

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i> FIRST <i>Clifford</i> MI <i>M</i> NICKNAME LAST SUFFIX <i>Matt</i> <i>Hayes</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="font-size: small; text-align: center;"> Date Received: <i>21 OCT 27 AM 9 31</i> Date Hand-delivered or Postmarked: Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / P.O. BOX: APT / SUITE #: CITY: STATE: ZIP CODE		
<input type="checkbox"/> change of address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Ms</i> FIRST <i>Lac</i> MI NICKNAME LAST SUFFIX <i>Ma</i>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>09/26/14</i> <i>10/25/14</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11/04/14</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace Precinct 7 Tarrant County</i>		
13 OFFICE SOUGHT (if known)			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

FILED
OCT 27 11 59 21
STATE OF TEXAS
ETHICS COMMISSION

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 525⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3985⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 13947

4. TOTAL POLITICAL EXPENDITURES

\$ 143138

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

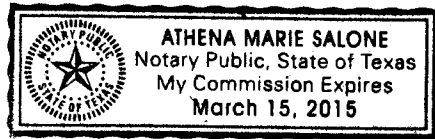
\$ 4157⁹⁸

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 5000⁰⁰

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Math Hayes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Math Hayes, this the 26 day of October, 20 14, to certify which, witness my hand and seal of office.

Athena Marie Salone

Signature of officer administering oath

Athena Marie Salone

Printed name of officer administering oath

Texas Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: *1 of 1*

2 FILER NAME

Matt Hayes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/3/14

5 Full name of contributor out-of-state PAC (ID#: _____)

TRGE PAC

6 Contributor address; City; State; Zip Code

*PO Box 2246
Austin TX 78768*

7 Amount of contribution (\$)

\$7000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/16/14

Full name of contributor out-of-state PAC (ID#: _____)

Scott Morris

Contributor address; City; State; Zip Code

*200 N Mesquite, Ste 109
Arlington TX 76011*

Amount of contribution (\$)

\$900.00

In-kind contribution description (if applicable)

*Haircut
Body Products*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/14

Full name of contributor out-of-state PAC (ID#: _____)

Kimberly Fitzpatrick

Contributor address; City; State; Zip Code

*2806 Katherine Ct
DUG, TX 76016*

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/14

Full name of contributor out-of-state PAC (ID#: _____)

Mirna Masri

Contributor address; City; State; Zip Code

*601 Omega Dr, Ste 202
Arlington TX 76014*

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

*Chiropractic
Consult,
Adjustment
& Massage*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/16/14

Full name of contributor out-of-state PAC (ID#: _____)

Bill Carlton

Contributor address; City; State; Zip Code

*4888 Kennedale New Hope
Ft Worth 76140*

Amount of contribution (\$)

\$320.00

In-kind contribution description (if applicable)

*Shooting
Classes*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 2	
2 FILER NAME <i>Matthew Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wayne Simmons</i>	7 Amount of contribution (\$) <i>\$350⁰⁰</i>	8 In-kind contribution description (if applicable) <i>2 Office 2 One hour massages</i>
6 Contributor address; City; State; Zip Code <i>1071 Country Club #101 Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clint Burgess</i>	Amount of contribution (\$) <i>\$750⁰⁰</i>	In-kind contribution description (if applicable) <i>Bronze sculpture</i>
Contributor address; City; State; Zip Code <i>1100 E Broad St, Ste 201 Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stoney & Julie Short</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1848 Lone Star Rd #308 Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerald Kern</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>	In-kind contribution description (if applicable) <i>Light Tour package & Josh Abbott Back Stage Party</i>
Contributor address; City; State; Zip Code <i>5520 Blue Spruce Dr Arlington TX 76018</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Ribaisky</i>	Amount of contribution (\$) <i>\$90⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1901 Longmeadow Dr Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME <i>Matt Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Rick Merritt</i>	7 Amount of contribution (\$) <i>\$745</i>	8 In-kind contribution description (if applicable) <i>Cigar Box Cigar club membership</i>
6 Contributor address; City; State; Zip Code <i>3118 S Cooper St Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kimberly Fitzpatrick</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>	In-kind contribution description (if applicable) <i>Wine Package</i>
Contributor address; City; State; Zip Code <i>709 E Abram St Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Andy Nguyen</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 151272 Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Benji Arslanovski</i>	Amount of contribution (\$) <i>\$1,200⁰⁰</i>	In-kind contribution description (if applicable) <i>Gift Cards & Pies</i>
Contributor address; City; State; Zip Code <i>915 W. Debbie Ln Mansfield TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Richard & Delores Pell</i>	Amount of contribution (\$) <i>\$750⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3703 Dustin Tr Arlington TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 4	
2 FILER NAME <i>Matt Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Crowder</i>	7 Amount of contribution (\$) <i>\$100⁰⁰</i>	8 In-kind contribution description (if applicable) <i>Gift Certificate</i>
6 Contributor address; City; State; Zip Code <i>5201 S. Cooper St Arlington TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/14/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathya Bryon</i>	Amount of contribution (\$) <i>\$115⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>16 Twin Springs Dr Arlington TX 76016</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Waybourn</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>	In-kind contribution description (if applicable) <i>CHL Classes</i>
Contributor address; City; State; Zip Code <i>PO Box 151305 Arlington TX 76015</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adlai Pennington</i>	Amount of contribution (\$) <i>\$750⁰⁰</i>	In-kind contribution description (if applicable) <i>Venue & Food</i>
Contributor address; City; State; Zip Code <i>1375 Gilman Rd Ft Worth 76140</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/16/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Morris</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>200 N. Mesquite, #109 Arlington TX 76010</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2</i>	
2 FILER NAME <i>Matt Hayes</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/16/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clint Barges</i>	7 Amount of contribution (\$) <i>\$350⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1100 E Broad St, #201 Newfield, TX 76063</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>AATC</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6350 Baker Blvd Richard Hills TX 76118</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/22/14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Patterson</i>	Amount of contribution (\$) <i>\$200⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2310 W 1-20, Ste 100 Arlington TX 76017</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>1 of 1</i>	2 FILER NAME <i>Matt Hayes</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>10/4/14</i>	5 Payee name <i>Dan Fernandez</i>
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6 Amount (\$) <i>\$1,794.00</i>	7 Payee address; City; State; Zip Code <i>2823 Quail Ln Arlington TX 76016</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Sigs</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>10/22/14</i>	Payee name <i>TARA of NTX PAC</i>
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Amount (\$) <i>\$500.00</i>	Payee address; City; State; Zip Code <i>PO Box 632255 Irving TX 75063</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Exp</i>	Description (If travel outside of Texas, complete Schedule T) <i>GOTV</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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