CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY HOWARD MR. WALACE NAME NICKNAME 4 CANDIDATE / / PO BOX; STATE; OFFICEHOLDER PLAINURS Tie 79072 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER Date Hand-de (806) PHONE Receipt # MS / MRS / MR Amount \$ 6 CAMPAIGN **TREASURER** MRS. NAME **Date Processed** NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE) 7 CAMPAIGN CITY; ZIP CODE **TREASURER** 208 S. JEFTERSON PLAINURN 79072 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (806) 292-0351 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED 12 / 15/2033 12024 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Other Description Runoff General 05/2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) District Attorney 14 NOTICE FROM 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

HOWENG W	alleace Wally Hotel, Jr 16 Filer	ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ &			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1035530			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø			
	4. TOTAL POLITICAL EXPENDITURES	\$ 635			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7511 97			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ &			
	swear, or affirm, under penalty of perjury, that the accompanying report is true and corquired to be reported by me under Title 15, Election Code.	rrect and includes all information			
	1 1 1/ 1/ 1/ 1	1			
~	Wally Hatch				
	Signature of Candidate of	or Officeholder			
	Please complete either option below:				
(1) Affidavit					
mber 1, 2026	OAON NUMBER OF THE NAME OF THE	9			
NOTARY SOURCE VALUE	My Cott	a a			
חווח' חומוב חו ובעמצ	in ((max. = = =				
Sworn to The Muldon bed	DOGWADONE BY THIS THE JUST WALLACE HATCH Jr this the 11th	day of,			
202, to certify	which, witness my hand and seal of office.				
KIMES	Kenedios Molntez	Notaru Public.			
Signature of officer administe		Title of officer administering oath			
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
		•			
		(zip code) (country)			
Executed in	County, State of , on the day of	_, 20			
	(month)				
	Signature of Candidate/Office	eholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Howard Wallace (Wally) HAtch, 50 Filer ID (E	thics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7905 50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$3450 %
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$.
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ns \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	IED \$

SCHEDULE A1

The Instruction Guide explai	ns how to complete this form.	1 Total pages Schedule A1:		
HOWARD WAllace	WAlly) HAtiL Je	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#:) 1245 23		7 Amount of contribution (\$)		
8 Principal occupation / Job title (See Instru Refined Pharmicis	g Employer (See Instruc	tions)		
Pate Full name of contributor Contributor address;	att of diate 17to (ID#	Amount of contribution (\$)		
Principal occupation / Job title (See Instru		tions)		
Date Full name of contributor Contributor address; Principal occupation / Job title (See Insert)	City; State; Zip Code	Amount of contribution (\$)		
Principal occupation / Job title (See Instru	City; State; Zip Code	Amount of contribution (\$)		
District Attorney (Inch.	About Ratinow Teacher State of Tax	AS State of Taxas		
ATTACH If contributor is out-of-st	ADDITIONAL COPIES OF THIS SCHEDULE AS Nate PAC, please see Instruction guide for additional	IEEDED reporting requirements.		

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
FILER NAME	-d Wallace Wally) Hatch, Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
12121 23	6 Contributor address; City;	State; Zip Code NTK 19672	\$500.00		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
12-29-23	Keith Billington Contributor address; City;	State; Zip Code	\$500,00		
Principal occup	ation / Job title (See Instructions)				
т ппограг оссар	audit / 300 title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor ut-of-state PAG	C (ID#:)	Amount of contribution (\$)		
12-29-23	Contributor address; City;	State; Zip Code	\$500,000		
Deleviori		170 M9423			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
1-2-24	Contributor address; City;	State; Zip Code	#350.°°		
Principal occup	ation / Job title (See Instructions)	LATE TO TEMPLOY See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Howard	Wallace (Wally) Hortch, Jr.	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
1-8-24	6 Contributor address; City; State; Zip Code	\$500,00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-8-24	Contributor address; City; State; Zip Code	\$55.00		
	Mainviewitz 79072			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
1-9-24	Contributor address; City; State; Zip Code	#1000 or 20		
	Mainview, Tx 79072			
N N	ation / Job title (See Instructions) Employer (See Instructions) SE/F	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
1-11-24	Contributor address; City; State; Zip Code	\$1000.00		
Dringing!	Hale Center, To 79041			
Propaidy	ation / Job title (See Instructions) Employer (See Instructions) Self	tions)		
•				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
Howard Wallace (Wally) Hatch, Tr.			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
8 Principal occur		State; Zip Code TX 79072 9 Employer (See Instruct	\$250.00 tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
1-12-24	Contributor address; City;	State; Zip Code	\$250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
,	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
		(0.00		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description
7 Contributor address; City; State;	Zip Code \$800.00 Web Jervices
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	5 c / f 13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$\frac{1}{2} \text{In-kind contribution description} \\ \frac{1}{2} \text{Contribution} \\ 1
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) (NAph) (Zone Dwne / Operator Bondsman Contributor's principal occupation (FOR JUDICIAL)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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. 1 Total pages Schedule F1: FILER NAME 3 Filer ID (Ethics Commission Filers) b some 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE 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/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code 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, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political 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 F2: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date State; Zip Code Plainulas TX 79072 TYPE OF Political **EXPENDITURE** Non-Political 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Political Signs OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF **EXPENDITURE** Political Non-Political 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, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filer The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** CHAL NAME NICKNAME Express) CN 4 CANDIDATE / ADDRESS / PO BO CITY: STATE; ZIP CODE **OFFICEHOLDER** Mainiew, TX MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (806) PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR MI **TREASURER** Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 15 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description Month Day Year 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Howard L	Nallace" Wally" Hatch . Jr	Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,200			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 2200.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8			
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	d correct and includes all information			
	Wally	lotal			
	Signature of Candid	ate or Officeholder			
	Diameter and the state of the s				
Please complete either option below:					
(1) Affidavit					
(1) Amdavit					
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by Howard Wallace "Wally" Hatch this the	5 day of February,			
	which, witness my hand and seal of office.				
Signature of officer administr	Linoson Anno Espinosa	Deputy County Clerk			
Signature of officer admirristr	Printed name of officer administering oath OR	Title of officer administering oath			
(2) Unsworn Declarat					
	, and my date of birth is	·			
Wy address is	(street) (city) (state) (zip code) (country)			
Executed in	County, State of , on the day of (month)	, 20 .			
	-	(year)			
	Signature of Candidate/	Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

-					
19 F	Howard Wallace" Wally Hatch, Jr 20 Filer ID (Ethics Commission Filers)				
	CHEDULE SUBTOTALS JAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2200.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

in the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
Howard Wallace "Wally" Hort ch. Jr	3 Filer ID (Ethics Commission Filers)			
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Shoul Steen Contributor address; City: State; Zip Code Painview Tx 79072	#100.00			
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)			
Date Full name of contributor Out-of-state PAC (ID#: Mandy Steen Contributor address; City; State; Zip Code Painview TX 79012	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)			
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)			
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 quide for additional reporting requirements				

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
Howard Wallace Wally Hatch, Jr			3 Filer ID (Ethics Commission Filers)	
4 Date 1 26 24 8 Principal occur	Kenneth Grea Williams		7 Amount of contribution (\$) \$\\$500.	
• Findparoccu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
æ	Contributor address; City;	State; Zip Code	*	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
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				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1
	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME		oward W	alla ce M	OFFICE USE ONLY
4 CANDIDATE/	NICKNAME	Hatch	SUFFIX	Date Received
OFFICEHOLDER MAILING ADDRESS	502 S.	Holliday, P	TY: STATE; ZIP CODE	FILED
Change of Address		J	7679072	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Head delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS, NICKNAME	Cyndy	MI	Receipt # Ambunt \$
		Walter	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SUIT	Painiew Tx	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 351	EXTENSION	
9 REPORT TYPE	January 15	30th day before elec	ction Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	ion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 15 / 2023	Month THROUGH	Day Year 2024
11 ELECTION	ELECTION DA		ELECTION TYPE	AD 2024
	Month Day	Year	Runoff Other Description	
	3/05/	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)	0115	13 OFFICE SOUGHT (if known)	141
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS AC	<u> </u>	Homey
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	EHOLDER. THESE EXPENDITURES M AND OFFICEHOLDERS ARE REQUIRE	CEPTED OR POLITICAL EXPENDITURES MA IAY HAVE BEEN MADE WITHOUT THE CANDI D TO REPORT THIS INFORMATION ONLY IF TH	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME	
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS	4
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		1
75 C/OH NAME	Dallace Wally Hatch 16 Files	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 35000
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) .	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true and co quired to be reported by me under Title 15, Election Code.	rrect and includes all information
	Walls Hat. L	,
	Signature of Candidate of	or Officeholder
	Please complete either option below:	
(1) Affidavit		
9.2.		
NOTARY STAMP/SEA		
	which, witness my hand and seal of office.	day of February
4	Which, witness my hand and seal of office.	
\$ignature of officer administer		rief Deputy Clerk
Very histories with	Timed hame of officer auministering oath	Title of officer administering oath
(2) Unsworn Declarati		Constitution of the second
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state)	
Executed III	County, State of , on the day of (month)	_, 20 (year)
	Signature of Candidate/Office	
	-	()

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	ILER NAME						
,	LEININAME	mmission Filers)					
21 S	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$3617.71					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.								
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:							
2 FILER NAME	d Wallacel Wally)	Hatch	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)					
1-6-94	6 Contributor address; City;	State; Zip Code	00,001#					
8 Principal occu	8908 Basanite Ave, D	9 Employer (See Instruc	b7					
		S Employer (See Institut	auris)					
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code	Jan					
Birin	264 FM 179, Plainvier	n 10 19012	#250.00					
Principal occup	ation / Job title (See Instructions) Wher - Self	Employer (See Instruc	tions)					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)					
426/24	Contributor address; City;	State; Zip Code	\$1000.00					
Principal occup	1109 Offon Rd. Plainvie	Employer (See Instruction	ti)					
		Employer (See Instruc	uons)					
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)					
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS N action guide for additional re	EEDED eporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commissi	The Instruction Guide explains how to complete this form.							
	Howard Wallace (whey) Hoteh							
2-15-24 Payer name Chuyar Outdoor advertising								
6 Amount (\$) 7 Payee address; City; State; Zip Co	de							
\$480.00 PO Box 223 GANJON TO MYOLE	5							
8 (a) Category (See Categories listed at the top of this schedule) (b) Description								
PURPOSE OF EXPENDITURE ANDRESSING Expense Digital Billbo ar	d							
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	1							
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office hele expenditure to benefit C/OH	d							
Date Payee name								
Amount (\$) Payee address; City; State; Zip Co	do							
	ue							
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, TX, officeholder living expense								
Complete ONLY if direct Candidate / Officeholder name Office sought Office held	d							
expenditure to benefit C/OH								
Date Payee name								
Amount (\$) Payee address; City; State; Zip Co	de							
Category (See Categories listed at the top of this schedule) Description								
PURPOSE								
PURPOSE OF								
PURPOSE OF EXPENDITURE								
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
PURPOSE OF EXPENDITURE	ld							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

					100		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services	oense rials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F4:	2 FILER		Cu Co	s how to co	omplete this form.	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES	CHARGED	TOACR	EDIT CARD	\$	× ×
5 Date 2114124	6 Payee	n-Ship					
7 Amount (\$) \$2500,00	8 Payee	address;	R.R	£5	Cubbbl	State;	Zip Code
9 TYPE OF EXPENDITURE	No.	Political		Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories list	Expe	n SL	(b) Description:	Mailer	ery abor
11 Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside			ffice sought	stin, TX, officeholder living o	
Date 2(20/2024 Amount (\$)	Payee	name - N- Sh address:	nip				
₱1317.72	2614	f 136 th	State	25,1	city; UBBOU	State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	olitical		
PURPOSE OF EXPENDITURE	Adve _v	y (See Categories list	Exper	SL	Palita Cal direct	- even	door
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeho			ffice sought	stin, TX, officeholder living Office hel	
	ATTAC	H ADDITIONA	L COPIES O	F THIS S	CHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 set listed shows)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services The Instruction	s on Guide explains h		Vages/Contract Labor		nter a categor	y not listed above)	
					p. c. c io ioiiii.				
1 Total pages Schedule G:	2 FILER NA	hwallo	ce"Wall	11	Hatch	3 Filer	ID (Ethics	Commission Filers	;)
4 Date	5 Payee nar	ne			11111				
2-16-2024	Pack	-n-SHi	P	7	*			9	
6 Amount (\$) \$\times(0+\) 98 Reimbursement from	7 Payee add	dress;	9 SLOTA	,	City;		State;	Zip Code	
political contributions intended			J. 171C.) \	mppode	TK	79	423	
8 PURPOSE OF	(a) Category	(See Categories list	ed at the top of this sched	dule)	(b) Description			C 10	
EXPENDITURE	(c) C	HSING (of Texas. Complete Schedu	J.	Shandard	Dusi	noss	cords	
	(9)	oneck ii daver odiside (or rexas. Complete schedu	ile I.	Check if Austir	n, TX, officeh	older living ex	rpense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officehold	er name		Office sought			Office held	
Date	Payee nan	ne							
Amount (\$)	Payee add	dress;			City;		State;	Zip Code	
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category	(See Categories list	ed at the top of this sched	dule)	Description				
EXI ENDITORE		Check if travel outside of	of Texas. Complete Schedu	ıle T.	Check if Austir	n, TX, officeh	older living ex	pense	
Complete ONLY if direct expenditure to benefit C/C		ate / Officehold	er name	a	Office sought		9	Office held	
Date	Payee nam	ne '				*		25.	
Amount (\$)	Payee add	lress;			City;		State;	Zip Code	10.
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category	(See Categories liste	ed at the top of this sched	lule)	Description				
EXPENDITURE						τ,	-		
		theck if travel outside o	f Texas. Complete Schedul		Check if Austin	, TX, officeho		in man	
Complete ONLY if direct expenditure to benefit C/OH	Janaida	ato / Officeriold	or riailie		Office sought		,	Office held	
	ATTA	CH ADDITION.	AL COPIES OF T	HIS SC	HEDULE AS NEED	ED			