



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> <i>Kenneth Hayden</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>800.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>10,238.49</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>28,496.03</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0.00</i>

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kenneth Hayden*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Kenneth Hayden* this the \_\_\_\_\_ day of *July*, 20 *24*, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *Kenneth Hayden*, and my date of birth is *8-16-1971*.  
 My address is *PO Box 529*, *Splendora*, *Tx*, *77379*, *USA*.  
(street) (city) (state) (zip code) (country)  
 Executed in *Montgomery* County, State of *Texas*, on the *14<sup>th</sup>* day of *July*, 20 *24*.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Kenneth Hayden</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,038.49
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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: 1
2 FILER NAME Kenneth Hayden		3 Filer ID (Ethics Commission Filers)
4 Date 2-7-24	5 Full name of contributor Anne Vichery <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 800.00
6 Contributor address; City; State; Zip Code 11011 Community Dr, New Caney, Tx 77357		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>16</i>	2 FILER NAME <i>Kenneth Hayden</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1-3-24</i>	5 Payee name <i>TMPA</i>
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6 Amount (\$) <i>\$32.00</i>	7 Payee address; City; State; Zip Code <i>1600 El Calma Dr., Ste. 200, Austin, Tx 78752</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>fees</i>	(b) Description <i>membership</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-3-24</i>	Payee name <i>Costco</i>
-----------------------	-----------------------------

Amount (\$) <i>\$40.00</i>	Payee address; City; State; Zip Code <i>21802 Townsen Blvd W., Humble, Tx 77338</i>
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>fees</i>	Description <i>annual fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>1-25-24</i>	Payee name <i>RVTX</i>
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Amount (\$) <i>\$250.00</i>	Payee address; City; State; Zip Code <i>30310 Charlie Ln., Magnolia, Tx 77355</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>contribution/donation</i>	Description <i>donation</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
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4 Date 1-29-24	5 Payee name Honor Cafe
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6 Amount (\$) \$51.31	7 Payee address; 103 N. Thompson St., Ste. 101, Conroe, Tx 77101	City; Conroe	State; Tx	Zip Code 77101
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Food/Beverage expense	(b) Description Republican Voters of Texas dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-2-24	Payee name TMPA
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Amount (\$) \$32.00	Payee address; 1600 El Calma Dr., Ste. 100, Austin, Tx 78754	City; Austin	State; Tx	Zip Code 78754
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees	Description membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-5-24	Payee name Sacred Heart Catholic School
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Amount (\$) \$100.00	Payee address; 109 N. Frazier St., Conroe, Tx 77101	City; Conroe	State; Tx	Zip Code 77101
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description raffle tickets.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16	<b>2</b> FILER NAME Kenneth Hayden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 2-7-24	<b>5</b> Payee name U.S. Postal Service	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 26140 FM 2090, Splendora, Tx 77372	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) fees	<b>(b)</b> Description Box annual fee
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

**9** Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 2-7-24	Payee name BEMCO
Amount (\$) \$300.00	Payee address; City; State; Zip Code 21575 US 59 #100, New Caney, Tx 77357
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees
	Description membership
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 2-7-24	Payee name Tarkington Prairie Lodge
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1409 Southline St, Cleveland, Tx 77327
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation
	Description raffle tickets.
<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
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4 Date 2-13-24	5 Payee name Jim Sloan Band
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6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 21679 McLieskey Dr., New Caney, Tx 77357
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description EMC Senior Center Valentine Banquet
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-13-24	Payee name Bryan Christ
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Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 558, Pinehurst, Tx 77964
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution/donation	Description donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-14-24	Payee name Willis Youth Athletic Association
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 13551 Rogers Rd., Willis, Tx 77378
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution/donation	Description sponsor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>16</b>		2 FILER NAME <b>Kenneth Hayden</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-27-24</b>		5 Payee name <b>Gringos</b>			
6 Amount (\$) <b>\$26.54</b>		7 Payee address; City; State; Zip Code <b>21576 US Hwy. 59, New Caney, Tx 77357</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>food beverage expense</b>		(b) Description <b>political luncheon w/ Senator</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>3-4-24</b>		Payee name <b>TAPA</b>			
Amount (\$) <b>\$32.00</b>		Payee address; City; State; Zip Code <b>6200 El Calma Dr., Ste. 200, Austin, Tx 7875d</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>fees</b>		Description <b>membership</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>3-5-24</b>		Payee name <b>Rotary Club of EME</b>			
Amount (\$) <b>\$400.00</b>		Payee address; City; State; Zip Code <b>20700 Mills Branch, Porter, Tx 77365</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>fees</b>		Description <b>membership</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16	<b>2</b> FILER NAME Kenneth Hayden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-13-24	<b>5</b> Payee name Montgomery County Police Reporter	
<b>6</b> Amount (\$) \$400.00	<b>7</b> Payee address; City; State; Zip Code 17276 Linda Ln, Conroe, Tx 77306	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense	<b>(b)</b> Description ad's
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3-14-24	Payee name BSA Troop 1011	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 22388 Ford Rd, Porter, Tx 77315	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) donation/contribution	Description sponsor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 3-14-24	Payee name Citadels MC	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 10505 Town and Country Way, #19471, Houston, Tx 77024	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description auction item
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
4 Date 3-14-24	5 Payee name Roman Forest Police Association	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2440 Roman Forest Blvd., Roman Forest, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contribution/donation	(b) Description sponsor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4-2-24	Payee name TMPA	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 6000 El Calma Dr., Ste. 600, Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-9-24	Payee name Hartz Chicken	
Amount (\$) \$41.84	Payee address; City; State; Zip Code 23751 US 59, Porter, TX 77365	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	Description dinner for injured officers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10	<b>2</b> FILER NAME Kenneth Hayden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4-11-24	<b>5</b> Payee name Constable Chris Jones	
<b>6</b> Amount (\$) \$ 1500.00	<b>7</b> Payee address; PO Box 558, Pinehurst, Tx 77364	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) contribution/donation	<b>(b)</b> Description SPONSOR
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4-15-24	Payee name Wildcat Clay Club	City; State; Zip Code
Amount (\$) \$ 250.00	Payee address; 23747 FM 2090, Splendora, Tx 77372	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description SPONSOR
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 4-22-24	Payee name Coney Creek Cowboy Church	City; State; Zip Code
Amount (\$) \$ 100.00	Payee address; 17703 Nonesuch Rd., Conroe, Tx 77306	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description raffle
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
----------------------------------	--------------------------------	---------------------------------------

4 Date 4-29-24	5 Payee name Commissioner Matt Gray
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6 Amount (\$) \$300.00	7 Payee address; 23628 Roberts Rd., New Caney, Tx 77357	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) contribution/donation	(b) Description fundraiser sponsor.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-30-24	Payee name Wrapstars - Johnny Fortunato
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Amount (\$) \$201.33	Payee address; 11003 Rayford Rd., Spring, Tx 77386	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-2-24	Payee name TMPA
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Amount (\$) \$32.00	Payee address; 6200 El Calma Dr., Ste. 200, Austin, Tx 78752	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees	Description membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental 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	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16	<b>2</b> FILER NAME Kenneth Hayden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5-16-24	<b>5</b> Payee name Coney Creek Cowboy Church	
<b>6</b> Amount (\$) \$ 200.00	<b>7</b> Payee address: City; State; Zip Code 17703 Nonesuch Rd., Compe, Tx 77306	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) contribution/donation	<b>(b)</b> Description raffle tickets.
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-25-24	Payee name Jackie Hayden	City; State; Zip Code
Amount (\$) \$ 150.00	Payee address: 92625 Old Hwy. 105 Cleveland, Tx 77328	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 5-28-24	Payee name Constable Table Campaign	City; State; Zip Code
Amount (\$) \$ 400.00	Payee address: P.O. Box 130966, Spring, Tx 77393	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) contribution/donation	Description fundraiser donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
4 Date 5-31-24	5 Payee name SISD Education Foundation	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 23419 FM 2090, Splendora, Tx 7737d	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) contribution/donation	(b) Description sponsor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 5-31-24	Payee name Splendora Project Graduation	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 64, Splendora, Tx 7737d	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) contribution/donation	Description auction item
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 6-3-24	Payee name TMPA	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 16200 El Calma Dr., Ste. 200, Austin, Tx 7875d	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description membership
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
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4 Date 6-5-24	5 Payee name ATOT
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6 Amount (\$) \$55.17	7 Payee address; City; State; Zip Code 819 E. Pike St., Seattle Washington 98101
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fee	(b) Description phone accessory
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-13-24	Payee name Whataburger
-----------------	---------------------------

Amount (\$) \$87.15	Payee address; City; State; Zip Code 1620 Lake Worth Blvd., Lake Worth, Tx 76135
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	Description employee lunches at training
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-13-24	Payee name RiseKy's Steakhouse
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Amount (\$) \$342.97	Payee address; City; State; Zip Code 160 E. Exchange Ave., Fort Worth, Tx 76164
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage expense	Description employee dinner at training.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 110	2 FILER NAME Kenneth Hayden	3 Filer ID (Ethics Commission Filers)
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4 Date 6-15-24	5 Payee name Joel McDaniel
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6 Amount (\$) \$300.00	7 Payee address; 537 CR 3799, Cleveland, Tx 77328	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Container delivery fee for Campaign signs.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-17-24	Payee name McElys
-----------------	----------------------

Amount (\$) \$675.83	Payee address; 1000 S. Frontage Rd., Cleveland, Tx 77327	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense.	Description material for sign storage.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6-18-24	Payee name Mama Juanitas
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Amount (\$) \$38.45	Payee address; 8000 Hwy. 242 #110, Conroe, Tx 77385	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage expense	Description employee luncheon
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>16</b>	2 FILER NAME <b>Kenneth Hayden</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>6-25-24</b>	5 Payee name <b>Men's Wearhouse</b>	
6 Amount (\$) <b>\$153.70</b>	7 Payee address; City; State; Zip Code <b>5284 S. Hulen St. #110, Fort Worth, Tx 76132</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>event expense.</b>	(b) Description <b>JPCA convention suit</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 <b>6-25-24</b>	Payee name <b>The Best Hat Store</b>	City; State; Zip Code
Amount (\$) <b>\$207.90</b>	Payee address; <b>2739 N. Main St., Fort Worth, Tx 76104</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>event expense</b>	Description <b>hat for JPCA convention</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>6-27-24</b>	Payee name <b>Cattlemen's Steakhouse</b>	City; State; Zip Code
Amount (\$) <b>\$77.01</b>	Payee address; <b>2458 N. Main St., Fort Worth, Tx 76104</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>food/beverage expense</b>	Description <b>JPCA convention dinner</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental 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  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>16</b>	2 FILER NAME <b>Kenneth Hayden</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>7-2-24</b>	5 Payee name <b>TMPA</b>
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6 Amount (\$) <b>\$32.00</b>	7 Payee address; City; State; Zip Code <b>1600 El Calma Dr, Ste. 200, Austin, Tx 7875d</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>fees</b>	(b) Description <b>membership</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-3-24</b>	Payee name <b>Southside Bank</b>
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Amount (\$) <b>\$68.77</b>	Payee address; City; State; Zip Code <b>14500 Old US 59, Splendora, Tx 7737d</b>
-------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Banking expense</b>	Description <b>check recorder</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>7-5-24</b>	Payee name <b>Bring's</b>
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Amount (\$) <b>\$99.76</b>	Payee address; City; State; Zip Code <b>21576 US Hwy 59, New Caney, Tx 77357</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage expense</b>	Description <b>political work luncheon</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 16	<b>2</b> FILER NAME Kenneth Hayden	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7-10-24	<b>5</b> Payee name Arehies Food Basket	
<b>6</b> Amount (\$) \$134.76	<b>7</b> Payee address; City; State; Zip Code 14510 Old US 59 N., Splendora, Tx 77372	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage expense	<b>(b)</b> Description employee lunch during hurricane.
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder-living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<del>Date</del>	<del>Payee name</del>		
<del>Amount (\$)</del>	<del>Payee address; City; State; Zip Code</del>		
<del><b>PURPOSE OF EXPENDITURE</b></del>	<del>Category (See Categories listed at the top of this schedule)</del>	<del>Description</del>	
	<del><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</del>	<del><input type="checkbox"/> Check if Austin, TX, officeholder living expense</del>	

<del>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</del>	<del>Candidate / Officeholder name</del>	<del>Office sought</del>	<del>Office held</del>
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<del>Date</del>	<del>Payee name</del>		
<del>Amount (\$)</del>	<del>Payee address; City; State; Zip Code</del>		
<del><b>PURPOSE OF EXPENDITURE</b></del>	<del>Category (See Categories listed at the top of this schedule)</del>	<del>Description</del>	
	<del><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</del>	<del><input type="checkbox"/> Check if Austin, TX, officeholder living expense</del>	

<del>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</del>	<del>Candidate / Officeholder name</del>	<del>Office sought</del>	<del>Office held</del>
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# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Kenneth Hayden</u>	Filer ID #
-------------------------------------	------------

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Campaign Finance report due on July 15, 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit

Kenneth Hayden  
Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

### (2) Unsworn Declaration

My name is Kenneth Hayden, and my date of birth is 8-16-1971.  
 My address is 40 Box 529 (street), Splendora (city), Tx (state), 77372 (zip code), USA (country).  
 Executed in Montgomery County, State of Texas, on the 10th day of July, 2024 (month) (year).  
Kenneth Hayden  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**