CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 11 FIRST MI 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY OFFICEHOLDER William D. NAME Date Received LAST SUFFIX NICKNAME Hatfield APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX; CITY; STATE; ZIP CODE **OFFICEHOLDER** MAILING P O Box 159 TX Marshall 75671 **ADDRESS** HARRISON COUNTY Change of Address **ELECTIONS OFFICE** PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903)930-4372 PHONE Amount \$ Receipt # MS / MRS / MR FIRST MI 6 CAMPAIGN Debra TREASURER K. Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Hatfield STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY-STATE; ZIP CODE 7 CAMPAIGN **TREASURER** TX Marshall 75672 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 930-5832 PHONE (903)9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) X July 15 8th day before election Reporting Limit 10 PERIOD Year Month Year COVERED 07 27 24 02 24 15 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION X Primary Runoff Other Month Day Year Description 03 / 05 / General Special 24 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) County Commissioner Pct. 1 County Commissioner Pct. 1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	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)	\$ \$1,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$10,970.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ \$2,367.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
	Signature of Cand	idate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAI		
1/2	before me by William Hatfield this the 2	2 day of JUU,
20, to certify Nignature of officer administer	which, witness my hand and seal of office. With Elwood I have a seal of office.	Notam
orginature of officer administer	Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
Executed in	(street) (city) (state of, on the day of	(country)
Excouted in	county, State or , on the day or(month)	, 20 (year)
	Signature of Candidate	e/Officeholder (Declarant)

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/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries Magnes (Contract Labor

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	Commission Filers)	
⁴ Date 2/29/24	⁵ Payee name Mission Marshall				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$170.00		Marshall	TX	75670	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Ride to Re	ead		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
2/29/24	Best Buy				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,190.72		Longview	TX	75605	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Compute	r		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	9	Office held	
Date	Payee name		30-11-11-26-11-11-11-11-11-11-11-11-11-11-11-11-11		
3/9/24	Marty Vaughn Fund				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$300.00		Marshall	TX	75670	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Donation	1		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a catego	ny not iisted above)
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	Commission Filers)
4 Date 3/9/24	5 Payee name Pietros			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$565.58		Marshall	TX	75670
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Election	Watch Party	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	5		
3/11/24	Trint			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$260.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Signs Pl	J	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/12/24	Boys & Girls Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$150.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donatio	n	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	1001

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

Fees Food/Reverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contract Lab ns how to complete this for	(35)	trict egory not listed above)	
1 Total pages Schedule F1:	2 FILER N				ics Commission Filers)	
4 Date 3/14/24	5 Payeen	Pete McCarty				
6 Amount (\$)	7 Payee a	ıddress;	City;	State;	Zip Code	
\$721.51			Marsha	all TX	75672	
8	(a) Catego	ory (See Categories listed at the top of this	s schedule) (b) Description	ion		
PURPOSE OF EXPENDITURE	Т	ravel	Fue	el .		
	(c)	Check if travel outside of Texas, Complete S	Schedule T. Chec	ck if Austin, TX, officeholder live	ing expense	
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name	Office sou	ught	Office held	
Date	Payee na	ame				
3/15/24	Wa	askom VFD				
Amount (\$)	Payee a	iddress;	City;	State;	Zip Code	
\$100.00			Wask	com TX	75692	
	Categor	y (See Categories listed at the top of this	schedule) Description	ion		
PURPOSE OF EXPENDITURE	E	Event Expense	Do	onation		
		Check if travel outside of Texas. Complete S	Schedule T. Check	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office sou	Office sought Office h		
Date	Payee n	name				
3/25/24	Fa	rm City Week				
Amount (\$)	Payee a	ddress;	City;	State;	Zip Code	
\$1,150.00			Marsh	all TX	75672	
	Categor	y (See Categories listed at the top of this s	schedule) Description	on		
PURPOSE OF EXPENDITURE	Ev	vent Expense	Spor	nsor		
		Check if travel outside of Texas. Complete S	Schedule T. Check	k if Austin, TX, officeholder living	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name	Office sou	ught	Office held	
	AT	TTACH ADDITIONAL COPIES	OF THIS SCHEDULE A	AS NEEDED		

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/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Total pages Schedule F1:	² FILER NAME William D. Hatfield	3	Filer ID (Ethics	Commission Filers
^{Date} 4/16/24	5 Payee name KMHT			4 3
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$149.75		Marshall	TX	75670
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		A CONTRACTOR OF THE CONTRACTOR
PURPOSE OF EXPENDITURE	Advertising Expense	FCW ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	X, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/22/24	Cutter Baseball			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$150.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/23/24	Marshall Chamber			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$80.00		Marshall	TX	75670
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held

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/Memorials Expense 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
Others options and participated above.

Contributions/Donations Made By Candidate/Officeholder/Political redit Card Payment		ages/Contract Labor	Other (enter a catego	ry not listed above)
Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	Commission Filers
3/13/24	⁵ Payee name William D. Hatfield			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$4,500.00		Marshall	TX	75672
(a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/9/24	FBC Waskom			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00		Waskom	TX	75692
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/10/24	Beckville ISD			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00		Beckville	TX	
	Category (See Categories listed at the top of this schedule)	Description	Julius de la companya	***************************************
PURPOSE OF EXPENDITURE	Event Expense	Donation	n	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Contract Labor

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor (Fravel Out Of Distric Other (enter a catego	
Total pages Schedule F1:	² FILER NAME William D. Hatfield	3	Filer ID (Ethics	Commission Filers)
Date 5/22/24	⁵ Payee name Tracy Findley Cancer Fundame	d		
Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$100.00		Marshall	TX	75670
.	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
• Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/30/24	Nathanial Moran			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			1
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	****	
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	FD.	

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

Event Expense Fees Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District

The Instruction Guide explains have to complete this form. Total pages Schedule Ft.: 2 FILER NAME William D. Hatfield	Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	[]	Printing Expense Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a categor		
Date 6/19/24 5 Payee name K&M Sports	Credit Card Payment	The Instruction Guide explains	s how to complete this form.			
Amount (\$) 7 Peyee address: City; State; Zip Code PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Payee name 6/20/24 The Print Shop Advertising Expense Category (See Categories listed at the top of this schedule) Payee name 6/20/24 The Print Shop Category (See Categories listed at the top of this schedule) Purpose EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description MISD Football ad Candidate / Office held Candidate / Office held Candidate / Office held Date 7/2/24 Payee name Candidate / Office held Category (See Categories listed at the top of this schedule) Payee name 1/2/24 Candidate / Office held Category (See Categories listed at the top of this schedule) Payee name 1/2/24 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee name 1/2/24 Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories list	Total pages Schedule F1:	² FILER NAME William D. Hatfield	1	3 Filer ID (Ethics	Commission Filers)	
\$450.00 PURPOSE OF EXPENDITURE (a) Category (See Caregories listed at the top of this schedule) Advertising Expense (b) Check if Austin, TX, cifficatholder living expense Candidate / Office holder name Office sought Office sought Office hold Payee name Office SQLY if direct expenditure to benefit G/OH Payee name Category (See Categories listed at the top of this schedule) Advertising Expense Office sought Office hold Office hold Tx 75670 Description MISD Football ad Category (See Categories listed at the top of this schedule) Advertising Expense Office sought Office sought Office hold Office hold Office sought Office hold Office hold Date T/2/24 Payee name US Post Office S232.00 Category (See Categories listed at the top of this schedule) Description MISD Football ad Candidate / Officeholder name Office sought Office sought Office hold Description Description Description Description Description Office sought Office hold Office hold Office hold Office hold Office sought Office sought Office hold	6/19/24	5 Payee name K&M Sports				
PURPOSE OF Complete ONLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Payee address; City: State: Zip Code Marshall TX 75670 Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Payee name 7/2/24 Payee name US Post Office Category (See Categories listed at the top of this schedule) Payee name Candidate / Officeholder name Office sought Office sought Office held Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedu	Amount (\$)	7 Payee address;	City;	State;	Zip Code	
Advertising Expense	\$450.00					
Advertising Expense		(a) Category (See Categories listed at the top of this	schedule) (b) Description			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office sought Office held Office held	OF	Advertising Expense	EF Footb	oall ad		
Date 6/20/24 Payee address; City; State; Zip Code Marshall TX 75670 PURPOSE OF EXPENDITURE Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Payee address; Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Office and the top of this schedule of Texas Complete Schedule T. Candidate / Office sought City; State; Zip Code MISD Football ad Check if austin, TX, officeholder living expense Complete QNLY if direct expenditure to benefit C/OH Payee name US Post Office Category (See Categories listed at the top of this schedule T. City; State; Zip Code Marshall TX 75670 Purpose OF Expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Purpose OF Expenditure to benefit C/OH Candidate / Office blided Tixas Complete Schedule T. Complete QNLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held		(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aus	tin, TX, officeholder living	expense	
Amount (\$) Payee address; City: State; Zip Code \$400.00			Office sought		Office held	
Amount (\$) Payee address; City; State; Zip Code \$400.00 Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Date 7/2/24 Payee name US Post Office Amount (\$) Payee address; City; State; Zip Code MISD Football ad Check if Austin, TX, officeholder living expense Office sought Office held Payee name US Post Office Amount (\$) Payee address; City; State; Zip Code Marshall TX 75670 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held	Date	Payee name	WWW.			
\$400.00 Sacrification Sacrification Sacrification Marshall TX 75670	6/20/24	The Print Shop				
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Office Island Payee name T/2/24 Date T/2/24 Payee address: Category (See Categories listed at the top of this schedule) Payee address: City; State; Zip Code Marshall TX 75670 Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address;	City;	State;	Zip Code	
Advertising Expense MISD Football ad Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	\$400.00		Marshall	TX	75670	
Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Category (See Categories listed at the top of this s	chedule) Description	25 C S S S S S S S S S S S S S S S S S S		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	OF	Advertising Expense	MISD Fo	ootball ad		
Date T/2/24 Payee name US Post Office Amount (\$) \$232.00 Purpose of Expenditure Category (See Categories listed at the top of this schedule) Pees Po Box Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) PO Box Camplete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Check if travel outside of Texas. Complete Se	chedule T. Check if Aus	Check if Austin, TX, officeholder living expense		
T/2/24 Amount (\$) Payee address; City; State; Zip Code \$232.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held			Office sought		Office held	
Amount (\$) Payee address; City; State; Zip Code \$232.00 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) PO Box Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	Date	Payee name				
\$232.00 Marshall TX 75670	7/2/24	US Post Office				
\$232.00 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name POBOX Check if Austin, TX, officeholder living expense Office sought Office held	\$232.00		Marshall	TX	75670	
Fees PO Box Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		Category (See Categories listed at the top of this s	chedule) Description			
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH	OF	Fees	Р О Вох	<		
expenditure to benefit C/OH		Check if travel outside of Texas. Complete S	chedule T. Check if Aus	stin, TX, officeholder livin	g expense	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			Office sought	MIX	Office held	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	1 Total pages Schedule A1:			
2	FILER NAME	William D. Hatfield				3 Filer ID (Ethics Commission Filers)
4	Date 2/27/24	Richard Anderson			7 Amount of contribution (\$) \$250.00	
		o contributor address,	Marshall	TX	75670	
8	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	etions)
	Date	Full name of contributor Luanne Neely	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	2/27/24	Contributor address;	City;	State;	Zip Code	\$200.00
	-		Marshall	TX	75672	
	Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	tions)
	Date	Full name of contributor Leon Carter	out-of-state PAC			Amount of contribution (\$)
	3/5/24	Contributor address;	City; Marshall	State;	Zip Code 75672	\$1,000.00
	Principal occup	pation / Job title (See Instructions)		Emplo	oyer (See Instruc	itions)
	Date	Full name of contributor Blair Abney	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	3/9/24	Contributor address;	City; Marshall		Zip Code 75672	\$100.00
	Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
		ATTACH ADDIT	TIONAL COPIES			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	1 Total pages Schedule A1:					
2	FILER NAME	William D. Hatfield	3 Filer ID (Ethics Commission Filers)					
4	Date	5 Full name of contributor Amanda Wynn		C (ID#:)	7 Amount of contribution (\$)			
	3/12/24	6 Contributor address;	^{City;} Marshall	State; Zip Code TX 75670	\$250.00			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				uctions)				
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code	•			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				octions)			
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code				
	Principal occup	pation / Job title (See Instructions)	111 33401(4)	Employer (See Instru	ictions)			
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code				
	Principal occup	pation / Job title (See Instructions)	ictions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages f	îled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST William		D.	OFFICE	USE ONLY
NAME	NICKNAME	LAST Hatfield		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	APT / SUITE #;	CITY; STA	TE; ZIP CODE		
MAILING ADDRESS	P O Box	159 M	farshall T	X 75671	07.04.1487.0.149991.1	22 2024
Change of Address					HARRISO	NICOUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	930-4372	EXT	ENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Debra		мі К .	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	NORNAME	Hatfield		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER				CITY;	STATE;	ZIP CODE
ADDRESS	803 Alpi	ne	Mar	shall	TX	75672
(Residence or Business)					****	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTE	ENSION		
TREASURER PHONE	(903)	930-5832				
9 REPORT TYPE	January 15	30th day before	election	Runoff		ofter campaign appointment er Only)
	X July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ar
COVERED	02	/ 27 / 24	THROUGH	07	/ 15 / 2	4
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year X Primary	Runoff	Other Description		
	03 / 05 /	∕ 24 ☐ General	Special	-		
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known		
	County Co	mmissioner Pct. 1	Cou	unty Commis	sioner Pct. 1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MA	DE WITHOUT THE CANI	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	- Additional Control of the Control			W. S. W. Waller
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	31.4 to 4 to 1		***************************************
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	S		
	I	GO TO	PAGE 2			1.0.00000000000000000000000000000000000

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$ \$1,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$10,970.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ \$2,367.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Wm D. LAY	ald
	Signature of Cal	ndidate or Officeholder
	Diagram	
	Please complete either option below	;
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by William Hattield this the	22 day of Juy
01	which, witness my hand and seal of office.	
Michell 4	mucod Michelle Elwood	Notam
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declaration		
My name is	and my date of blate to	
	, and my date of birth is	, , , , , , , , , , , , , , , , , , , ,
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 _(year) .
	Signature of Candid	ate/Officeholder (Declarant)

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 Payment

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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to a	Nages/Contract Labor	Other (enter a catego		
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	s Commission Filers)	
4 Date 2/29/24	⁵ Payee name Mission Marshall				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$170.00		Marshall	TX	75670	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Ride to Re	ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			***************************************	
2/29/24	Best Buy				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,190.72		Longview	TX	75605	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Compute	r		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				-
3/9/24	Marty Vaughn Fund				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$300.00		Marshall	TX	75670	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Donation	ı		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 2 FILER NAME William D. Hatfield				s Commission Filers)
4 Date 3/9/24	5 Payee name Pietros			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$565.58	Ma		TX	75670
8	(a) Category (See Categories listed at the top of this schedule	ule) (b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Election	Watch Party	
	(c) Check if travel outside of Texas. Complete Scheduli	eT. Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
3/11/24 Trint				
Amount (\$)	Payee address;	City;	State;	Zip Code
\$260.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Signs Pl	J 	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office he		Office held
Date	Payee name	-		
3/12/24	Boys & Girls Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$150.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedu	le) Description	36 S 75 S 75 S 75 S	
PURPOSE OF EXPENDITURE	Event Expense	Donation	n	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) William D. Hatfield 4 Date 5 Payee name 3/14/24 Pete McCarty 6 Amount (\$) City: State: Zip Code 7 Payee address; \$721.51 TX 75672 Marshall (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Travel Fuel EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/15/24 Waskom VFD Amount (\$) City; State: Zip Code Pavee address: \$100.00 Waskom 75692 TX Description Category (See Categories listed at the top of this schedule) **PURPOSE Event Expense** Donation OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/25/24 Farm City Week Amount (\$) City; Payee address; Zip Code State: Marshall 75672 \$1,150.00 TX Description Category (See Categories listed at the top of this schedule) PURPOSE **Event Expense** Sponsor OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	· · · · · · · · · · · · · · · · · · ·	Vages/Contract Labor	Travel Out Of District Other (enter a categorial)	
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	Commission Filers)
⁴ Date 4/16/24	5 Payee name KMHT			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$149.75		Marshall	TX	75670
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	FCW ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/22/24	Cutter Baseball			
Amount (\$) Payee address;		City;	State;	Zip Code
\$150.00		Marshall	TX	75672
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation	ו	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex		expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/23/24	Marshall Chamber			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$80.00		Marshall	TX	75670
,	Category (See Categories listed at the top of this schedule)	Description		(A)
PURPOSE OF EXPENDITURE	Fees	Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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 Payment

Event Expense Fees Food/Beverage Expense Gift/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
Others (enter a enterprine) listed shows)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a catego	
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics	Commission Filers)
4 Date 3/13/24	⁵ Payee name William D. Hatfield	L		
6 Amount (\$) 7 Payee address;		City;	State;	Zip Code
\$4,500.00		Marshall	TX	75672
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	The second secon		
5/9/24	FBC Waskom			
Amount (\$) Payee address;		City;	State;	Zip Code
\$100.00		Waskom	TX	75692
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/10/24	Beckville ISD			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$100.00		Beckville	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Donation	1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	1

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made E	Food/Beverage Expense Pollin	ng Expense ing Expense	Transportation Equipment & Related Expense Travel In District
Candidate/Officeholder/Politic	The state of the s	ries/Wages/Contract Labor	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:	² FILER NAME William D. Hatfield		3 Filer ID (Ethics Commission Filers)
^{4 Date} 5/22/24	5 Payee name Tracy Findley Cancer F	und	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$100.00		Marshall	TX 75670
8	(a) Category (See Categories listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donatio	on
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/30/24	Nathanial Moran		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00			
	Category (See Categories listed at the top of this schedule	e) Description	
PURPOSE OF EXPENDITURE	Event Expense	Donatio	n
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
~			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEI	EDED

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries M The Instruction Guide explains how to o	Vages/Contract Labor	Other (enter a categ	ory not listed above)
1 Total pages Schedule F1:	² FILER NAME William D. Hatfield		3 Filer ID (Ethic	s Commission Filers)
⁴ Date 6/19/24	5 Payee name K&M Sports			
6 Amount (\$) \$450.00			State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description EF Footb		all ad	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/20/24	The Print Shop			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$400.00	er er	Marshall	TX	75670
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	MISD Fo	otball ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
7/2/24	US Post Office			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$232.00		Marshall TX 7		75670
1000	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	РОВох		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	100000000000000000000000000000000000000	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Total pages Schedule A1:
² FILER NAME William D. Hatfield					3 Filer ID (Ethics Commission Filers)	
4	Date	5 Full name of contributor Richard Anderson	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	2/27/24	6 Contributor address;	City; State; Zip Code		Zip Code	\$250.00
			Marshall	TX	75670	
8	Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	tions)
	Date	Full name of contributor Luanne Neely	out-of-state PAC			Amount of contribution (\$)
	2/27/24	Contributor address;	City;	State;	Zip Code	\$200.00
			Marshall	TX	75672	
Principal occupation / Job title (See Instructions)				Empl	oyer (See Instruc	tions)
	Date	Full name of contributor Leon Carter	out-of-state PAC			Amount of contribution (\$)
	3/5/24	Contributor address;	City;	State;	Zip Code	\$1,000.00
			Marshall	TX	75672	
	Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Blair Abney				W 00 0 0 0 0
	3/9/24	Contributor address;	City;	State;		\$100.00
			Marshall	TX	75672	
Principal occupation / Job title (See Instructions)			Empl	oyer (See Instruc	tions)	
				41 - 20 - 1		
-	V	ATTACH ADDI	TIONAL COPIES	OF THIS S	CHEDIII E AS N	JEEDED.
		If contributor is out-of-state PAG				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	1 Total pages Schedule A1:					
2	² FILER NAME William D. Hatfield			3 Filer ID (Ethics Commission Filers)				
4	Date	5 Full name of contributor Amanda Wynn	out-of-state PAC (ID#:)		7 Amount of contribution (\$)			
	3/12/24	6 Contributor address;	city: Marshall	State; Zip Code TX 75670	\$250.00			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	I stions)			
	Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See			Employer (See Instruc	etions)				
	Date	Full name of contributor		Amount of contribution (\$)				
		Contributor address;	City;	State; Zip Code				
	Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	etions)			
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
		Contributor address;	City;	State; Zip Code				
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							