

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: 4 ak |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| Laura Hughes | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | () | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| David Hughes | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | 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 | Day | Year |
| | 07 | 01 | 21 |
| | THROUGH | | |
| | 12 | 31 | 21 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 3 | / | 22 |
| | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| | | <input type="checkbox"/> General | <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | County Clerk | | County Clerk |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

OFFICE USE ONLY

Date Received

2022 JAN 13 PM 4:38

Date Hand-delivered or Date Postmarked

Receipt #

Date Processed

Date Imaged

FILED FOR RECORD
 KAUFMAN COUNTY, TEXAS
 LAURA A. HUGHES
 COUNTY CLERK
 BY: [Signature] DEPUTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 750 ⁰⁰ |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Laura Hughes

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Laura Hughes this the 13th day of January, 2022 to certify which, witness my hand and seal of office.

Ashley Kirby Ashley Kirby Dept. Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: 1 | 2 FILER NAME Laura Hughes | 3 Filer ID (Ethics Commission Filers) |
|--|-------------------------------------|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 11/16/21 | 5 Payee name Kaufman County Republican Party |
|---------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 139.00 | 7 Payee address; City; State; Zip Code |
|--------------------------------|---|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Filing Fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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 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 G: 1 | 2 FILER NAME Laura Hughes | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|-------------------------------------|---------------------------------------|

| | | | |
|---|--------------------------------------|-------|-----------------|
| 4 Date 11/16/21 | 5 Payee name KC Rep. Party | | |
| 6 Amount (\$) 610.20 | 7 Payee address; | City; | State; Zip Code |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | | |

| | | |
|--------------------------|---|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Filing Fee |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

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

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

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|--|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | | |

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

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

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