#### 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. 15 MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY OFFICEHOLDER Mr. Joe NAME Date Received NICKNAME SUFFIX Hyde 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY; STATE: ZIP CODE OFFICEHOLDER 11606 Twin Lakes Ln. San Angelo, TX 76904 FEB 2 2 2022 MAIL ING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 893-6791 PHONE Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST TREASURER William **Date Processed** NAME NICKNAME LAST Date Imaged Caskey STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE TREASURER 5521 Club Park Ln, San Angelo, TX76904 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER (325 812-9119 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 19 02 22 21 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Daty /01 / 22 OFFICE HELD (If any) 12 OFFICE 13 OFFICE SOUGHT (If known) County Judge THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICENOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICENOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICENOLDER'S ARE 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

Forms provided by Texas Ethics Com

Revised 8/17/2020

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

Forms provided by Texas Ethics Comm

## FORM C/OH **COVER SHEET PG 2**

15 C/OH NAME Joe Hyde	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,135.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 32,395.19
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 10,575.14
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,035.00
	Signature of Carroins  Please complete either option below:	ate or Officeholder
(1) Affidavit		
NOTARY STAMP/SEA		ad
Sworn to and subscribed	before me by	and day of February.
20 <b>22</b> , to certify	which, witness my hand and seal of office.	
misch Her	many Micah Hernandez	Personal Banker
Signature of officer administe	ring oath Printed name of officer administering sath	Title of officer administering oath
	4.87	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
		,
***************************************		) (zip code) (country)
Executed in	County, State of, on theday of(month)	
	Signature of Candidate/	Officeholder (Declarant)
Eneme provided by Toyan Er	hics Comm	Revised 8/17/2020

# **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

	FILER NAME e Hyde	nmiss	ion Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	P C C C C C C C C C C C C C C C C C C C	eration difference	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,335.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,800.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			6,907.54
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	11,812.25	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			7,274.19
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			6,401.21
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	IONS RETURNED	\$	

## SCHEDULE A1

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

e Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
=		3 Filer ID (Ethics Commission Filers)
John Trevino  6 Contributor address; Cit	y; State; Zip Code	7 Amount of contribution (\$) \$100.00
supation / Job title (See Instructions)	9 Employer (See Instru Premier Choice Ins	
Del Velaquez  Contributor address; Cit	y; State; Zip Code	Amount of contribution (\$) \$500.00
	Employer (See Instru Downtown San An	
Phil Elliott  Contributor address; Cit	y; State; Zip Code	Amount of contribution (\$) \$1,000.00
upation / Job title (See Instructions)	Employer (See Instru N/A	uctions)
Mike Drew  Contributor address; Cit	y; State; Zip Code	Amount of contribution (\$) . \$1,000.00
pupation / Job title (See Instructions)	Employer (See Instru N/A	uctions)
ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE AS	NEEDED
	5 Full name of contributor John Trevino  6 Contributor address; Cit 809 Knickerbocker Rd, Suite C,  Expation / Job title (See Instructions)  Full name of contributor Del Velaquez  Contributor address; Cit 3553 Silver Spur Dr, San Ang  upation / Job title (See Instructions)  irector  Full name of contributor Phil Elliott  Contributor address; Cit 5790 Green Oaks Dr, Christor  Expation / Job title (See Instructions)  Full name of contributor  Mike Drew  Contributor address; Cit 2009 Silver Creek Ct, San Ang  Expation / Job title (See Instructions)	5 Full name of contributor John Trevino  6 Contributor address; B09 Knickerbocker Rd, Suite C, San Angelo, TX 76903  Expetion / Job title (See Instructions)  Pull name of contributor Del Velaquez  Contributor address; City: State: Zip Code 3553 Silver Spur Dr, San Angelo, TX 76904  Upation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor Out-of-state PAC (ID#  Phil Elliott  Contributor address; City: State: Zip Code 5790 Green Oaks Dr, Christoval, TX 76935  Employer (See Instructions)  Employer (See Instructions)

## SCHEDULE A1

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

ii the requ	ested information is not applicable, be not more	ae ans page m are re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TI	e Instruction Guide explains how to complete this for	·m.	1 Total pages Schedule A1:
2 FILER NAM Joe Hyde	Е		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/22	5 Full name of contributor out-of-state PAC (IDA Jeff Hyde  6 Contributor address; City: State PAC (IDA 117 West Cornwallis Dr, Greensboro, N	State; Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal oc Photograph		Employer (See Instructio	na)
Date 2/1/22	Full name of contributor out-of-state PAC (IDI Sam Smith  Contributor address; City; 2228 Valley View # 104, San Angelo, T.	State; Zip Code	Amount of contribution (\$) \$35.00
Principal occ Prayer War	rupation / Job title (See Instructions)	Employer (See Instruction Cubed Creations	ns)
Date 2/2/22	Contributor address; City;	State; Zip Code	Amount of contribution (\$) \$100.00
	3134 Old Eola Road, San Angelo, TX 7  Supation / Job title (See Instructions)  ysical therapist  Se	Employer (See Instruction	ons)
Date 2/10/22	Robyn Loube	State; Zip Code	Amount of contribution (\$) \$50.00
Principal oci Advertising	cupation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		
Forms provided t	by Texas Ethics Communication States	7	Revised 8/17/2020

## SCHEDULE A1

	and mornation is not applicable, be not		
Т	e instruction Guide explains how to complete th	ils form.	1 Total pages Schedule A1:
2 FILER NAM Joe Hyde	E		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/22	Steve McCormick	State; Zip Code	7 Amount of contribution (\$) \$50.00
8 Principal oc Retired	i cupation / Job title (See Instructions)	9 Employer (See Instruc N/A	tions)
Date 2/5/22	Full name of contributor out-of-state P Sarah Lipsett  Contributor address; City; PO Box 60247, San Angelo, TX 769	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 2/11/22	Full name of contributor out-of-state P Daniel Rychlic  Contributor address; City; 11330 FM 2166, San Angelo, TX 76	State; Zip Code	Amount of contribution (\$) \$500.00
Principal occ Rancher	upation / Job title (See Instructions)	Employer (See Instruction Self	tions)
Date 2/15/22	Stormy Kimrey	State; Zip Code	Amount of contribution (\$) \$50.00
Principal occ Engineer	upation / Job title (See Instructions)	Employer (See Instruc SKG Engineering	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins		
Forms provided b	/ Texas Ethics Comm	s. ste	Revised 8/17/202

## SCHEDULE A1

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

			•
The	Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAME Joe Hyde			3 Filer ID (Ethics Commission Filers)
4 Date 2/17/22	Stanley Mayfield	State; Zip Code TX 76904	7 Amount of contribution (\$) \$100.00
8 Principal occup Chairman	pation / Job title (See Instructions)	9 Employer (See Instruct Mayfield Paper	tions)
Date 2/17/22	Marty Self		Amount of contribution (\$) \$100.00
Principal occup CEO	ation / Job title (See Instructions)	Employer (See Instruct Automated Fire Pro	
Date	Full name of contributor out-of-state  Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state  Contributor address; City;	PAC (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPII	ES OF THIS SCHEDULE AS N	NEEDED requirements
Forms provided by 1		s.sta	Revised 8/17/2020

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Comm

### SCHEDULE A2

Revised 8/17/2020

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	1 Total pages Schedule A2:		
Joe Hyde			3	Filer ID (Ethics Co	mmission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date 1/31/22	6 Full name of contributor			Amount of Contribution \$	9 In-kind contribution description Billboard usage	
1/31/22		Zip Code	600004000000000000000000000000000000000	, ,	de of Texas. Complete Schedule T.	
10 Principal occ Entreprei	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe Self	er (F	OR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's	job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of	contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code		Check if travel outsi	(    -  de of Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (F	OR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's	s job title (FOR JU	JDICIAL) (See Instructions)	
Contributors	employer/law firm (FOR JUDICIAL)	Law firm	m of	contributor's spou	ise (if any) (FOR JUDICIAL)	
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
				·		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct				g 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/Mernorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Other (exter a research and listed shows)

Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Joe Hyde 2 4 Date 5 Payee name 1/22/22 San Angelo Chamber of Commerce 6 Amount (\$) 7 Payee address; City; State: Zip Code \$1,000.00 418 West Ave B, San Angelo, TX (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Banquet table **Event Expense** PURPOSE Reported on Schedule F-2 1/20/22 EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Joe Hyde 1/22/22 City; State: Zio Code Payee address; Amount (\$) \$1,705.60 11606 Twin Lakes Ln, San Angelo, TX 76904 Category (See Categories listed at the top of this schedule) Loan Reimbursement Reported on Schedule G 2/19/22 **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/1/22 Joe Hyde Zip Code Payee address; Amount (\$) City: State: 11606 Twin Lakes Ln, San Angelo, TX 76904 \$4,153.57 Category (See Categories listed at the top of this schedule) Description Reported on Schedule G 2/19/22 PURPOSE Loan Reimbursement EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS 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
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Psyment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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)

The instruction Guide explains how to complete this form.

•	The instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Joe Hyde		3 Filer ID (Ethic	s Commission Filers)	
4 Date Various	5 Payee name Stripe				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	***************************************
\$48.37	San Francisco online company				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Banking fees			ovene de de la constante de la
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livir	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
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 Austi	in, TX, officeholder livin	ng axpense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				<b></b>
Amount (\$)	Payee address;	City:	State;	Zip Code	manamani
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	tin, TX, officeholder livin	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

# **UNPAID INCURRED OBLIGATIONS**

# SCHEDULE F2

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

	***************************************	EXPENDITURE C	ATEGORIES	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memonials Expense Legal Services	Office Ovi Polling Ex nse Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	rent & Related Expense
1 Total pages Schedule F2:	2 FILER		HILLIAN DE LA CONTRACTOR DE LA CONTRACTO		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITER	MZED UN	IPAID INCURRED	OBLIGATION	IS	\$	
5 Date 2/4/22	6 Payee Media A	name Advantage		and the second s		
7 Amount (\$) \$6,112.25	8 Payee 59 N Ch	address: nadbourne St, Sar	n Angelo, T	City; X 76903	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	olitica	25-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
10 PURPOSE OF EXPENDITURE		ry (See Categories listed at the tr sing Expense	op of this schedule)	(b) Description Advertising		
	(c)	Check if travel outside of Texas. Co	ompleté Schedule T.	Check if Au	stin, TX, afficeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/O		ndidate / Officeholder nar	me (	Office sought	Office he	old
Date 2/19/22	Payee San Ang				2000 (1800 1800 1800 1800 1800 1800 1800	
Amount (\$) \$4,200.00	1	address; Beauregard, San	Angelo, TX	City; ( 76901	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-P	olitical		dermantakturnya madikati miliki disanganggi Siliki kadi panganggi Siliki kadi pangangga sangangga sangangga sa
PURPOSE OF EXPENDITURE	1	ory (See Categories listed at the t Sing Expense	op of this schedule)	Description Advertising		
		Check if travel outside of Texas (	Complete Schedule T.	Check if A	lustin, TX, officeholder living	) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder na	me (	Office sought	Office h	ald
		CH ADDITIONAL COF	PIES OF THIS	SCHEDULE AS NE	EEDED	
Enema arouided by Tayron Ethi		77	ice ed		47% a	Revised 8/17/2020

### **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)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting 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) The instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joe Hyde 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name Media Advantage 2/19/22 7 Amount (\$) 8 Payee address; City; Zip Code \$1,500.00 59 N Chadbourne St, San Angelo, TX 76903 9 TYPE OF ■ Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 Billboard wraps Advertising Expense PURPOSE EXPENDITURE (c) Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name State; Zip Code Amount (\$) City; Payee address: TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel cuttide of Texas, Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking Consulting Expense Contributions/Donations Made i Candidate/Officeholder/Politic		Office Overhead/Rental Expense Polling Expense Printing Expense Salarise/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travet In District Travet Out Of District Other (enter a category not listed above)
	The instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Joe Hyde		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEN	NIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date 1/23/22	6 Payee name Poliengine		
7 Amount (\$) \$35.00	8 Payee address; internet based company	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this a Website hosting	(b) Description Website host	ing
	(C) Check if travel outside of Texas. Complete S	Ichedule T. Check If A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH  Date 2/1/22	Payee name KQTC	Office sought	Office held
Amount (\$) \$570.00	Payee address: 601 Culwell, San Angelo, TX 7	76903	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	de de la companya de
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this Advertising expense	chedule) Description Radio	
	Check if travel outside of Texas, Complete 5	Schedule T. Check if A	watin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NI	EEDED

Forms provided by Texas Ethics Commiss

Revised 8/17/2020

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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 Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Polling Exp pense Printing Exp		Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense y not listed above)
	The instruction Guid	e explains how to co	emplete this form.		
1 Total pages Schedule F4:	2 FILER NAME Joe Hyde			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHA	RGEDTOACR	EDITCARD	\$	
5 Date 2/19/22	6 Payee name Facebook			A	
7 Amount (\$) \$2,515.62	8 Payee address; internet based company		Cíty;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Po	litical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Advertising Expense	e top of this schedule)	(b) Description Advertising		
	(C) Check if travel outside of Texas	s. Complete Schedule T.	Check if Au	etin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name O	ffice sought	Office he	ald
Date 1/31/22	Payee name Political Group				
Amount (\$) \$4,153.57	Payee address: PO Box 29693, San An	tonio, TX 7822	City; 29	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	plitical		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Polling Expense	ne top of this schedule)	Description Voter contac	t	
	Check if travel outside of Texa	as. Complete Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name C	office sought	Office h	eld
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS N	EEDED	
Forms provided by Texas Ethic	green and a second seco	ate.			Revised 8/17/2020

# 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 I Candidate/Officeholder/Politic Credit Card Payment		Loen Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor s how to complete this form.	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 G:	2 FILER NAME Joe Hyde		3 Filer ID (Ethics Commission Filers)			
4 Date 1/22/22	5 Payee name Capital One		<u> </u>			
\$ Amount (\$) \$542.04 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 71083, Charlotte, NC 28272					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Credit card expenditure		-4 Dec 31, 2021 report			
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austir	n, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date 1/26/22	Payee name Capital One					
Amount (\$) \$1,705.60 Reimbursement from political contributions intended	Payee address: PO Box 71083, Charlotte, NO	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se Credit card expenditure		-4 Jan 22, 2022 report			
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held			
Date 1/31/22	Payee name Capital One					
Amount (\$) \$4,153.57 Reimbursement from political contributions intended	Payee address, PO Box 71083, Charlotte, NO	City; 28272	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Credit card expenditure	Description Reported on F	F4 Feb 19, 2022			
	Check if travel outside of Texas. Complete Sci	nedule T Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEED	DED			
Forms provided by Texas E		.s	Revised 8/17/2020			