

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 (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3303 Mitchell Street, Greenville, TX 75402

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

456-7088

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

1078 County Road 1031, Greenville, TX 75401

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903) 456-7088

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

12

31

24

THROUGH

Month

Day

Year

12

31

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any,

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIAL

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED

AT 4:20 o'clock P M

JAN 15 2026

JEANNE ASH
Elections Administration Unit, Tarrant County, TX

Date filed or Date of Posting

Filer #

Amount

Date Processed

Date Filed

STATE:

ZIP CODE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

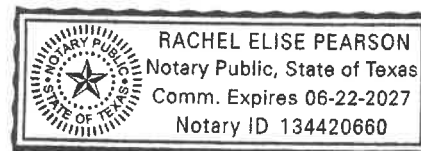
15 C/OH NAME Mark Hutchins (Hutchins for Hunt County Judge)		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50415
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50415
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 14438.46
	4. TOTAL POLITICAL EXPENDITURES	\$ 14438.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35976.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mark Hutchins this the 16 day of 1
26, to certify which, witness my hand and seal of office.
Rachel Pearson Rachel Pearson CD
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Mark Andrew Hutchins, and my date of birth is 04/28/1989
 My address is 3303 Mitchell Street, Greenville, TX, 75402, USA
 (street) (city) (state) (zip code) (country)
 Executed in Hunt County, State of Texas, on the 15th day of January, 2026
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50415
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 00
4.	SCHEDULE E: LOANS	\$ 00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 14438.46
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1257.66
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2025	5 Full name of contributor 5N Trucking LLC out-of-state PAC (ID#: _____) 6 Contributor address: City: State: Zip Code 3375 County Road 3110, Greenville, TX 75402	7 Amount of contribution (\$) 2500
8 Principal occupation / Job title (See Instructions) Trucking Company		9 Employer (See Instructions)
Date 08/24/2025	Full name of contributor Samuel Schatte out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 4718 County Road 4206, Campbell, TX 75422	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) Service Manager		Employer (See Instructions) East Texas Flying Service
Date 08/24/2025	Full name of contributor Charlotte Tharp out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code P.O. Box 8992, Greenville, TX 75404	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 08/20/2025	Full name of contributor Terry Sadler out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code 4430 County Road 2720, Caddo Mills, TX 75135	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) PT, DPT		Employer (See Instructions) Hunt Regional
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 8/24/2025	5 Full name of contributor out-of-state PAC (ID#: Randy & Kelly Wineinger 6 Contributor address; City; State; Zip Code 7406 Carol Dr., Greenville, TX 75406	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Tax Assessor		9 Employer (See Instructions) Hunt County
Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Steve & Denise Tippit Contributor address; City; State; Zip Code 3387 County Road 3110, Greenville, TX 75402	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/24/2025	Full name of contributor out-of-state PAC (ID#: David M & Sandra K White Contributor address; City; State; Zip Code 3315 County Road 1108, Celeste, TX 75423	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/25/2025	Full name of contributor out-of-state PAC (ID#: Karen Houston-Holloway Contributor address; City; State; Zip Code 261 Holloway Lane, Rockwall, TX 75032	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 Filer ID (Ethics Commission Filers)

out-of-state PAC (ID#): _____

7 Amount of contribution (\$)

2,000.00

9 Employer (See Instructions)

out-of-state PAC (ID#): _____

Amount of contribution (\$)

1,500.00

Employer (See Instructions)

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

5,000.00

Employer (See Instructions)

out-of-state PAC (ID# _____)

Amount of contribution (\$)

1,500.00

Employer (See Instructions)

Revised 1/1/2026

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 09/04/2025	5 Full name of contributor CT Excavating Inc. out-of-state PAC (ID#: _____) 6 Contributor address; 2507 I-30 East, Greenville, TX 75402 City; State; Zip Code	7 Amount of contribution (\$) 10,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Retired		
Date 10/08/2025	Full name of contributor Susan Patridge Metz out-of-state PAC (ID#: _____) Contributor address; PO Box 205, Merit, TX 75458 City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date 10/24/2025	Full name of contributor Phillip A. Martin out-of-state PAC (ID#: _____) Contributor address; 2891 County Road 3303, Greenville, TX 75402 City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
Date 11/16/2025	Full name of contributor J. Robert Wood out-of-state PAC (ID#: _____) Contributor address; 6105 Sayle Street, Greenville, TX 75402 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)				3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2025	5 Full name of contributor Holly R. Izard		out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) 500.00
6 Contributor address; 1405 Reiger Dr., Greenville, TX 75402		City; Greenville	State; TX	Zip Code 75402	
8 Principal occupation / Job title (See Instructions) Retired			9 Employer (See Instructions)		
Date 10/16/2025	Full name of contributor Gregory F. White		out-of-state PAC (ID#: _____)		Amount of contribution (\$) 50.00
Contributor address; 112 Kainos St., Greenville, TX 75402		City; Greenville	State; TX	Zip Code 75402	
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 12/15/2025	Full name of contributor Brent A. Money		out-of-state PAC (ID#: _____)		Amount of contribution (\$) 2,500.00
Contributor address; 2606 Lee Street, Greenville, TX 75401		City; Greenville	State; TX	Zip Code 75401	
Principal occupation / Job title (See Instructions) Attorney			Employer (See Instructions) Self		
Date 12/15/2025	Full name of contributor Daniel Metz		out-of-state PAC (ID#: _____)		Amount of contribution (\$) 200.00
Contributor address; PO Box 205, Merit, TX 75458		City; Merit	State; TX	Zip Code 75458	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2025	5 Full name of contributor Ron Rogers out-of-state PAC (ID#: 6 Contributor address; 1109 Whitehall Ln, Greenville, TX 75402 City; State; Zip Code	7 Amount of contribution (\$) 1,200.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self Employed
Date 09/17/2025	Full name of contributor Mitchell Money out-of-state PAC (ID#: Contributor address; 3507 Garber Circle, Greenville, TX 75402 City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Vocational Ministry		Employer (See Instructions) Ridgecrest Baptist Church
Date 09/17/2025	Full name of contributor Jennifer Bridges Henson out-of-state PAC (ID#: Contributor address; 3036 Kinkaid Dr, Dallas, TX 75220 City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Carrollton Farmers Branch ISD
Date 09/17/2025	Full name of contributor Phillip George out-of-state PAC (ID#: Contributor address; PO Box 205, Merit, TX 75458 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Full name of contributor Sandra McCarrie out-of-state PAC (ID#: _____) 6 Contributor address: 472 Country Oaks, Greenville, TX City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/18/2025	Full name of contributor Katy Ridge out-of-state PAC (ID#: _____) Contributor address: 5405 Vale St., Greenville, TX 75402 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Cornerstone Insurance
Date 09/18/2025	Full name of contributor Jawad Dashti out-of-state PAC (ID#: _____) Contributor address: 3090 N Goliad St, Suite 102-146, Rockwall, TX 75087 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) TooDash Properteis		Employer (See Instructions) Self
Date 09/18/2025	Full name of contributor Deidra Morris out-of-state PAC (ID#: _____) Contributor address: 2266 CR 1071, Greenville, TX 75401 City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2025	5 Full name of contributor out-of-state PAC (ID#: Dale Money 6 Contributor address; City; State; Zip Code 1494 Private Road 1174, Greenville, TX 75401	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) CPA, Financial Advisor		9 Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: Richard Hutchins Contributor address; City; State; Zip Code 10604 Woodland, Greenville, TX 75402	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) L3Harris
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: Sammy & Vicki Griffis Contributor address; City; State; Zip Code 1105 N Atkins Dr, Celeste, TX 75423	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: Josh Boyd Contributor address; City; State; Zip Code 4080 County Road 1102, Celeste, TX 75423	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Welder/Owner		Employer (See Instructions) Rusty Rock Customs
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2025	5 Full name of contributor Benjamin Collins out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 2505 Park Street, Greenville, TX 75401	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) NorthMark Compute & Cloud
Date 10/16/2025	Full name of contributor Aletha Kruse out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2310 Park Street, Greenville, TX 75401	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Entrepreneurship		Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor Grant Boshart out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 167 Hawkhurst Cir, Magnolia, 77354	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Elevation Land Solutions
Date 10/16/2025	Full name of contributor Brandon Lane out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 995 Potter Ave, Rockwall, TX 75087	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Law Firm
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lauren Hudgeons 6 Contributor address; City; State; Zip Code 2608 Eastland Ave, Ste. 102, Greenville, TX 75402	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Jeffrey Phillips Contributor address; City; State; Zip Code 603 Mink Drive, Greenville, TX 75402	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Kathy Shirey Contributor address; City; State; Zip Code 4305 CR 1037, Greenville, TX 75401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Gene Key Contributor address; City; State; Zip Code 3479 CR 2170, Caddo Mills, TX 75135	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2025	5 Full name of contributor out-of-state PAC (ID#: John Kelso 6 Contributor address; City; State; Zip Code 6005 Horne Drive, Greenville, TX 75402	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor out-of-state PAC (ID#: Dustin Mullins Contributor address; City; State; Zip Code 102 Parkwood Ln, Greenville, TX 75402	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Hunt County
Date 10/17/2025	Full name of contributor out-of-state PAC (ID#: Corrie Ray Contributor address; City; State; Zip Code PO Box 527, Lone Oak, TX 75453	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) L3Harris Technologies
Date 10/17/2025	Full name of contributor out-of-state PAC (ID#: Edward Lopez Contributor address; City; State; Zip Code 4719 Byron Circle, Irving, TX 75038	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Law Firm
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2025	5 Full name of contributor out-of-state PAC (ID#: Wade Gent 6 Contributor address: City: State: Zip Code 113 W. Mulberry Street, Kaufman, TX 75142	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Linebarger Law Firm
Date 10/17/2025	Full name of contributor out-of-state PAC (ID#: Jim Lambeth Contributor address: City: State: Zip Code 18294 Lakeside Dr., Flint, TX 75762	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Law Firm
Date 10/18/2025	Full name of contributor out-of-state PAC (ID#: Deidra Morris Contributor address: City: State: Zip Code 2266 CR 1071, Greenville, TX 75401	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/18/2025	Full name of contributor out-of-state PAC (ID#: Tim Stainback Contributor address: City: State: Zip Code 611 Mink Drive, Greenville, TX 75402	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Greenville Automatic Gas Co
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Alex Harris 6 Contributor address; City; State; Zip Code 1887 S Sherman St, Denver, CO 80210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bartlit Beck LLP
Date 11/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Bledsoe Contributor address; City; State; Zip Code 7362 CR 3217, Lone Oak, TX 75453	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Insurance/Self Employed		Employer (See Instructions) Farmers Insurance
Date 11/17/2025	Full name of contributor out-of-state PAC (ID#: _____) David Melrose Contributor address; City; State; Zip Code 3151 CR 1083, Celeste, TX 75423	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Alex Harris Contributor address; City; State; Zip Code 1887 S Sherman St, Denver, CO 80210	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bartlit Beck LLP
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2025	5 Full name of contributor Deidra Morris out-of-state PAC (ID#: 6 Contributor address: 2266 CR 1071, Greenville, TX 75401 City: State: Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor Randy Wattermann out-of-state PAC (ID#: Contributor address: 2049 M Rd, West Point, NE 68788 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Chief Lending Officer		Employer (See Instructions) Center for Rural Affairs
Date 12/17/2025	Full name of contributor Sherry Wacasey out-of-state PAC (ID#: Contributor address: 3695 Fm 1564 E, Greenville, TX 75402 City: State: Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting
Date 12/17/2025	Full name of contributor Sherry Wacasey out-of-state PAC (ID#: Contributor address: 3695 Fm 1564 E, Greenville, TX 75402 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2025	5 Full name of contributor 12/18/2025 out-of-state PAC (ID#: _____) 6 Contributor address, City, State, Zip Code 1887 S Sherman St, Denver, CO 80210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bartlit Beck LLP
Date 12/18/2025	Full name of contributor Deidra Morris out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code 2266 CR 1071, Greenville, TX 75401	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor Deborah Lipsey out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code 4855 Hwy 69, Celeste, TX 75401	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting
Date 12/31/2025	Full name of contributor Travis Hunt out-of-state PAC (ID#: _____) Contributor address, City, State, Zip Code 3190 County Road 1108, Celeste, TX 75423	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Sammy & Vicki Griffis 6 Contributor address; City; State; Zip Code 1105 N Atkins Dr, Celeste, TX 75423	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) James Scott Contributor address; City; State; Zip Code 200 West Main Unit #11, Wolfe City, TX 75496	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Josh Maines Contributor address; City; State; Zip Code 4305 CR1037, Greenville, TX 75422	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Diesel Tech		Employer (See Instructions) EZ Iron Transport
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Jason Stutzman Contributor address; City; State; Zip Code 1239 County Road 1069, Greenville, TX 75401	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Project Engineer		Employer (See Instructions) L3Harris
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor out-of-state PAC (ID#: Jeff Thomas 6 Contributor address; City; State; Zip Code 108 S. 8Th St, Celeste, TX 75423	7 Amount of contribution (\$) 15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: John Kelso Contributor address; City; State; Zip Code 6005 Horne Dr, Greenville, TX 75402	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: Deidra Morris Contributor address; City; State; Zip Code 2266 County Road 1071, Greenville, TX 75401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor out-of-state PAC (ID#: Sandra McCarrie Contributor address; City; State; Zip Code 472 Country Oaks, Greenville, TX 75401	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor out-of-state PAC (ID#: Pamela Doyle 6 Contributor address; City; State; Zip Code 1159 Private Rd 2739, Caddo Mills, TX 75135	7 Amount of contribution (\$) 10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/31	Full name of contributor out-of-state PAC (ID#: Robert Hutchins Contributor address; City; State; Zip Code 2323 RS CR 4259, Point, TX 75472	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Child Care Payments

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)	3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2025	5 Payee name Valor Strategies	
6 Amount (\$) 3,500.00	7 Payee address; City; State; Zip Code 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Consulting Retainer
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/20/2025	Payee name Bland FFA	
Amount (\$) 275.00	Payee address; City; State; Zip Code Bland ISD <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotion	Description FFA Auction
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/05/2025	Payee name Valor Strategies	
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting Fee
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
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:		2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 11/08/2025		5 Payee name Republican Party of Hunt County			
6 Amount (\$) 520.00		7 Payee address: PO Box 1844, Greenville, TX 75403 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/20/2025		Payee name Quinian FFA Booster Club			
Amount (\$) 355.00		Payee address: 10064 Business Hwy 34 South, Quinlan, TX <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotion		Description FFA Auction		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/03/2025		Payee name Valor Strategies			
Amount (\$) 1,500.00		Payee address: 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Consulting		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Check/Cash 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 09/26/2025		5 Payee name Greenville Rotary			
6 Amount (\$) 520.00		7 Payee address: City: State: Zip Code 2920 Lee Street, Greenville, TX 75401 <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental		(b) Description Facility Rental		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 09/20/2025		Payee name Quinlan FFA Booster Club			
Amount (\$) 355.00		Payee address: City: State: Zip Code 10064 Business Hwy 34 South, Quinlan, TX <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotion		Description FFA Auction		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/16/2025		Payee name Valor Strategies			
Amount (\$) 1,500.00		Payee address: City: State: Zip Code 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign Signs		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> 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
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)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 11/12/2025		5 Payee name Brent Money for Texas			
6 Amount (\$) 1000		7 Payee address; City; State; Zip Code 2606 Lee Street, Greenville, TX 75401 <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Sponsorship		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/17/2025		Candidate / Officeholder name Hillary Hutchins			
Amount (\$) 563.66		Payee name Hillary Hutchins			
		Payee address; City; State; Zip Code 3303 Mitchell Street <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Event		Description Food Reimbursement (Sam's Club)		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 11/03/2025		Candidate / Officeholder name Valor Strategies			
Amount (\$) 1500		Payee name Valor Strategies			
		Payee address; City; State; Zip Code 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Consulting		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> 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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 11/15/2025		5 Payee name Hillary Hutchins			
6 Amount (\$) 694.00		7 Payee address, City; State; Zip Code 3303 Mitchell Street <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Reimbursement for Float Materials		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held					
Date 12/31/2025		Payee name Anedot			
Amount (\$) 475.30		Payee address; City; State; Zip Code 3723 Greenville Ave., Ste. 41002, Dallas TX 75206 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Processing Fees		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH: Candidate / Officeholder name Office sought Office held					
Date 11/03/2025		Payee name Valor Strategies			
Amount (\$) 1500		Payee address; City; State; Zip Code 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting		Description Consulting		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Candidate/Payee

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 12/18/2025		5 Payee name TeesToGo			
6 Amount (\$) 541.25		7 Payee address: 2805 Mitchell St., Ste. 702, Greenville, TX 75402 City: State: Zip Code <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs		(b) Description Campaign Signs		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/30/2025		Payee name TeesToGo			
Amount (\$) 541.25		Payee address: 2805 Mitchell St., Ste. 702, Greenville, TX 75402 City: State: Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs		Description Campaign Signs		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address: City: State: Zip Code <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2025	5 Payee name Sam's Club	
6 Amount (\$) 563.66 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 1670 W University Drive, McKinney, TX <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Food for campaign event
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 12/15/2025	Payee name LOWES	
Amount (\$) 694.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 3122 W I 30, Greenville, TX 75402 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Events	Description Generator for Parade Float
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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