		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction 0	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Joe	MI	OFFICE USE ONLY
NAME	NICKNAME	Hyde	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 11606 Twin L	akes Ln, San Ange	elo, TX 76904	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(214)	893-6791	extension	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST William	MI	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Osta Processed
· :		Caskey		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SI Ark Way, San Ange		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(325)	812-9119	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	fection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 02	/ 20 / 22	THROUGH 03	25 22
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03 / 01 /	/ 22 General	Special	
12 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT (if known County Judge	0
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAM	IADE BY POLITICAL COMMITTEES TO SUPPORT CHATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	The second secon	
रम्ब्याप्रकायः । यञ्चय	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
:		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
***************************************		GO TO	PAGE 2	
Forms provided by Texas E	thics Com	C	s.s	Revised 8/17/2020

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 260.00 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS 10.835.14 **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION 0.00 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 BALANCE OF REPORTING PERIOD 15,903.58 OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS true and correguland includes all information 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying, required to be reported by me under Title 15, Election Code. ididate or Officeholder Please complete either option below: VIRGINIA C BRUTON ก็ Notary Public, State of Texas (1) Affidavit Comm. Expires 05-26-2024 Notary ID 542511-3 NOTARY STAMP/SEAL to certify which, witness my hand and seal of office. VIRGINIA C BRUTON Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Declaration _, and my date of birth is _ My name is _ My address is ____ (city) (state) (zip code) (country) (street) ___ day of _____(month) _____ County, State of _____ _____, on the ____ Executed in ____ Signature of Candidate/Officeholder (Declarant)

Forms provided by Texas Ethics Comm

Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (E	thics Commissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	260.00
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	\$	10,835.14
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	\$	8,785.62
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	ED \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Th	e Instruction Guide explains how to complete ti	nis form.	1 Total pages Schedule A1:
2 FILER NAM Joe Hyde	Ē		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state is Lee Cook 6 Contributor address; City; 265 Amistad Rd, San Angelo, TX 7	State; Zip Code	7 Amount of contribution (\$) \$35.00
8 Principal oci Retired	pupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 2/20/22	Full name of contributor out-of-state in Ashby Franklin Contributor address; City; 423 Baker St, San Angelo, TX 7696	State; Zip Code	Amount of contribution (\$) \$25.00
Principal occ //achine Op	upation / Job title (See Instructions) erator	Employer (See Instruct JRD Backhoe	ions)
Date 2/20/22	Full name of contributor out-of-state E Clyde Henke Contributor address; City; 1925 Stone Garden Dr, San Angelo	State; Zip Code	Amount of contribution (\$) \$200.00
Principal occ Physician	upation / Job title (See Instructions)	Employer (See Instruct Shannon	ions)
Date	Full name of contributor out-of-state of Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a catacopy not listed above)

Candidiste/Officeholder/Politics Credit Card Playment	si Committee Legal Services S	nlaries/Wages/Contract Labor	Other (enter a categor	y not listed above)	
	The instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Joe Hyde	-	3 Filer ID (Ethics	Commission Filers)	
4 Date 2/22/22	5 Payee name Media Advantage		alla terreta de la filono que en esta en encuen en esta esta en el esta en el entre en el entre en el entre en		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$6,112.25	59 N Chadbourne, San Angelo, 1	TX 76903			
8 .	(a) Category (See Categories listed at the top of this scho	dule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	TV advertising	reported on F	-2 2/19/22	
	(C) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, afficeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	-	Office held	
Date	Payee name	***************************************			
2/22/22	Joe Hyde				
Amount (\$) \$2,512.62	Payee address; 11606 Twin Lakes Ln, San Angel	с _{іну;} о, ТХ 7 69 04	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Reimbursement Description Reported on Schedule G 3/25/22				
:	Check if travel outside of Texas. Complete Sched	uleT Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	(Office held	
Date	Payee name			······································	
2/22/22	Joe Hyde				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$570.00	11606 Twin Lakes Ln, San Angel	o, TX 76904			
······································	Category (See Calegories listed at the top of this sched	ule) Description			
PURPOSE OF EXPENDITURE	Loan Reimbursement	Reported on So	chedule G 3/2	5/22	
	Check if travel outside of Texas, Complete Sched	ule T. Check if Austin	n, TX, officeholder living (xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	=0ED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Com

SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Poli Credit Card Payment		Event Expanse Fass Food/Beverage Expense Gitt/Awards/Mamorials Expense Legal Services	Office Over Polling Exp Printing Ex		Travel In District Travel Out Of Distri	pment & Related Expense
Credit Card Palyment		The instruction Guide explain	s how to c	omplete this form.		
1 Total pages Schedule F	1: 2 FILER N				3 Filer ID (Ethic	cs Commission Filers)
4 Date 3/8/22	5 Payeen Media A	ame Advantage				a mananan Galidi mahalilah disebesah dalah 11 Bister (1996) dan permenangan kecasa dan permenangan kecasa dan p
6 Amount (\$) \$1,500.00	7 Payee a 59 N Ch	ddress; adbourne St, San Ange	elo, TX	City; 76903	State;	Zip Code
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this a sing Expense	chedule)	(b) Description Billboards		
	(c)	Check if travel outside of Texas. Complete So	hedule T.	Check if Austi	n, TX, officeholder livin	g expanse
9 Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	***************************************	Office sought		Office held
Date	Payee n	ame	***************************************			
3/17/22	Joe Hyd	le				
Amount (\$) \$131.42	Payee a 11606 T	^{ddress,} win Lakes Ln, San Ang	elo, TX	City; 76904	State;	Zip Code
PURPOSE OF EXPENDITURE	1	y (See Categories listed at the top of this so eimbursement	hedule)	Description Reported on S	ichedule E 1	2/31/21
		Check if travel outside of Texas. Complete So	neciule T	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	vereneraren eta esta en derenera de esta esta esta esta esta esta esta est	Office sought		Office held
Date	Payee n	ame				CERTIFICATION CONTRACTOR CONTRACT
Various	Strip					
Amount (\$) \$5.85	Payee a San Frai	ddress; ncisco online company	607-746-74-4-4	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor Fees	/ (See Categories listed at the top of this so		Description Banking Fees		
		Check if travel outside of Texas. Complete Sci	neckile T.	Check if Austin	n, TX, officeholder livin	ç expense
Complete ONLY if direct expenditure to benefit C/		late / Officeholder name	ylenninkiin väikuudikuudikuleiteidettie	Office sought	generaliseis (hasiaus) duaines valdasapari kapunahken rahani eurometus meneraliseis	Office held
:	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

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)

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

Advertising Expense

Event Expense Feas Food/Beverage Expense GR/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services	Salaries/	Wages/Contract Labor	Other (enter a cale	gory not listed above)
Coult Cart Pagnisara		The Instruction Guide	explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA Joe Hy		and the second		3 Filer ID (Ethi	cs Commission Filers)
4 Date 2/22/22	5 Payee na San Ar	ngelo Live			**************************************	
6 Amount (\$) \$4,200.00 Reimbursement from political contributions intended	7 Payee ad 2001 V	dress; V Beauregard, Sa	ın Angelo, T	City; X 76901	State;	Zip Code
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top ing Expense	o of this schedule)	(b) Description Reported on S	Schedule F-2	2/19/22
	(c)	Check if travel outside of Texas. Cor	nplate Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candio	late / Officeholder name		Office sought		Office held
Date 2/22/22	Payee na San Ar	ngelo Live				
Amount (\$) \$1,500.00 Reimbursement from political contributions intended	Payee ad 2001 V	dress: V Beauregard, Sa	n Angelo, T	City; X 76901	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the toping Expense	p of this schedule)	Description Reported on S	ichedule F-2	1/20/22
		Check if travel outside of Texas. Cor	mplate Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit G/C		ate / Officeholder name		Office sought		Office held
Date 2/22/22	Payee nar KQTC	me			A CONTRACTOR OF THE PARTY OF TH	
Amount (\$) \$570.00 Reimbursement from political contributions intended	Payee ad 601 Cu	dress: Ilwell, San Angelo	o, TX 76903	City;	State;	Zíp Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Reported on Schedule F-4 2/19/22			2/19/22		
	Chock if travel outside of Texas, Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held
A-01-01-01-01-01-01-01-01-01-01-01-01-01-	ATTA	CH ADDITIONAL COP	PIES OF THIS S	CHEDULE AS NEED	DED_	
Forms provided by Texas Et	hics Com	elaninus s	cs.s			Revised 8/17/202

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/Mamorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Selaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Other (enter a category not listed shove)

Total pages Schedule G:		3 Filer ID (Ethics Commission Filers)		
	Joe Hyde		<u> </u>	***************************************
Date 1/22/22	5 Payee name Facebook			
Amount (\$) 2,515.62 Reimbursement from political contributions intended	7 Payee address; internet based company	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Reported on Schedule F-4 2/19/22		
	(C) Check if travel outside of Texas. Complete Schedule T.		in, TX, afficeholder living exp	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officaholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	