CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

. The C/OH Instruction G	uide explains how to complete this form.	1 Filler ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Kenneth		Date Received
	NICKNAME LAST Hayden	SUFFIX	COUNTY ELECTIONS TO RELEIVED TO
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE # J C	ITY; STATE; ZIP CODE	RELEIVED DAN 1 5 2020 JAN 1 5 2020 PA
Change of Address	P.O. DOX 529, Splend	Dra, Tx 7737d	22 POS 8/
5 CANDIDATE/ OFFICEHOLDER PHONE	(83d) 435-2753	EXTENSION	Date Hand-delivered & Date Poetmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI 6	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Hairlen		Date imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE#; CITY;	STATE; ZIP CODE
(Residence or Business)	(1)(1)	Rd, Clevelage	1 Th 77228
		EXTENSION EXTENSION	J 12 1 1340
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 797 - 2699	EATENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
·	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	1 1010	THROUGH	14 2020
11 ELECTION	07 10 d0/9	ELECTION TYPE	14 2020
	Month Day Year Primary	Runoff Other Description	
	03/03/20 General	Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if knowledge)	n)
	Constable Pct. 4		
	GO ТО	PAGE 2	·

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	annoth H	laudon 1	5 Filer ID (Ethics Commission Filers)		
76 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANI	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DISSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTER ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	an \$ 0.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0,00				
	4. TOTAL POLITICAL EXPENDITURES \$ 26978.06				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STATE OF REPORTING PERIOD \$ \$1171.03				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 AY OF THE REPORTING PERIOD	s 0.00		
18 AFFIDAVIT					
, oi-	MONICA RAY Notary Public, St Comm. Expires Notary ID 13	E ENLOE true and correct and includes all info ate of Texas under Title 15, Election Code. 06-05-2021	perjury, that the accompanying report is permation required to be reported by me		
4		Signature of Can	didate or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to a <u>nd</u> subsc	ribed before me	by the said Kenneth Hayde	h this the $\sqrt{5^{+L}}$		
day of Januar		to certify which, witness my hand and seal of office.			
Moniel	Color	Monica R. ENLOE	NOTARY PUBLIC		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Konno th Handon	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$d4978.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	PH \$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 (orthogogeneous) letted shows

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Zip Code 7 Payee address; City; 8 **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code #28.00 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Amount (\$) City; State; Zip Code \$ 200,00 **PURPOSE** OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 7 Payee address: City; Zip Code PURPOSE OF **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought

Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date State Zip Code 8 PURPOSE **OF** contribution/donation **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code 00 ססי **PURPOSE** OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Zip Code PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Consulting Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 4 Date 5 Payee name 6 Amount (\$) City; State: Zip Code 7 Payee address; (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City; State; Zip Code **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 6 Amount (\$) City; State: Zip Code 7 Payee address; PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code PURPOSE EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date State; Zip Code **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legat 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)

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME 4 Date 6 Amount (\$) Payee address Zip Code City; State; #28.00 8 PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code \$ 100.00 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 c	omplete this form.		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME KARACTH HAINS	00	3 Filer ID (Ethics	Commission Filers)
4 Date 10 - 15 - 19	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 346.58	831 Hwy. 59 5. Clevela	nd. Ta 7	7327	
8 PURPOSE	(a) Category (See Gategories listed at the top of this schedule)	(b) Description Oa Khusst	flood vie	tim
OF EXPENDITURE	contribution/donation	Cleaning S	1	rdsaises_
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10-17-19	The Men's Wharhouse			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 243.51	20125 Hwy. 59 N., 1	tumble, Ti	77338	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	suitand	accessori	ips for
EXPENDITURE	tees	Campaiga	# polit	cal forums
2.48	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name -I	Office sought		Office held
Date	Payee name			
10-17-19	Porter HS Shooting G	Doorts.		
Amount (\$)	Payee address;	City;	State;	Zip Code
# 250.00	Adjud 5 Sunty Ln. Pos Category (See Categories listed synthe top of this schedule)	tes, Tu 7	7365	
PURPOSE	3-1, (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
OF EXPENDITURE	contribution/donation	Sponsor		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	The Instruction Guide explains how to co			
1 Total pages Schedule F1:	2 FILER NAME KENNETH Hayde 5 Payee name Wal-Mast	n	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
# 04.00	1000 116 200 Alandona		1/~/	
# 98.00 8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	157	
PURPOSE		EMC, 51	. Ctr.	
OF EXPENDITURE	contribution/donation	Hasloweer	n partu	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11-2-19	Ancil Luros			
Amount (\$)	Payee address;	City;	State; Zip Code	
# 100.00	15533 Memoria / Dr.,	Splendon	a, Tu 77372	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	,	
OF EXPENDITURE	anote hution I donation	have so	lo.	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austln	TX, officeholder flying expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date "	Payee name			
1 1 1				
1)+ 4-19	Payee address;	City	State: Zin Cada	
Amount (\$)	rayee audress,	City;	State; Zip Code	
1 28.00	Ledoo La Calma Dr., 5	H. d.O.	115tin, Tx 7875a	
PURPOSE	Category (See Categories listed at the top of this schedule)	Describitori		
OF EXPENDITURE	Fees	monthlu	membership	
ı	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name ł	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME KRANETH Hay	den	3 Filer ID (Ethics	Commission Filers)
4 Date //- 9 - 19	5 Payee name MCRF			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4/000.00	310 Metculf St. Cor (a) Category (See Categories listed at the top of this schedule)	100, 1k 7	7301	
PURPOSE	(4)	(,		
OF EXPENDITURE	Food	filing foo		
Same N. Frank W. Barb I. V. May F. V. Mann	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		.,	
11-12-19	El Ranchero			
Amount (\$)	Payee address;	City;	State;	Zip Code
* 43.29	24551 Ta 494 Loop, Category (See Categories listed at the top of this scheddle)	Kingwood Description	1, Ta 77	339
PURPOSE OF EXPENDITURE	Food by verage expense. Check if travel duffice of Texas. Complete Schedule T.	Campay GA	MC+ AG n, TX, officeholder living	Luncheon
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	1	Office held
Date	Payee name			
11-15-19 Amount (\$)	EMCFA Payee address;	City;	State;	Zip Code
#11, d47. dd	D. O. Mon 704 Porter, Category (See Categories listed at the top of this schedule)	Tx 77310.	5	
PURPOSE				
OF EXPENDITURE	contribution/donation	youth 1	ivestock	auction
i ·	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name I	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 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 KENNETH HALL	den	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Solomora ISD Edu	eation Four	dation
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#150.00	8001 Fostoria Rd., Cle	veland, Tx	77328
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	contribution I donation	colf hole	GARRENT
EXPERIDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX	, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	-1		
Date	Payee name		
11-20-19	CCCC		
Amount (\$)	Payee address;	City;	State; Zip Code
#250.00	17703 Nonesuch Rd.	Conspe, Ta	77306
,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	contribution Idenation	auction	item
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
11-21-19	Sayor Spare		
Amount (\$)	Payee address;	City;	State; Zip Code
1234.18	225 Varick St., 124	Floor, New	JOKK, NY 10014
PUPPOCE	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advarticing occasions	1190 hr: to	
tioned to 1 them to the part of the State of	Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX	, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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 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 KINNETH HOUR	Jen 3 Fil	er ID (Ethics Commission Filers)
4 Date 11- d5-19	5 Payee name Wal-Mast		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 39.25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r, Ta 773105	•
8 PURPOSE	(a) Category (See Categories tisted at the top of this schedule)	(b) Description EMC Fair	Parade
OF EXPENDITURE	Event expense	<u> </u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, o	fficeholder living expense
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-9-19	TMPA		
Amount (\$)	Payee address;	City;	State; Zip Code
28.00	Lador La Calma Dr. 54 Category (See Categories listed at the top of this schedule)	o. doo, Austri	0, Ta 78752
PURPOSE	,		
OF EXPENDITURE	Fees	monthlu m	embership
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-	Candidate / Officeholder name I	Office sought	Office held
Date	Payee name		
12-5-19	Wal-Mast		
Amount (\$)	Payee address;	City;	State; Zip Code
# 265.88	2010 US 59, Wew Cun Category (See Categories listed at the top of this schedule)	W. Tk 7735	7
PURPOSE	Carcagota. (Geo carcagotica listrar di rite rob oli rito sottennia)		mas party "
OF EXPENDITURE	Event expense	Storage Fotes fo	r campción motorio
	Check if travel cutside of Texas, Complete Schedule T.	Check if Austin, TX, or	fficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held
Available and the second and the sec	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Polling Expense Travel In District Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zip Code 6 Amount (\$) 7 Payee address; PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City: State: Zip Code PURPOSE **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services 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) 4 Date 5 Payee name 7 Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name State: Zip Code **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Glft/Awards/Memorials Expense 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)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Kenneth Haya	len	3 Filer ID (Ethic	s Commission Filers)
4 Date 13-19-19	Flayee name High point Chusch	7		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$50,00	12308 US 59, Splendo	ra. Ta 7	7372	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		İ
PURPOSE				
OF EXPENDITURE	contribution donation	donat	ion	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austl	n, TX, officeholder livin	gexpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name ⊣	Office sought		Office held
Date	Payee name			
12-22-19	Wal-Mast			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 434.59		apey, Tu	77357	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ContributionIdenation	Christma	s family	adoptions
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
1-2-20	TMPA			
Amount (\$)	Payee address;	City;	State;	Zip Code
# 28.00	(1900 La Calma 1 5. 5th. Category (See Categories listed at the top of this schedule)	200, Aug	tin, Ta	78752
PURPOSE				
OF EXPENDITURE	Fee5	monthlu	memhere	ship
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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 P dyment	The Instruction Guide explai	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME KENNETH !	lauden	3 Filer ID (Ethics Commission Filers)	
4 Date 1- d- d0	5 Payee name Home Depot			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
# 600.38	23575 Hwu. 59.	Porter Tu 77.	365	
8	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	,	
PURPOSE			_	
OF EXPENDITURE	advertising exp	ense material f	or campaian Sians	
	(c) Check if travel outside of Texas, Complete	Schedule T. Check if Austi	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12-29-19	Friends of Sp	Lendora Aa		
Amount (\$)	Payee address;	City;	State; Zip Code	
\$100.00	Po Aox 1794 Sp. Category (See Categories listed at the top of this	lendora, Te 7	7372	
PURPOSE	Category (cos outagened nated at the top of the	20001104011		
OF	and hidianldonal	huallo	5.400000	
EXPENDITURE	Contribution/donati	TOWN LOWER NEW	913011501	
	Check if travel outside of Texas. Complete		n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name -I	Office sought	Office held	
Date	Payee name			
1-d-d0	Cher Kess			
Amount (\$)	Payee address;	City;	State; Zip Code	
# 53.36	12050 Hwy. 59, 5.	, , , , , , , , , , , , , , , , , , ,	308	
PURPOSE	Category (See Categories listed at the top of this	Schedule) Food for (campaign voluntrers	
OF EXPENDITURE	tood/beverage expen	150 distributi	ng campaign signs.	
	Check if travel outside of Texas. Complete	<u></u>	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	EDED	

	E	XPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B' Candidate/Officeholder/Politica	Fees Food/l y Gift/Av a Committee Legal	Expense Beverage Expense wards/Memorials Expense Services	Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of Dis	uipment & Related Expense
Credit Card Payment	The	Instruction Guide expla	ains how to co	omplete this form.	T	
1 Total pages Schedule F1:		Kenneth	Haude	Λ	3 Filer ID (Ett	nics Commission Filers)
4 Date 1-3-20	5 Payee name	Paula	1"			
6 Amount (\$)	7 Payee address	i Uy		City;	State;	Zip Code
# a a 7. da	1000 5.	Frontage R	d. ()	eveland. To	a 77327	1
8	(a) Category (See	Categories listed at the top of t		(b) Description		
PURPOSE OF	_				^ .	*
OF EXPENDITURE	advert	ising expe	195P	Material t	or cam	saign 519115
	(c) Check if	f travel outaitie of Texas. Complet	e Schedule T.	Check if Aust	tin, TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Officeholder name		Office sought	- Madagaraning to the second s	Office held
Date	Payee name					
1-6-20	Mcf)4_				
Amount (\$)	Payee address:			City;	State;	Zip Code
# 250,00	23698	Roberts Ro	1. N	ew Caner	1, Ta 7	7357
- Control of the Cont	Category (See C	ategories listed at the top of th	is schedule)	Description	//	
PURPOSE OF EXPENDITURE	Dontal	DUDDAZO		rental f	nr fiind	raiser
MAN MINUTIONS	Check if	travel outside of Texas. Complet	e Schedule T.		tin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / C	Officeholder name		Office sought		Office held
	Market State Control of the Control					
Date	Payee name					
1-4-20	Rustu	Buckle B	Bac	omPanu		
Amount (\$)	Payee address			City;	State;	Zip Code
# 225.00	da664 (ommunity	Dr.	New Cone	4, Ta 7	7357
PURPOSE	Category (See C	ategories listed at the top of th	19 2011901119) ⁴	food for	Family ,	photo
OF EXPENDITURE	food! hos	STAUD ONY	PASP	and vide	00 51661	ion
	Check if	travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Officeholder name		Office sought		Office held
	ATTACH	ADDITIONAL COPIE	S OF THIS S	SCHEDULE AS NE	EDED	
forms provided by Tayon Title	ice Commission		nics state tx.u			Revised 9/26/201

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polii y Gift/Awards/Memorials Expense Print Committee Legal Services Sala	n Repayment/Reimbursement to Overhead/Rental Expense ng Expense ting Expense ries/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 hov	v to complete this form.			
1 Total pages Schedule F1:	Kenneth Ha	yden	3 Filer ID (Ethics Commission Filers)		
4 Date	6 hirt off Mu A	nak			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
⁴ 1170.00	17018 FM 1314, C	onroe. Tx 77	1302		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	in shirts, hats		
OF EXPENDITURE	Printing expense	and 5t	TCKers.		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name I	Office sought	Office held		
Date	Payee name				
1-9-20	Landsdowne - Mo	ody	Clarks 7's Code		
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1049.00	12288 US 59, Splen	dora, Tx 7	7372		
	Category (See Categories listed at the top of this schedul	e) Description			
PURPOSE OF	Aluctician achaera	dance to	Some of dear		
EXPENDITURE	TOWETHEING EXPENSE	generator_	tor an umcer		
- VILANDE MARINE	Check if travel outside of Texas. Complete Schedule	Office sought	n, TX, afficeholder living expense Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office field		
Date	Payee name				
1-10-20	Home Depot	. AMARINA CONT.			
Amount (\$)	Payee address;	City;	State; Zip Code		
# 632.96	23575 US 59, POS.		345		
mulanaor"	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	advertising expense	material fo	es campaign signs		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name I	Office sought	Office held		
and the state of t	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEE	DED		
	' O was athice state	o ty ue	Revised 9/26/201		

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Kenneth Hauden 3 Filer ID (Ethics Commission Filers)
4 Date 1-10-20	New Capey Baseball Booster
6 Amount (\$)	7 Payee address; Clty; State; Zip Code
#350.00	915 Apollo St., New Casey, Tx 77357
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	
EXPENDITURE	contribution/ donation Sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held
Date	Payee name
1-12-20	Logopio Print & Promotion
Amount (\$)	Payee address; City; State; Zip Code
# 389.00	19885 Detroit Rd. #143, Rocky River, OH 44114
PURPOSE	
OF EXPENDITURE	printing expense holiday a rection cords
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Aving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name
1-13-20	Max Marketing Pavee address: City; State; Zip Code
Amount (\$)	Payee address; City; State; Zip Code
Agale. 47	116 W. Lewis St., Coproe, Tx 77301
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	advartising expense air dancer : flags.
	Check if travel outside of Jexas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held ਜ
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 4 Date 5 Payee name 6 Amount (\$) Zip Code 7 Payee address; PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; Zip Code City; State; Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin-IX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH