UNSWORN DECLARATION

FORM UD

Attach this unsw	OFFICE USE ONLY							
campaign finance r	Date Received	CEIVED						
lieu of a notarized signature. See Tex. Civil Practice and								
Remedies Code § 13:	2.001.			FFR	2 3 2022			
1 FILER ID: (Ethics Commission filers)								
2 NAME OF FILER				Method of Deliver	,			
(PLEASE TYPE OR PRINT)	Joe Bateman for Havs County			Date Processed				
3 TYPE OF FILER	CANDIDATE/ OFF	POLITICAL COMMITTEE						
	JUDICIAL CANDIDATE/OFFICEHOLDER			POLITICAL PARTY				
		STATE/COUNTY CHAIR						
4 TYPE OF REPORT	Daily Pre-Election Contribution Report							
5 DUE DATE	2/23/2022	3,						
6 UNSWORN DECLARAT	rion:							
Heathe	r Pataman		0	4/24/4000				
My name is, and my date of birth is04/21/1980								
My Address is 817	Texas Trl	Austin	,Tx, _	78737	USA			
	(street)	(city)	(state)	(zip code)	(country)			
	enalty of perjury that the info n required to be reported by							
Executed in Hays	County, State of	X, on the23	_ day of	<u>Feh</u> , 20	22			
Myateman)								
	Signature of Filer/ Committee Representative (Declarant)							
			(Decidial)	.,				
,								

POLITICAL COMMITTEE DAILY PRE-ELECTION REPORT OF CONTRIBUTIONS

FORM DAILY-C PAC

1	Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY	
3	COMMITTEE NAME	COMMITTEE			RECEIVED FEB 2 3 2022	
4	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Heather				
		NICKNAME Bateman	LAST	SUFFIX	Date Hand-deliver	red or Date Postmarked
5	CAMPAIGN TREASURER MAILING ADDRESS	100 E	SUITE#; CITY; STATE; ZI Ider Hill Rd PO Box 44 vood, Tx 78619	PCODE	Receipt # Date Processed Date Imaged	Amount \$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe Bateman for Hays County 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: Riley McLean Land LLC 6 Contributor address; City; State; Zip Code 02/22/2022 \$5000.00 505 Walsh St #A Austin, Tx 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ 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.