FORM SPAC SPECIFIC-PURPOSE COMMITTEE **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. 20 3 COMMITTEE NAME OFFICE USE ONLY Joe Bateman for Hays County Date Receive Received JUL 15 2022 Elections Office, o ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE COMMITTEE STATE: **ADDRESS** 100 Elder Hill Road Date Hand-delivered or Date Postmarked Box 44 Change of Address Driftwood, TX 78619 Receipt # Amount Date Processed Date imaged CAMPAIGN MS/MRS/MR **FIRST** MI TREASURER NAME Heather **NICKNAME** LAST **SUFFIX** Bateman STREET ADDRESS (NO PO BOX PLEASE); 6 CAMPAIGN APT / SUITE #; CITY; STATE: ZIP CODE TREASURER STREET 817 Texas Trl **ADDRESS** Austin, Texas 78737 (Residence or Business) STREET OR PO BOX; CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING 100 Elder Hill Road **ADDRESS** Box 44 Driftwood, TX 78619 Change of Address PHONE NUMBER AREA CODE CAMPAIGN **EXTENSION TREASURER** 737-248-0514 PHONE 9 REPORT January 15 30th day before election Exceeded modified reporting limit TYPE Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 02/23/2022 06/30/2022 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year X Primary Runoff Other 03/01/2022 General Special **GO TO PAGE 2** Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.ab979f02

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | 1: | 3 Filer ID | | |
|---|---|--|-----------------|-----------------|-----------|
| Joe Bateman for Hays (| County | | | | |
| 14 COMMITTEE PURPOSE | | CANDIDATE / OFFICEHOLDER NAME | | | |
| (Attach lists on plain paper to complete this | X Candidate | Joe Bateman | | | |
| report if necessary.) | Officeholder | OFFICE SOUGHT (candidate) / OFFICE HELD | (officeholder) | | |
| ET SUPPORT | ! | Hays County Commi | ssioner | PCT | 4 |
| SUPPORT (Candidate or Measure) | | BALLOT IDENTIFICATION / # | | ION DATE | V |
| OPPOSE (Candidate or Measure) | Macabura | | Month | Day | Year |
| ASSIST (Officeholder) | Measure | DESCRIPTION | | | |
| | | Text (| | | |
| 15 CONTRIBUTION TOTALS | | I TRIBUTIONS OF \$50 OR LESS (OTHER THAN F ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED | PLEDGES, | \$ | \$0.00 |
| | 2. TOTAL POLITICAL CO | | | \$ | \$0.00 |
| | (OTHER THAN PLEDGES | S, LOANS, OR GUARANTEES OF LOANS) | | Ψ. | φυ.υυ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POL | LITICAL EXPENDITURES | _ | \$ | \$0.00 |
| | 4. TOTAL POLITICAL EX | (PENDITURES | | \$ | \$72.48 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONT REPORTING PERIOD | TRIBUTIONS MAINTAINED AS OF THE LAST DA | AY OF THE | \$ | \$0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOU DAY OF THE REPORTING | UNT OF ALL OUTSTANDING LOANS AS OF TH IG PERIOD | IE LAST | \$ | 5000.00 |
| 16 AFFIDAVIT | | | | | |
| 10 ALLIDAVII | | I swear, or affirm, under penalty of perjurand correct and includes all information rotitle 15, Election Code. | | | |
| | | Maxen | an) | | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | Signature of Camp | paign Treasure | er | |
| Sworn to and subscribed | before me, by the said | , this | s the | | day |
| of | , 20, to certify which | n, witness my hand and seal of office. | | | |
| | | | | | |
| Signature of officer add | ministoring oath Drint | red name of officer administering oath | Title of office | ar administa | ring ooth |
| Signature of officer au | Timistering Gath Frinte | su name of officer authinistering oath | Title of office | si adiliilistei | ing oan |

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| 3 of 20 | | | | | | | |
|---|--------------------|--|--|--|--|--|--|
| 17 COMMITTEE NAME Joe Bateman for Hays County 18 Filer ID | | | | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT | | | | | | | |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | | | | | | |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | | | | | | |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | | | | | | |
| 6. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ | | | | | | |
| 7. SCHEDULE E: LOANS | \$ | | | | | | |
| 8. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ \$72.48 | | | | | | |
| 9. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | | | | |
| 10. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| 11. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | | | | | | |
| 12. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | | | | | | |
| 13. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | | | | | | |
| SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ \$407.71 | | | | | | |
| | | | | | | | |
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| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|--|---|--|-----------------------------|---------|--|----------|
| | The Instru | ction Guide explains how to complete this form | n. | | Total pages Schedule A1: Sch: 1/4 Rpt: 4/20 | |
| 2 | FILER NAME Joe Batemai | n for Hays County | | 3 | Filer ID | |
| 4 | Date 02/02/2022 | 5 Full name of contributor out-of-state PAC (ID#:) Alexander , Stephen 6 Contributor address; City; State; Zip Code 100 Serenity Court | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Austin, TX 78737 pation / Job title (See Instructions) 9 | Employer (See Instructions) |) | | |
| | Date 01/31/2022 | Full name of contributor out-of-state PAC (ID#:Anderson , David Contributor address; City; State; Zip Code 1400 Kemp Hills Drive Austin , TX 78737 |) | | Amount of Contribution (\$) | \$150.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |) | | |
| | Date 02/05/2022 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Dripping Springs , TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Employer (See Instructions) |) | | |
| | | | | | | |
| | Date 01/29/2022 | Full name of contributor out-of-state PAC (ID#: Broughton , Ben Contributor address; City; State; Zip Code 275 Lukas Trail Dripping Springs , TX 78620 | | | Amount of Contribution (\$) | \$100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | Employer (See Instructions) |) | | |
| | Date 02/17/2022 | Full name of contributor out-of-state PAC (ID#: Carmichael, Matt Contributor address; City; State; Zip Code 1053 Hazy Hills Loop Dripping Springs , TX 78620 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUI | LE A1 | |
|--|--|---|--------------------------------|------------|---|-------------|
| | The Instru | ction Guide explains how to complete this for | rm. | | otal pages Schedule A1: Sch: 2/4 Rpt: 5/20 | |
| 2 | FILER NAME Joe Batemai | n for Hays County | | 3 F | iler ID | |
| 4 | Date 02/16/2022 | | | 7 A | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | Austin, TX 78737 pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 01/24/2022 | Full name of contributor out-of-state PAC (ID#: Fariss, Toby Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | Dringing | 497 Ledgestone Dr. Austin, TX 78737 | Frankriger (Cook Instructions) | \ | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | |) | | |
| | Date 02/05/2022 | Full name of contributor out-of-state PAC (ID#: Gonzalez, Albert Contributor address; City; State; Zip Code 173 White Rock Court |) | P | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Dripping Springs , TX 78620 pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 02/08/2022 | Full name of contributor out-of-state PAC (ID#: Howard Integrity Ltd. Contributor address; City; State; Zip Code 120 Howard Ranch Ln Driftwood , TX 78619 | | A | Amount of Contribution (\$) | \$20,000.00 |
| | Principal occupation / Job title (See Instructions) Employer (See Instruction | | |) | | |
| | Date 02/14/2022 | Full name of contributor out-of-state PAC (ID#: Howard Integrity Ltd. Contributor address; City; State; Zip Code 120 Howard Ranch Ln Driftwood, TX 78619 |) | P | Amount of Contribution (\$) | \$20,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | E A1 | | |
|---|------------------------|--|-----------------------------|-------------|--|----------|
| | The Instru | ction Guide explains how to complete this for | m. | 1 | Total pages Schedule A1: Sch: 3/4 Rpt: 6/20 | |
| 2 | FILER NAME Joe Batemar | n for Hays County | | 3 | Filer ID | |
| 4 | Date 02/01/2022 | Full name of contributor out-of-state PAC (ID#:laniro , Jason Contributor address; City; State; Zip Code 761 Trinity Hills Drive Apartment 6208 Austin , TX 78737 |) | 7 | Amount of Contribution (\$) | \$20.00 |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 02/15/2022 | Full name of contributor out-of-state PAC (ID#: Lindner, Farrar Contributor address; City; State; Zip Code 120 Granite Lane Austin , TX 78737 |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 02/16/2022 | Full name of contributor out-of-state PAC (ID#: Mainstream Telecom LLC Contributor address; City; State; Zip Code 1612 Colorado Bend Dr | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Cedar Park , TX 78613 pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | Date 02/14/2022 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | <u>_</u> | | Employer (See Instructions) |) | | |
| | Date 02/05/2022 | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions) |) | | |
| | | , | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | SCHEDULE A | | | |
|---|--------------------|--|----------------------------|--|-----------------------------|----------------|
| | The Instru | ction Guide explains how to complete this fo | 1 | Total pages Schedule A1: Sch: 4/4 Rpt: 7/20 | | |
| 2 | FILER NAME | fully a Quart | | 3 | Filer ID | |
| | | n for Hays County | | | | |
| 4 | Date 02/04/2022 | 5 Full name of contributor out-of-state PAC (ID#: Mcnabb, Jim |) | 7 | Amount of Contribution (\$) | \$21.00 |
| | | 6 Contributor address; City; State; Zip Code 1003 Windmill Rd | | | | |
| | | Dripping Springs , TX 78620 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor ut-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/01/2022 | Palmeri , Tony | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 186 Galloway Lane | | | | |
| | | Austin, TX 78737 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | #250.00 |
| | 02/18/2022 | Parrish , Luanne | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 701 South Oak Forest Drive | | | | |
| | | Dripping Springs , TX 78620 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | | Amount of Contribution (\$) | |
| | 01/21/2022 | Pettit, Joel | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 249 BANCROFT AVENUE | | | | |
| | | Charle illa MC 20750 | | | | |
| | Dringinal occu | Starkville , MS 38759 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | retired | pation / Job title (See Instructions) | Employer (See instructions | , | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/14/2022 | Sharpe, Ronald | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | 1916 Cherry Glade Cove | | | | |
| | | Georgetown, TX 78628 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | (222) | | , | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/20 FILER NAME 3 Filer ID Joe Bateman for Hays County \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/10/2022 Bateman, Heather \$50.00 Sign Placement payment Contributor address; City; State; Zip Code Paid to Jackson 817 Texas Trl Howard Austin, TX 78730 Check if travel outside of Texas. Complete Schedule T. **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 01/27/2022 Red Stag Group \$2,500.001 Strategy Contributor address; City; State; Zip Code PO Box 1093 Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See instructions) Principal occupation / Job title (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) In-kind contribution Full name of contributor Date Amount of out-of-state PAC (ID#: contribution (\$) description 02/17/2022 Red Stag Group \$2,500.00i Strategy Contributor address; City; State; Zip Code PO Box 1093 Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel in District
Travel Out of District

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | Legal Services The Instruction Guide | Salaries/ | Wages | s/Contract Labor | OTHER (enter a category not listed | above) |
|---|--|----------------|---------------------------------------|----------------------|------------------|------------------|-------------------------------------|--------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE | | | 3 | Filer ID | |
| | Sch: 1/12 Rpt: 9/20 | | an for Hays County | , | | | | |
| 4 | Date | 5 Payee name | е | | | | | |
| | 01/21/2022 | Anedot Inc | | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip C | ode | | | |
| | \$100.30 | 1340 Poyo | Iras Street | | | | | |
| | | Suite 1770 |) | | | | | |
| | | New Orlea | ns , LA 70112 | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the to | op of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Fees | | | | | side of Texas. Complete Schedule T. | |
| | | | | | | Anedot fee | X, officeholder living expense | |
| | | | | | | Alledotiee | | |
| 9 | Complete ONLY if direct | | ficeholder name | Office so | L ught | | Office held | |
| | expenditure to benefit C/OI | 1 | | | | | | |
| | Date | Payee name | е | | | | | |
| | 01/24/2022 | Anedot Inc | :. | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | | | |
| | \$2.30 | 1340 Poyo | Iras Street | | | | | |
| | | Suite 1770 |) | | | | | |
| | | New Orlea | ns , LA 70112 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the to | op of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Fees | | | | | side of Texas. Complete Schedule T. | |
| | | | | | | Anedot Fee | X, officeholder living expense | |
| | | | | | | / wiedot i ee | | |
| | Complete ONLY if direct | Candidate/Of | ficeholder name | Office so | ught | | Office held | |
| | expenditure to benefit C/OI | 4 | | | | | | |
| | Date | Payee name | e | | | | | |
| | 01/29/2022 | Anedot Inc | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip C | ode | | | |
| | \$4.30 | 1340 Poyo | Iras Street | | | | | |
| | | Suite 1770 |) | | | | | |
| | | New Orlea | ıns , LA 70112 | | | | | |
| | PURPOSE | (a) Category (| See Categories listed at the to | op of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Fees | | | | <u> </u> | side of Texas. Complete Schedule T. | |
| | | | | | | Anedot Fee | X, officeholder living expense | |
| | | | | | | AIICUUL FEE | | |
| - | Complete ONLY if direct | Candidate/Of | ficeholder name | Office so | <u>l</u> ught | | Office held | |
| | expenditure to benefit C/OI | | | | | | | |
| Н | | | | | | | | |
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SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I 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 F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 2/12 Rpt: 10/20 | Joe Bateman for Hays County |
| 4 | Date | 5 Payee name |
| | 01/31/2022 | Anedot Inc. |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$6.30 | 1340 Poydras Street |
| | | Suite 1770 |
| | | New Orleans , LA 70112 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Anedot fee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/01/2022 | Anedot Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$3.40 | 1340 Poydras Street |
| | | Suite 1770 |
| | | New Orleans , LA 70112 |
| - | PURPOSE | La. |
| | OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Anedot fee |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experialitate to beliefit G/OI | |
| | Date | Payee name |
| | 02/02/2022 | Anedot Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.30 | 1340 Poydras Street |
| | | Suite 1770 |
| | | New Orleans , LA 70112 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Anedot fee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 | o comp | lete this form. |
|---|--|--|--------|--|
| 1 | Total pages Schedule F1: Sch: 3/12 Rpt: 11/20 | FILER NAME Joe Bateman for Hays County | | 3 Filer ID |
| _ | <u> </u> | | | |
| 4 | Date | Payee name | | |
| | 02/04/2022 | Anedot Inc. | | |
| 6 | Amount (\$) | Payee address; City; State; Zi | Code | |
| | \$1.14 | 1340 Poydras Street | | |
| | | Suite 1770 | | |
| | | New Orleans , LA 70112 | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule | (b) |) Description |
| | OF EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. |
| | - | | | Check if Austin, TX, officeholder living expense Anedot fee |
| | | | | Alledot lee |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| | expenditure to benefit C/OI | Sandidate/Onicendider name Onice | Sougri | Office field |
| | Data | | | |
| | Date 02/05/2022 | Payee name | | |
| | | Anedot Inc. | | |
| | Amount (\$) | Payee address; City; State; Zi | Code | |
| | \$34.90 | 1340 Poydras Street | | |
| | | Suite 1770 | | |
| | | New Orleans , LA 70112 | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Anedot fee |
| | | | | , 110401.100 |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sought | Office held |
| | expenditure to benefit C/OI | | 3 | |
| _ | Date | Payee name | | |
| | 02/14/2022 | Anedot Inc. | | |
| | | | Cada | |
| | Amount (\$) \$40.30 | Payee address; City; State; Zij | Code | |
| | \$40.30 | 1340 Poydras Street | | |
| | | Suite 1770 | | |
| | | New Orleans , LA 70112 | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) | (b) |) Description |
| | EXPENDITURE | Fees | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Anedot fee |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office | sought | t Office held |
| | expenditure to benefit C/OI | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: Sch: 4/12 Rpt: 12/20 | Joe Bateman for Hays County |
| 4 Date 02/15/2022 | 5 Payee name Anedot Inc. |
| 6 Amount (\$) \$4.30 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans , LA 70112 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 02/17/2022 | Payee name Anedot Inc. |
| Amount (\$) \$10.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans , LA 70112 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 02/18/2022 | Payee name Anedot Inc. |
| Amount (\$) \$10.30 | Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans , LA 70112 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Anedot fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category no The Instruction Guide explains how to complete this form. | t listed above) |
|---|--|--|-----------------|
| 1 | Total pages Schedule F1: Sch: 5/12 Rpt: 13/20 | 2 FILER NAME Joe Bateman for Hays County | |
| 4 | Date | 5 Payee name | |
| Ĭ | 02/15/2022 | DSUMC Wild Game Dinner | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$750.00 | 28900 RR 12 | |
| | | Dripping Springs , TX 78620 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Sched Check if Austin, TX, officeholder living expense Contribution | ıle T. |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| 9 | expenditure to benefit C/O | | |
| | Date | Payee name | |
| | 02/15/2022 | DSUMC Wild Game Dinner | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$400.00 | 28900 RR 12 | |
| | | Dripping Springs , TX 78620 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | ulo T |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schede Check if Austin, TX, officeholder living expense | ue I. |
| | | Contribution | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held OH | |
| | Date | Payee name | |
| | 01/27/2022 | Drippin Donuts | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$25.00 | 651 W HWY 290 | |
| | | Dripping Springs , TX 78620 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schede | ие Т. |
| | | Event Materials | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held OH | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: Sch: 6/12 Rpt: 14/20 | Joe Bateman for Hays County |
| 4 Date 02/02/2022 | 5 Payee name Drippin Donuts |
| 6 Amount (\$) \$4.31 | 7 Payee address; City; State; Zip Code 651 W HWY 290 Dripping Springs , TX 78620 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event materials |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Date 02/02/2022 | Payee name |
| | HEB |
| Amount (\$) \$34.92 | Payee address; City; State; Zip Code 598 E HWY US 290 |
| | Dripping Springs , TX 78620 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meet and greet supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/31/2022 | Payee name Party City |
| | |
| Amount (\$) \$55.11 | Payee address; City; State; Zip Code 5601 Brodie Ln |
| | Austin , TX 78745 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meet and greet supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | | | | | |
| | Sch: 7/12 Rpt: 15/20 | Joe Bateman for Hays County | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 01/27/2022 | Pioneer Bank | | | | | | | |
| | Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/27/2022 | Pioneer Bank | | | | | | | |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date 02/09/2022 | Payee name Pioneer Bank | | | | | | | |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 8/12 Rpt: 16/20 | 2 FILER NAME Joe Bateman for Hays County 3 Filer ID |
| 4 | Date 02/16/2022 | 5 Payee name Pioneer Bank |
| 6 | Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/17/2022 | Payee name Pioneer Bank |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/17/2022 | Payee name Pioneer Bank |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 623 W 38th St. Unit 100 Austin , TX 78705 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | 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 F1: | 2 FILER NAME 3 Filer ID | | | | | | | |
| | Sch: 9/12 Rpt: 17/20 | Joe Bateman for Hays County | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 02/17/2022 | Red Stag Group | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$5,805.25 | PO Box 1093 | | | | | | | |
| | | | | | | | | | |
| | | Austin, TX 78767 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense advertising | | | | | | | |
| | | auverusing | | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| ľ | expenditure to benefit C/OI | | | | | | | | |
| - | Data | | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 01/27/2022 | Red Stag Group | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$295.15 PO Box 1093 | | | | | | | | | |
| | | | | | | | | | |
| Austin, TX 78767 | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Check if Austin, TX, officeholder living expense advertising | | | | | | | |
| | | advortioning | | | | | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/OH | | | | | | | | | |
| ⊨ | Date | Davisa nama | | | | | | | |
| | 02/17/2022 | Payee name Red Stag Group | | | | | | | |
| L | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$2,500.00 PO Box 1093 | | | | | | | | | |
| | | | | | | | | | Austin, TX 78767 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | |
| | | Consulting/Strategy | | | | | | | |
| I | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
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SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/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 complete this form. | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: Sch: 10/12 Rpt: 18/20 | 2 FILER NAME Joe Bateman for Hays County 3 Filer ID | | | | | | | |
| 4 | Date 01/27/2022 | 5 Payee name Red Stag Group | | | | | | | |
| 6 | Amount (\$) \$2,500.00 | 7 Payee address; City; State; Zip Code PO Box 1093 Austin, TX 78767 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting/Strategy | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date 02/18/2022 | Payee name Sew Many Possibilites | | | | | | | |
| | Amount (\$) \$253.30 | Payee address; City; State; Zip Code 2901 Old Ranch Road Dripping Springs , TX 78620 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense embroidery | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date 02/17/2022 | Payee name Thomas Graphic | | | | | | | |
| | Amount (\$) \$1,674.63 | Payee address; City; State; Zip Code 9501 North IH35 | | | | | | | |
| | | Austin , TX 78753 | | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense signs | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | | | | | | | | |
| | Sch: 11/12 Rpt: 19/20 | Joe Bateman for Hays County | | | | | | | |
| 4 | Date | 5 Payee name | _ | | | | | | |
| | 01/28/2022 | Thomas Graphic | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ | | | | | | |
| | \$1,542.56 | 9501 North IH35 | | | | | | | |
| | | | | | | | | | |
| | | Austin , TX 78753 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | | | | | |
| | OF EXPENDITURE | Advertising Expense | | | | | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | | signs | | | | | | | |
| Ļ | Opening the ONII Wife disease | On alidate (Office health a grant of the control of | _ | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | | | _ | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/17/2022 | Topside Stratagies | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$10,929.53 | 2320 Broadmoor Ln | | | | | | | |
| | | | | | | | | | |
| | | Jacksonville , FL 32207 | | | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Advertising Expense | | | | | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | mail/digital | | | | | | | | |
| | Complete ONLY if direct Condidate/Officeholder name Office accepts | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | |
| _ | | | _ | | | | | | |
| | Date | Payee name | | | | | | | |
| | 02/16/2022 | Topside Stratagies | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$4,750.24 | 750.24 2320 Broadmoor Ln | | | | | | | |
| | | | | | | | | | |
| | | Jacksonville , FL 32207 | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | Check if Austin, TX, officeholder living expense Mail | | | | | | | | |
| | | Iviali | | | | | | | |
| | Complete ONLV if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment | | | | Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | | | | | | Travel Out of Distric OTHER (enter a ca | ct ttegory not listed above) |
|---|--|---|---|--|-----------------------|------------|-----|----------|--|---|---------------------------------|
| 1 | Total pages Schedule F1: Sch: 12/12 Rpt: 20/20 | 2 FILER NAME Joe Bateman for Hays County 3 Filer ID | | | | | | | | | |
| 4 | Date 02/09/2022 | 5 Payee name Topside Stratagies | | | | | | | | | |
| 6 | Amount (\$) \$4,419.50 | | Payee addres 2320 Broadr Jacksonville | noor Ln | State; | ; Zip Co | de | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category _{(See} Advertising E | e Categories listed a Expense | t the top of this sch | edule) | | <u> </u> | | e of Texas. Comple fficeholder living ex | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | | andidate/Offic | eholder name | C | Office sou | ght | | | Office held | I |
| | Date 01/27/2022 | | Payee name Topside Stra | tagies | | | | | | | |
| | Amount (\$) \$2,535.00 | | Payee addres 2320 Broadr Jacksonville | noor Ln | State; | ; Zip Co | de | | | | |
| | PURPOSE OF EXPENDITURE | | Category _{(See} | e Categories listed a Expense | t the top of this sch | edule) | | ш | | e of Texas. Comple fficeholder living ex | |
| | Complete ONLY if direct expenditure to benefit C/Ol | | andidate/Offic | eholder name | C | Office sou | ght | | | Office held | j |
| | | | | | | | | | | | |