$19.84	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 travel outside of Texas. Complete Schedule T.										
		Expense Check if Austin, TX, officeholder living expense TRANSPORT										
		TIVANSFORT										
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
9	expenditure to benefit C/O											
_	Data											
	Date	Payee name										
	01/29/2025	Shell Oil										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$32.64	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 travel outside of Texas. Complete Schedule T.										
		Expense Check if Austin, TX, officeholder living expense TRANSPORT										
	TRANSPORT											
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/O											
-	Date	Payae name										
	01/13/2025	Payee name Shell Oil										
	Amount (\$)	Payee address; City; State; Zip Code										
	\$29.31	910 Louisiana St										
		Houston, TX 77002										
	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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order 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:	<u> </u>								
	Sch: 13/15 Rpt: 17/19	Hayes, Christian V. (The Honorable) 00086251								
4	Date	5 Payee name								
	01/30/2025	Target								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$10.97	1000 Nicollet Mall								
		Minneapolis, MN 55403								
8	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. 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	1								
	Date	Payee name								
	01/30/2025	Target								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$85.84	1000 Nicollet Mall								
		Minneapolis, MN 55403								
	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. Check if Austin, TX, officeholder living expense								
		EVENT EVENT								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	1								
	Date	Payee name								
	02/24/2025	UBER								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$46.51	1725 Third Street								
		San Francisco, CA 94158								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	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	ר								

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/Political Commi Credit Card Payment			mmittee	· · · · · · · · · · · · · · · · · · ·				Travel Out of District OTHER (enter a category not listed above)					
				The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:							3		(Ethics Commission Filers)			
	Sch: 14/15 Rpt: 18/19		Hayes, Christian V. (The Honorable)						00086251				
4	Date	5	Payee name										
	01/21/2025		UBER										
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de						
	\$49.40		1725 Third	Street									
			San Francis	sco, CA 94158									
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Transportat	ion Equipment A				브			nplete Schedule T.		
	LAI LINDITORL		Expense					_		officeholder living	g expense		
								TRANSPORT	l				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld		
L	experiorale to belieff C/Of	1											
	Date		Payee name										
	01/14/2025		UBER										
	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	de						
	\$15.78		1725 Third	Street									
			San Francis	sco, CA 94158									
	PURPOSE OF	(a)		ee Categories listed at t		′	(b)	Description					
EXPENDITURE			Transportation Equipment And Related				· · ·				nplete Schedule T.		
			Expense					TRANSPORT		, officeholder living expense			
	TRANSPORT												
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(Office sou	aht			Office h	eld		
	expenditure to benefit C/O		Caradato/OIII	consider name		oc 30u(9.16			Office III	J. J		
H	Date	Π	Payee name										
	01/07/2025		UBER										
		_		Cit ::	Ctata	. 7in 0-	de						
	Amount (\$)		Payee addre		State	; Zip Co	ue						
	\$27.57		1725 Third	Street									
L		L	San Francis	sco, CA 94158									
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description					
OF EXPENDITURE			Transportation Equipment And Related						Check if travel outside of Texas. Complete Schedule T.				
Expense Cneck if Austin, 1X, officenoider living expense							g expense						
								TRANSPORT	I				
	Operation Children	<u> </u>	D = 11 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2			D#:-	1 <i>t</i>				-1-1		
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offi	ceholder name	(Office sou	gnt			Office h	eıa		
		•											

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			als Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Travel in District Travel Out of Dis OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commission	Filers)
	Sch: 15/15 Rpt: 19/19		es, Christian V. (The	Honorable)				00086251		
4	Date		ee name							
	01/02/2025	Vale								
6	Amount (\$)		ee address; City;	State;	Zip Code					
	\$47.72	680	0 9th ave							
		Port	t Arthur, TX 77642							
8	PURPOSE	(a) Cate	egory (See Categories listed a	at the top of this sche	dule) (b)	Description				
	OF EXPENDITURE	Trai	nsportation Equipment			_		de of Texas. Comp		
		Exp	ense			TRANSPOR		officeholder living	expense	
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeholder name	Of	ffice sought			Office he	ld	