

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 1-17-2023	2.a. NAME OF CANDIDATE OR COMMITTEE CLAUDE HAYES
2.b. IF COMMITTEE, NAME OF CANDIDATE	
3. ELECTION DATE 11-8-22	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone 1156 INNESWOOD DR GALVESTON TX 37066 6153478677	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone	
5. OFFICE SOUGHT (include district number, if applicable) CITY COUNCIL - DISTRICT 4	6. NAME OF POLITICAL TREASURER (may be candidate) DANIEL HOLT
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD 10-30-22	8.b. ENDING DATE OF REPORTING PERIOD 1-15-23
9. (Check one) a. <input checked="" type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	
<u>[Signature]</u> signature of candidate	<u>1-17-23</u> date
<u>[Signature]</u> signature of political treasurer	<u>1/17/2023</u> date
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness	<u>1/17/2023</u> date
<u>[Signature]</u> signature of witness	<u>1/17/2023</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	FILED \$ 1,136.12
b. TOTAL RECEIPTS THIS PERIOD	\$ 2000.00
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 750.00
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 2,386.12
e. TOTAL LOANS OUTSTANDING	\$ —
f. TOTAL OBLIGATIONS OUTSTANDING	\$ —



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive; margin-left: 100px;">CRAIG HAYES</div>	14. REPORT COVERING THE PERIOD FROM: <u>10-30-22</u> TO: <u>1-15-23</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ —

b. Itemized Contributions (over \$100 from each source this period) \$ 2000.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2000.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ —

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ —

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2000.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total of Expenditures (\$100 or less each payee) \$ ϕ

b. Itemized Expenditures (Over \$100 each payee this period) \$ 750.00

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 750.00

20. LOAN REPAYMENTS MADE THIS PERIOD \$ ϕ

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 750.00

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ ϕ

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ ϕ



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE CRAIG HAYES				2. REPORT COVERING THE PERIOD FROM: 10-30-22 TO: 1-15-23			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name KOBBETZ BETH		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name GOODALL				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		150.00	
Address 935 PLANTATION BLVD				<input type="checkbox"/> Runoff (Local Elections Only)			
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-2-22			
Occupation RSTIANO							
Employer							
First Name HILLARY		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name BONHAM				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		150.00	
Address 1410 E LINDWOOD				<input type="checkbox"/> Runoff (Local Elections Only)			
City NASHVILLE		State TN	Zip Code 37216	Date of Contribution 11-2-22			
Occupation MANAGING & SALES							
Employer GOODALL HOMES							
First Name WILLIAM		Middle Name T		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name GOODALL				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		150.00	
Address 1014 BROWN LN				<input type="checkbox"/> Runoff (Local Elections Only)			
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-2-22			
Occupation CONTRACTOR							
Employer GOODALL HOMES							
First Name GEORGE		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name PHILLIPS				<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		500.00	
Address 211 WOODLARK DR				<input type="checkbox"/> Runoff (Local Elections Only)			
City GALLATIN		State TN	Zip Code 37066	Date of Contribution 11-9-22			
Occupation PROLATOR							
Employer BONE/MCMASTER							
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					950.00		

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>LEAH HAMES</i>			2. REPORT COVERING THE PERIOD FROM: <i>10-30-22</i> TO: <i>1-15-23</i>		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>950.00</i>		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>300.00</i>
Address			<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
<i>WASHVILLE</i>	<i>TN</i>	<i>37212</i>	<i>11-3-22</i>		<i>300.00</i>
Occupation		Employer			
<i>RESALE ASSOCIATION</i>					
First Name		Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election		<i>750.00</i>
Address			<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
<i>GALETON</i>	<i>TN</i>	<i>37066</i>	<i>11-3-22</i>		<i>750.00</i>
Occupation		Employer			
<i>OWNER</i>		<i>HAW REALTY</i>			
First Name		Middle Name	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address			<input type="checkbox"/> Runoff (Local Elections Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)				<i>2000.00</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 2em; font-family: cursive;">CRILE HAYS</div>			2. REPORT COVERING THE PERIOD FROM <u>10-30-22</u> TO <u>1-15-23</u> Amount		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name				MAILING	750.00
Address					
City	State	Zip Code			
<u>WHITE JS</u>	<u>TN</u>	<u>37188</u>			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					