CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	te this form.	1 Filer ID (Ethics Con	mmission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER		FIRST	oo yaamaan mayaa aagaa aa aa aa	MI	OFFIC	E USE ONLY
NAME		ONEN LAST		SUFFIX	Date Received	
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AI		CITY; STATE;	ZIP CODE	JAN	2 2 2024
Change of Address	320 PR 2318	tow.	NSTON TX. 2	25763	Cas	ey Brown Administrator
5 CANDIDATE/ OFFICEHOLDER PHONE	1000	NUMBER 2- 5539	21112110101			ed or Date Postmar
6 CAMPAIGN		FIRST		MI	Receipt #	Amount \$
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	NICKNAME L	AST		SUFFIX		e avidado
	H	ughes		-bu in	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX P		JITE #: CITY;	7.0.200	STATE;	ZIP CODE
(Residence or Business)	320 PR 2318		PROUKSTIN.	74.	7526	, ,
3 CAMPAIGN	AREA CODE PHONE N	Manager 1	EXTENSION	, x.	/3/6	3
TREASURER	1					
	(903) 202-	5539				
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PHONE			ction Exceed	ed Modified	treasurer a (Officehold	appointment
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

COH NAME	24- 20		16 File	r ID (Ethics Comm	ission Filers)
Hughes	Aller RAY		l	Γ	
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	N .	\$ 2,95	0. 00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS	TIONS , OR GUĄRANTEĘS OF LOANS)	\$ 2,95	a č
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$ 292	12.12
	4. TOTAL POLITICAL EXPENDIT	URES	•.	\$ 2,90	17. 12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	AST DAY	\$ 21	6.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS (PERIOD	OF THE	\$	
	l swear, or affirm, under penalty of perjury, tha	t the accompanying report is tr	ue and c	orrect and include	es all informatio
18 SIGNATURE IS	swear, or anirm, under penalty of penalty, that quired to be reported by me under Title 15, Ele	ction Code.			
re	danier to be reported by the arrest time tot and			/	
		//	//		
			Condidata	or Officeholder	
		C.3			
					-
	Places comple	ete either option belo	w:		
	Please comple	ste citilei option zoio			
(1) Affidavit					
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	•••				
NOTARY STAMP/SEA	AL .				
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20, to certif	y which, witness my hand and seal of office.				
Signature of officer adminis	tering oath Printed name of office	er administering oath		Title of officer a	administering oat
		OR			
(2) Unsworn Declara	tion				
					00-
My name is	er ital Hughes	and my date of birth	is	12-01-1	/25
My address is 320		TRANKSAN	<u></u>	, <u>7596,3 </u>	Anders
IVIY AUDIESS IS	(street)	(city)	(state)	(zip code)	(country)
1 1	County, State of Years	on the 15 day of J	مسو	A	· - · · · ·
Executed in	County, State of	_ , on the day of (mo	onth)	(year)	
			<u>//_</u>		
		Signature of Ca	ndidate/O	fficeholder (Decla	ırant)
1					

MONETA	RY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
	ed information is not applicable, DO NOT inc		eport.
n me request	ed information to not application,		
The i	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
			3 Filer ID (Ethics Commission Filers)
FILER NAME	1. Allas Par		
	hes, Allow Ray	104.	7 Amount of contribution (\$)
Date	5 Full name of contributor out-of-state PAC		
	Alto R. Hughes		
3/2423	6 Contributor address; City;	State; Zip Code	<i>u</i>
100 963	320 PR 7318 FRANKS	m 74 25263	8 1,000.00
	pation / Job title (See Instructions)		
_	Dation / Job title (See madestions)	Andrews Co	Showith's 077100
DEPUTY	Shopish	///www.jur-	
Date		(ID#:)	Amount of contribution (\$)
	Allow R. Hughes. Contributor address; City:		
, ,	Allan K. 1909LES	State; Zip Code	
12/2023	Contributor address;	Claid, Lip 1011	N = 50
10.03	320 PR 7318 PRANKSTUT,	7. 75763	S0a ∞
Bringing coul	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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DADURY	T		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
,	EARL LANG		
1/22/223	Contributor address; City;	State; Zip Code	41
1423	1499 US 175 W. FRONKSTU	x. 75763	⁸ 1100. ∞
Principal occui	pation / Job title (See Instructions)		
	placed RANCLE, MAT PROCES!	5-14-14	99 US 175 W.
ela Em			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Allen 2 X/voles		
1/	Contributor address; City;	State; Zip Code	
1/24/243			1,000 -
12023	320 PR 7318 PARMSAY	7x. 75763	7,000. —
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
RETIRES	1/ Parchae	5-17	
		OF THIS SCHEDING EAS	NEEDED
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Ins	truction guide for additional	reporting requirements.
	it courresser is out-or-state t vot bisage see me		· · ·

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Allen Ray Hugh-s	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2950.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	S 2733. 42
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s 193.29
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED \$
5	

	MONET	ARY POLITICAL CONTR	SCHEDULE A1			
	If the reques	sted information is not applicable, DO N	NOT include this page in	the report. Page 2 04 2		
	The	Instruction Guide explains how to comple	1 Total pages Schedule A1:			
2	FILER NAME	1		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor	-state PAC (ID#:	7 Amount of contribution (\$)		
1	1/10/	MidAEL Bell 6 Contributor address; City;	State; Zip Code			
	2/224	131 ACR 3855 PALST		d		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See In	nstructions)		
	Date		state PAC (ID#:	Amount of contribution (\$)		
	i	Contributor address; City:				
	1			·		
	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)		
	Date	Full name of contributor	state PAC (ID#:	Amount of contribution (S)		
	;	Contributor address; City;	State; Zip Code			
	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)		
<u></u>	Date	Full name of contributor	state PAC (ID#:	Amount of contribution (\$)		
		Ontributor address; City;	State; Zip Code			
	Principal occur	pation / Job title (See Instructions)	Employer (See In	nstructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
		If contributor is out-of-state PAC, please se	e Instruction guide for addition	onal reporting requirements.		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

FROM POLITI	DO NOT include this page in the report. Mage Z 07 &
If the requested inform	mation is not applicable, DO NOT include this page in the report. Page Z 07 &
	EXPENDITURE CATEGORIES FOR BOX 5(3) Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Co	Fees Office Overheads Travel In District Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above)
redit Card Payment	The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1: 2	
Date 5	··· = . J
11-03-2023	Payee name OFSIGNER GRAPLICS City: State: Zip Code 7 Payee address:
Amount (e)	_,,
8 881.57	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	A COLOR POSTERS
OF EXPENDITURE	RINATING ZERO STEEL STEE
	(c) Check if travel outside of lexas, Complete Scheduler Confice Sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Soughis Constants, PCT 3
Date	Payee name
11-13-223	ANDLERSON COUNTY REPUBLICAN PARTY City: State: Zip Code
Amount (\$)	Payee address:
8 375. °	1118 N. Link Stacer Palestrine, Tr. 75103
	Category (See Categories listed at the top of this sales and
PURPOSE OF EXPENDITURE	Polling Expense Far For Place on BAllor
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PURPOSE	Category (See Categories listed at the top of this schedule) Pairway of Additional Pairway of Pair
OF EXPENDITURE	PRITTING EXENSE CAMPING TO FORTH TO Chock if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/	Candidate / Officerolder Hallic
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees 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/Political C	Committee Legal Services Salatos	•
edit Card Payment	The Instruction Guide explains how to cor	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1: 2	2 FILER NAME	3 7 1101 12 (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
	Hughes, Allen May	
Date	5 Payee name DESIGNER GRAPLICS	
01-05-2024	DESIGNER GRADATES	City: State; Zip Code
Amount (\$)	7 Payee address:	
	,	Tyler, Tr. 75003
\$ 392.23	12, 404 Huy 155 5	(b) Description Papiers of MAZ-007 CAMPAGN FLYERS To efficiently living expense
	(a) Category (See Categories listed at the top of this schedule)	Discussion of MAX-007
PURPOSE		Appropriate of the second
OF	PRINTING EXPENSE	CAMPAIGN FLYER
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	• •	Office sought Office held
Complete ONLY if direct	Candidate / Officeholder name	WS7454, Per 3
expenditure to benefit C/OH	Allow Ray Higher Co	050434,7
	Payee name	
Date	_	. extends
.	114	City; State; Zip Code
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PURPOSE		
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	Check if travel outside of Texas. Complete Schedule T.	Office held
anna te dinant	Candidate / Officeholder name	Office sought
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j.	Ψ/A	City:
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Amount (\$)	Payee address:	City; State,
Amount (\$)		City; Class,
Amount (\$)		Description
	Payee address: Category (See Categories listed at the top of this schedule)	City; Class,
PURPOSE OF		City; Class,
PURPOSE	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Category (See Categories listed at the top of this schedule) Check if travel outside of Toxas. Campleto Schadule T.	Description Check if Austin, TX, officeholder living expense
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Toxas, Camplete Schedule T, Candidate / Officeholder name	Description Check if Austin, TX, officeholder living expense
PURPOSE OF	Category (See Categories listed at the top of this schedule) Check if travel outside of Toxas, Camplete Schedule T, Candidate / Officeholder name	Description Check if Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPEND	ITURE CATE	GORIES	FOR BOX 8(a)		•	***************************************
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made of Candidate/Officeholder/Politic	F F By	Event Expense Fees Food/Beverage Ex Gift/Awards/Memo .egal Services The Instructio	orials Expense	Office Ove Polling Ex Printing E Salaries/V		e Tra Tra Tra Ott	avel in District avel Out Of Distric	ment & Related Expense
1 Total pages Schedule G:	2 FILER NAM	E	11/ -	24.		3	Filer ID (Ethics	s Commission Filers)
4.5-4	5 Payee name	Les, M	ر درار	TAY _				
4 Date /2-01-2023	•	avie R	GRAPH	ics				
6 Amount (\$) \$ 93.2	7 Payee addre	ess;			City;		State;	Zip Code
Reimbursement from political contributions intended	/2,4U/	Nwy.	155 S.		7/1	<u>~</u>	7 /2.	15703
8 PURPOSE OF		-		schedule)	(b) Description	7ic	(Velice	(E)
EXPENDITURE		ing EXA			CAMPA			
		eck if travel outside o			-	Austin, TX,	officeholder living	Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Candidat AllEM	e / Officehold	Hughes		Office sought	E, F	h73	Office field
Date	Payee name	·············						er const <u>utor</u>
12-08-2023	"Dogwo	od JAr	n Bolēć	"/CAX	NETT POR	1 CL	wech or	A CLRIST
Amount (\$)	Payee addr	ess;			City;		State;	Zip Code
Reimbursement from political contributions intended	12126	ROCKET	7 Rd.		Palest	وتحدر	7 .	75001
PURPOSE OF		See Categories list	ed at the top of this	schedule)	Description	is h	Display	of Pampain
EXPENDITURE	ANERT		EXAENS			0000		€707
	<u> </u>	eck if travel outside o		Schedule T.		Austin, TX,	officeholder living	
Complete ONLY if direct expenditure to benefit C/G		e / Officehold	er name Wud-s	, <u>,</u>	Office sought) Pc=	. 3	Office held
Date	Payee name	•						
<i></i>	> /A							
Amount (\$)	Payee addr	ess;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (s	See Calegories liste	ed at the top of this	schedule)	Description			
	Ch	eck if travel outside o	of Texas, Complete S	Schedule T.	Check if A	Austin, TX,	officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officehold	er name		Office sought			Office held
	ATTAC	H ADDITION	AL COPIES (OF THIS S	CHEDULE AS NE	EEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITORES MADE BY SILEST STATES						
If the requested information is not applicable, DO NOT include this page in the report.						
	EXPENDITURE CATE	GORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor hs how to complete this form.	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME	Λ.	3 Filer ID (Ethics Commission Filers)			
r total pages conclude 14.		\mathcal{H}				
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	TO A CREDIT CARD	\$			
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description				
PURPOSE						
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete	e Schedule T. Check if A	ustin, TX, officeholder living expense			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	Payee name					
. Date						
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of t	his schedule) Description				
PURPOSE						
OF Expenditure						
	Check if travel outside of Texas. Comple		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 N	IEEDED			
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