

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 <i>Mr.</i>	FIRST <i>Monk</i>	MI <i>Hutchins</i>	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX	Date Received RECEIVED AT 4:20 o'clock P M JAN 15 2026			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3303 Mitchell Street, Greenville, TX 75402			JEANNE ASH Elections Administrator, Hunt County, TX By ATC			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 456-7088	EXTENSION	Day Campaign-terminated or Date Set for Worked Report # Date Processed Date Filed Copy to CITY TEXAS			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Kenneth</i>	FIRST <i>Money</i>	MI	Amount \$			
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 1078 County Road 1031, Greenville, TX 75401			STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>903</i>	PHONE NUMBER <i>456-7088</i>	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 12	Day 31	Year / 24	Month 12	Day / 31	Year / 25	
11 ELECTION	ELECTION DATE Month 3 Day 3 Year / 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> 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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					

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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50415
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 14438.46
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 14438.46
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35976.54
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

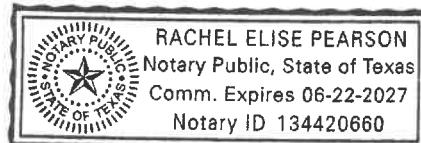
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 January,

2026, 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

Executed in Hunt County, State of Texas, on the 15th day of January, 2026.
(street) (city) (state) (zip code) (country)
(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 SCHEDULE	SUBTOTAL 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#:)	7 Amount of contribution (\$) 2500
6 Contributor address; 3375 County Road 3110, Greenville, TX 75402		City; State; Zip Code	
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#:)	Amount of contribution (\$) 1000
Contributor address: 4718 County Road 4206, Campbell, TX 75422		City; State; Zip Code	
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#:)	Amount of contribution (\$) 200
Contributor address: P.O. Box 8992, Greenville, TX 75404		City; State; Zip Code	
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#:)	Amount of contribution (\$) 1000
Contributor address: 4430 County Road 2720, Caddo Mills, TX 75135		City; State; Zip Code	
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 Randy & Kelly Wineinger	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; 7406 Carol Dr., Greenville, TX 75406		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Tax Assessor		9 Employer (See Instructions) Hunt County	
Date 08/24/2025	Full name of contributor Steve & Denise Tippit	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00
Contributor address; 3387 County Road 3110, Greenville, TX 75402		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/24/2025	Full name of contributor David M & Sandra K White	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address; 3315 County Road 1108, Celeste, TX 75423		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/25/2025	Full name of contributor Karen Houston-Holloway	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000
Contributor address; 261 Holloway Lane, Rockwall, TX 75032		City; State; Zip Code	
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.			

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 08/27/2025	5 Full name of contributor Platinum M Homes, LLC	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/25/2025	Full name of contributor Z Bar A Ranch, LP	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
Contributor address: 2931 Ridge Rd., Ste. 101-51, Rockwall, TX 75032		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2025	Full name of contributor Castlerock Custom Builders	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address: PO Box 8333		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/25/2025	Full name of contributor Houston Properties Mgmt. Company	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,500.00
Contributor address: 2931 Ridge Rd # 101-51, Rockwall, TX 75032		City; State; Zip Code	
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.			

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 09/04/2025	5 Full name of contributor CT Excavating Inc.	out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; 2507 I-30 East, Greenville, TX 75402	City; State; Zip Code	10,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 10/08/2025	Full name of contributor Susan Patridge Metz	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; PO Box 205, Merit, TX 75458	City; State; Zip Code	500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/24/2025	Full name of contributor Phillip A. Martin	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; 2891 County Road 3303, Greenville, TX 75402	City; State; Zip Code	200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/16/2025	Full name of contributor J. Robert Wood	out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; 6105 Sayle Street, Greenville, TX 75402	City; State; Zip Code	250.00
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 10/16/2025	5 Full name of contributor Holly R. Izard	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
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; State; Zip Code	
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; State; Zip Code	
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; State; Zip Code	
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.			

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 09/03/2025	5 Full name of contributor Ron Rogers	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1,200.00
6 Contributor address; 1109 Whitehall Ln, Greenville, TX 75402		City; State; Zip Code	
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#: _____)	Amount of contribution (\$) 25.00
Contributor address: 3507 Garber Circle, Greenville, TX 75402		City; State; Zip Code	
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#: _____)	Amount of contribution (\$) 25.00
Contributor address: 3036 Kinkaid Dr, Dallas, TX 75220		City; State; Zip Code	
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#: _____)	Amount of contribution (\$) 100.00
Contributor address: PO Box 205, Merit, TX 75458		City; State; Zip Code	
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

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 09/17/2025	5 Full name of contributor Sandra McCarrie	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
6 Contributor address: 472 Country Oaks, Greenville, TX		City; State; Zip Code	
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#:)	Amount of contribution (\$) 500.00
Contributor address: 5405 Vale St., Greenville, TX 75402		City; State; Zip Code	
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#:)	Amount of contribution (\$) 1,000.00
Contributor address: 3090 N Goliad St, Suite 102-146, Rockwall, TX 75087		City; State; Zip Code	
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#:)	Amount of contribution (\$) 50.00
Contributor address: 2266 CR 1071, Greenville, TX 75401		City; State; Zip Code	
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)</p>			3 Filer ID (Ethics Commission Filers)
4 Date 09/20/2025	5 Full name of contributor Dale Money	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
<p>6 Contributor address; 1494 Private Road 1174, Greenville, TX 75401</p>		City; State; Zip Code	
<p>8 Principal occupation / Job title (See Instructions) CPA, Financial Advisor</p>		<p>9 Employer (See Instructions) Self</p>	
Date 10/16/2025	Full name of contributor Richard Hutchins	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
<p>Contributor address; 10604 Woodland, Greenville, TX 75402</p>		City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Planner</p>		<p>Employer (See Instructions) L3Harris</p>	
Date 10/16/2025	Full name of contributor Sammy & Vicki Griffis	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
<p>Contributor address; 1105 N Atkins Dr, Celeste, TX 75423</p>		City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>	
Date 10/16/2025	Full name of contributor Josh Boyd	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 15.00
<p>Contributor address; 4080 County Road 1102, Celeste, TX 75423</p>		City; State; Zip Code	
<p>Principal occupation / Job title (See Instructions) Welder/Owner</p>		<p>Employer (See Instructions) Rusty Rock Customs</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 Benjamin Collins	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address: City: State: Zip Code 2505 Park Street, Greenville, TX 75401			
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#: _____)	Amount of contribution (\$) 500.00
Contributor address: City: State: Zip Code 2310 Park Street, Greenville, TX 75401			
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#: _____)	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 167 Hawkhurst Cir, Magnolia, 77354			
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#: _____)	Amount of contribution (\$) 250.00
Contributor address: City: State: Zip Code 995 Potter Ave, Rockwall, TX 75087			
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 Lauren Hudgeons	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 2608 Eastland Ave, Ste. 102, Greenville, TX 75402		City: _____ State: _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self	
Date 10/16/2025	Full name of contributor Jeffrey Phillips	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 603 Mink Drive, Greenville, TX 75402		City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/16/2025	Full name of contributor Kathy Shirey	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 4305 CR 1037, Greenville, TX 75401		City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/16/2025	Full name of contributor Gene Key	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; 3479 CR 2170, Caddo Mills, TX 75135		City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED <small>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</small>			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

<p>The Instruction Guide explains how to complete this form.</p>			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 John Kelso	out-of-state PAC (ID#: _____)	6 Contributor address; City; State; Zip Code 7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
10 Date 10/16/2025	11 Full name of contributor Dustin Mullins	out-of-state PAC (ID#: _____)	12 Amount of contribution (\$) 250.00
13 Contributor address; City; State; Zip Code 102 Parkwood Ln, Greenville, TX 75402			
14 Principal occupation / Job title (See Instructions) Law Enforcement		15 Employer (See Instructions) Hunt County	
16 Date 10/17/2025	17 Full name of contributor Corrie Ray	out-of-state PAC (ID#: _____)	18 Amount of contribution (\$) 50.00
19 Contributor address; City; State; Zip Code PO Box 527, Lone Oak, TX 75453			
20 Principal occupation / Job title (See Instructions) Business Analyst		21 Employer (See Instructions) L3Harris Technologies	
22 Date 10/17/2025	23 Full name of contributor Edward Lopez	out-of-state PAC (ID#: _____)	24 Amount of contribution (\$) 500.00
25 Contributor address; City; State; Zip Code 4719 Byron Circle, Irving, TX 75038			
26 Principal occupation / Job title (See Instructions) Attorney		27 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 Wade Gent	out-of-state PAC (ID#: _____)	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 Jim Lambeth	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address: 18294 Lakeside Dr., Flint, TX 75762		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Law Firm	
Date 10/18/2025	Full name of contributor Deidra Morris	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address: 2266 CR 1071, Greenville, TX 75401		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/18/2025	Full name of contributor Tim Stainback	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address: 611 Mink Drive, Greenville, TX 75402		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Greenville Automatic Gas Co	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED <small>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</small>			

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 Alex Harris	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address: 1887 S Sherman St, Denver, CO 80210		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bartlit Beck LLP	
Date 11/10/2025	Full name of contributor Robert Bledsoe	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address: 7362 CR 3217, Lone Oak, TX 75453		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Insurance/Self Employed		Employer (See Instructions) Farmers Insurance	
Date 11/17/2025	Full name of contributor David Metrose	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2,500.00
Contributor address: 3151 CR 1083, Celeste, TX 75423		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/18/2025	Full name of contributor Alex Harris	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: 1887 S Sherman St, Denver, CO 80210		City; State; Zip Code	
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.			

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 11/18/2025	5 Full name of contributor Deidra Morris	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address: 2266 CR 1071, Greenville, TX 75401		City: _____ State: _____ Zip Code: _____	
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#: _____)	Amount of contribution (\$) 100.00
Contributor address: 2049 M Rd, West Point, NE 68788		City: _____ State: _____ Zip Code: _____	
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#: _____)	Amount of contribution (\$) 250.00
Contributor address: 3695 Fm 1564 E, Greenville, TX 75402		City: _____ State: _____ Zip Code: _____	
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#: _____)	Amount of contribution (\$) 100.00
Contributor address: 3695 Fm 1564 E, Greenville, TX 75402		City: _____ State: _____ Zip Code: _____	
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.

<p>The Instruction Guide explains how to complete this form.</p>			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#:)	7 Amount of contribution (\$) 100.00
6 Contributor address, 1887 S Sherman St, Denver, CO 80210		City; State; Zip Code	
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#:)	Amount of contribution (\$) 50.00
Contributor address: 2266 CR 1071, Greenville, TX 75401		City; State; Zip Code	
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#:)	Amount of contribution (\$) 25.00
Contributor address: 4855 Hwy 69, Celeste, TX 75401		City; State; Zip Code	
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#:)	Amount of contribution (\$) 100.00
Contributor address: 3190 County Road 1108, Celeste, TX 75423		City; State; Zip Code	
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.

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 12/31/2025</p>	<p>5 Full name of contributor Sammy & Vicki Griffis</p>	<p>out-of-state PAC (ID#: _____)</p>	<p>7 Amount of contribution (\$) 50.00</p>
<p>6 Contributor address; 1105 N Atkins Dr, Celeste, TX 75423</p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 12/31/2025</p>	<p>Full name of contributor James Scott</p>	<p>out-of-state PAC (ID#: _____)</p>	<p>Amount of contribution (\$) 100.00</p>
<p>Contributor address; 200 West Main Unit #11, Wolfe City, TX 75496</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>	
<p>Date 12/31/2025</p>	<p>Full name of contributor Josh Maines</p>	<p>out-of-state PAC (ID#: _____)</p>	<p>Amount of contribution (\$) 25.00</p>
<p>Contributor address; 4305 CR1037, Greenville, TX 75422</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Diesel Tech</p>		<p>Employer (See Instructions) EZ Iron Transport</p>	
<p>Date 12/31/2025</p>	<p>Full name of contributor Jason Stutzman</p>	<p>out-of-state PAC (ID#: _____)</p>	<p>Amount of contribution (\$) 250.00</p>
<p>Contributor address; 1239 County Road 1069, Greenville, TX 75401</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Project Engineer</p>		<p>Employer (See Instructions) L3Harris</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 Jeff Thomas	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 15.00
6 Contributor address; 108 S. 8Th St, Celeste, TX 75423		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 12/31/2025	Full name of contributor John Kelso	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: 6005 Horne Dr, Greenville, TX 75402		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12/31/2025	Full name of contributor Deidra Morris	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: 2266 County Road 1071, Greenville, TX 75401		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12/31/2025	Full name of contributor Sandra McCarrie	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address: 472 Country Oaks, Greenville, TX 75401		City; State; Zip Code	
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 Pamela Doyle	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 12/31	Full name of contributor Robert Hutchins	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000
Contributor address: 2323 RS CR 4259, Point, TX 75472		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	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	out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address:	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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 Expenses	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Attorneys/Billing	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 Payments	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mark Hutchins (Mark Hutchins Campaign)	
4 Date	5 Payee name	
09/08/2025	Valor Strategies	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
3,500.00	4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028	
Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting	Consulting Retainer
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
09/20/2025	Bland FFA	
Amount (\$)	Payee address:	City; State; Zip Code
275.00	Bland ISD	
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Promotion	FFA Auction
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
10/05/2025	Valor Strategies	
Amount (\$)	Payee address:	City; State; Zip Code
1,500.00	4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028	
Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Consulting	Consulting Fee
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mark Hutchins (Mark Hutchins Campaign)	
4 Date	5 Payee name	
11/08/2025	Republican Party of Hunt County	
6 Amount (\$)	7 Payee address:	City: _____ State: _____ Zip Code: _____
520.00	PO Box 1844, Greenville, TX 75403	
<small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Filing Fee
<small>(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
09/20/2025	Quinian FFA Booster Club	
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____
355.00	10064 Business Hwy 34 South, Quinian, TX	
<small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Promotion	FFA Auction
<small>(c) Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
11/03/2025	Valor Strategies	
Amount (\$)	Payee address:	City: _____ State: _____ Zip Code: _____
1,500.00	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)	Description
	Consulting	Consulting
<small>(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.</small>		
Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payments	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Mark Hutchins (Mark Hutchins Campaign)	

4 Date	5 Payee name
09/26/2025	Greenville Rotary

6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
520.00	2920 Lee Street, Greenville, TX 75401			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Rental	Facility Rental

(c) Check if travel outside of Texas. Complete Schedule T. 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
--	-------------------------------	---------------	-------------

Date	Payee name
09/20/2025	Quinlan FFA Booster Club

Amount (\$)	Payee address;	City;	State;	Zip Code
355.00	10064 Business Hwy 34 South, Quinlan, TX			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Promotion	FFA Auction

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
10/16/2025	Valor Strategies

Amount (\$)	Payee address;	City;	State;	Zip Code
1,500.00	4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Campaign Signs

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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/Bookkeeping	Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Gift/Awards/Memorials Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Legal Services	Printing Expense	Travel Out Of District
Credit Card Payment		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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Mark Hutchins (Mark Hutchins Campaign)				
4 Date	5 Payee name				
11/12/2025	Brent Money for Texas				
6 Amount (\$)	7 Payee address:		City:	State:	Zip Code
1000	2606 Lee Street, Greenville, TX 75401				
Check if individual's residence address.					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	Advertising		Sponsorship		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OH					
Date	Candidate / Officeholder name		Office sought	Office held	
11/17/2025	Hillary Hutchins				
Amount (\$)	Payee address:		City:	State:	Zip Code
563.66	3303 Mitchell Street				
Check if individual's residence address					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Campaign Event		Food Reimbursement (Sam's Club)		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH					
Date	Candidate / Officeholder name		Office sought	Office held	
11/03/2025	Valor Strategies				
Amount (\$)	Payee address:		City:	State:	Zip Code
1500	4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028				
Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Consulting		Consulting		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH					
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/Exhibition Fees	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense	Food/Beverage Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contribution/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Polling Expense	Travel In District
Credit Card Payment	Legal Services	Printing Expense	Travel Out Of District
		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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Mark Hutchins (Mark Hutchins Campaign)		
4 Date	5 Payee name		
11/15/2025	Hillary Hutchins		
6 Amount (\$)	7 Payee address,	City; State; Zip Code	
694.00	3303 Mitchell Street		
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Reimbursement for Float Materials	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH:	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/31/2025	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
475.30	3723 Greenville Ave., Ste. 41002, Dallas TX 75206		
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Processing Fees	
Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/03/2025	Valor Strategies		
Amount (\$)	Payee address;	City;	State; Zip Code
1500	4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028		
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Consulting	Consulting	
Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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
Conventions/Meetings	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Mark Hutchins (Mark Hutchins Campaign)		
4 Date	5 Payee name		
12/18/2025	TeesToGo		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
541.25	2805 Mitchell St., Ste. 702, Greenville, TX 75402		
Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Signs	Campaign Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/30/2025	TeesToGo		
Amount (\$)	Payee address:	City: State: Zip Code	
541.25	2805 Mitchell St., Ste. 702, Greenville, TX 75402		
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Signs	Campaign Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City: State: Zip Code	
Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if 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 NEEDED			

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	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 Payments	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 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 Reimbursement from political contributions intended	7 Payee address; 1670 W University Drive, McKinney, TX Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Food for campaign event	
	(c) Check if travel outside of Texas. Complete Schedule T.	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
Date 12/15/2025	Payee name LOWES		
Amount (\$) 694.00 Reimbursement from political contributions intended	Payee address; 3122 W I 30, Greenville, TX 75402 Check if individual's residence address.	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Events	Description Generator for Parade Float	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if 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			