

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088116	2 Total pages filed: 27		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Erica	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/26/2024	
	NICKNAME LAST Hughes		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 11601 Shadow Creek Pkwy Ste. 111-264 Pearland, TX 77584		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Laisha	MI MI		
	NICKNAME LAST Harris		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11601 Shadow Creek Pkwy Ste. 111-264 Pearland, TX 77584				
7 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 856-2399	EXTENSION		
8 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/26/2024		THROUGH	Month Day Year 02/24/2024	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 151		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 27

13 C / OH NAME Hughes, Erica (Ms.) **14** Filer ID (Ethics Commission Filers)
00088116

15 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	13,112.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	23,125.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

Ms. Erica Hughes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Hughes, Erica (Ms.)		19 Filer ID 00088116	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	22,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	13,112.10
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BELL, JASON	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code HUMBLE, TX 77396	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, CARLTON	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 72230	
Contributor's Principal Occupation MANAGING ATTORNEY		Contributor's Job Title MANAGING ATTORNEY
Contributor's employer/law firm LAW OFFICES OF CARLTON M. BROWN, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrey, Lori	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Orinda, CA 94563	
Contributor's Principal Occupation Pediatrician		Contributor's Job Title Pediatrician
Contributor's employer/law firm Kaiser Permanente Oakland, CA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CALDWELL, STEVEN	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77071	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, WILVIN	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm THE LAW OFFICES OF WILVIN J. CARTER PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLINS, MONIQUE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489	
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COOPER LEWIA, BRANDI <hr/> 6 Contributor address; City; State; Zip Code HUMBLE, TX 77379	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS, WILLIE <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77057	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation OWNER		Contributor's Job Title OWNER
Contributor's employer/law firm RECK MEDIA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUKE, DEMOND <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation CHEMICAL ENGINEER		Contributor's Job Title CHEMICAL ENGINEER
Contributor's employer/law firm BAKER HUGHES INC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARMER, TANGELA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code MISSOURI CITY, TX 77459	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLEY, TAFT	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77054	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm THE FOLEY LAW GROUP PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, BERNARDO J	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77077	
Contributor's Principal Occupation ATTORNEY/PRINCIPAL		Contributor's Job Title ATTORNEY/PRINCIPAL
Contributor's employer/law firm BJ GARCIA LAW FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARRETT, JONTE	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code ROSHARON, TX 77583	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, ADFANIE	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code PEARLAND, TX 77584	
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title BUSINESS OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, SHAUNTRINA	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77008	
Contributor's Principal Occupation RETIRED		Contributor's Job Title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Britni <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75215	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, SAUNDRA <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation SELF		Contributor's Job Title HOMEMAKER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any) HLF
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Karyn <hr/> Contributor address; City; State; Zip Code Roshharon, TX 77583	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivy, LaCheryl	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houtson, TX 77044	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J, G	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code IRVING, TX 75062	
Contributor's Principal Occupation LAW		Contributor's Job Title LAW
Contributor's employer/law firm DHS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, JONATHAN	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77018	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, NIECY	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code CROWLEY, TX 76036	
8 Contributor's Principal Occupation SCHOOL COUNSELOR		9 Contributor's Job Title SCHOOL COUNSELOR
10 Contributor's employer/law firm CISD		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koledoye, Kimberly	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77003	
Contributor's Principal Occupation Professor		Contributor's Job Title Professor
Contributor's employer/law firm Houston Community College		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, JOSHUA	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77055	
Contributor's Principal Occupation LAWYER		Contributor's Job Title LAWYER
Contributor's employer/law firm ARMSTRONG LEE & BAKER LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLEDGE, SAMUEL	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77003	
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, CARL	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code SPRING, TX 77379	
Contributor's Principal Occupation LAWYER		Contributor's Job Title LAWYER
Contributor's employer/law firm THE LAW OFFICE OF CARL MOORE		Law firm of contributor's spouse (if any) HARRIS COUNTY
If contributor is a child, law firm of parent(s) (if any)		
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Kitkland	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Saudi Aramco		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moten, LaToya <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77047	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBEY, SHINDA <hr/> Contributor address; City; State; Zip Code FRESNO, TX 77545	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARKER, SYMONE <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77018	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REEDER, TIFFANY	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77084	
8 Contributor's Principal Occupation HR REP		9 Contributor's Job Title HR REP
10 Contributor's employer/law firm VENTURE GLOBAL LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Tamiqua	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Contributor's Principal Occupation Counselor		Contributor's Job Title Counselor
Contributor's employer/law firm Houston ISD		Law firm of contributor's spouse (if any) Rhodes Law Firm
If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRICKLAND, PRESTON	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77030	
Contributor's Principal Occupation LAWYER		Contributor's Job Title LAWYER
Contributor's employer/law firm STRICKLAND LAW FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WADE, ALFRED	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77071	
8 Contributor's Principal Occupation RETIRED		9 Contributor's Job Title RETIRED
10 Contributor's employer/law firm RETIRED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, TY	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code ATLANTA, GA 30319	
Contributor's Principal Occupation FILM/TV EXECUTIVE		Contributor's Job Title FILM/TV EXECUTIVE
Contributor's employer/law firm TYCOR INTERNATIONAL FILM COMPANY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WESTER, JAMIKA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77014	
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIS, SHEMIKA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77025	
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINTERS, MARCUS	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489	
Contributor's Principal Occupation CONSTRUCTION		Contributor's Job Title GENERAL CONTRACTOR
Contributor's employer/law firm MARC ANDRE & ASSOCIATES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, NINA S	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77086	
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WYATT, MELANIE	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code HOUSTON, TX 77025	
8 Contributor's Principal Occupation MARKETING SPECIALIST		9 Contributor's Job Title MARKETING SPECIALIST
10 Contributor's employer/law firm BAYLOR COLLEGE OF MEDICINE		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Corey	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sacramento, CA 95842	
Contributor's Principal Occupation N/A		Contributor's Job Title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Chauntelle	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77004	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Baker Botts		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/27
2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZENON, BRANDIE	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489		
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeno, Torrey	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Houston, TX 77002		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Zeno Law Firm PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/9 Rpt: 19/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
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4 Date 02/20/2024	5 Payee name BAPTIST MINISTERS ALLIANCE
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 7817 CALHOUN RD HOUSTON, TX 77033
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKERS SOUTHSIDE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name BAPTIST MINISTERS ALLIANCE
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 7817 CALHOUN RD HOUSTON, TX 77033
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKERS SOUTHSIDE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name BAPTIST MINISTERS ALLIANCE
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Amount (\$) \$360.00	Payee address; City; State; Zip Code 7817 CALHOUN RD HOUSTON, TX 77033
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKER PAY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/9 Rpt: 20/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
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4 Date 02/20/2024	5 Payee name BLACK AMETHYST
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6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) MAKEUP FOR PHOTOSHOOT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAKEUP FOR PHOTOSHOOT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/07/2024	Payee name CHECKING VAN CHRIS YOUNG
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Amount (\$) \$107.00	Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) VOTER ACCESS NETWORK DATA	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER ACCESS NETWORK DATA
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2024	Payee name COURTNEY, N/A
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Amount (\$) \$270.00	Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKER PAY
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/9 Rpt: 21/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
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4 Date 02/07/2024	5 Payee name FOSTER CHARLES
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN PLACEMENT HARRIS COUNTY
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name HOUSTON BLACK AMERICAN DEMOCRATS
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Amount (\$) \$1,750.00	Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HBAD MAILER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name IN HEIST AGENCY
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 609 MAIN STREET, STE 2500 HOUSTON, TX 77002
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXTING CAMPAIGN
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/9 Rpt: 22/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
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4 Date 02/23/2024	5 Payee name JACK, JUDY
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6 Amount (\$) \$270.00	7 Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKER PAY
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name JB FINANCIAL SERVICES
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Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 19003 REMINGTON BEND DR HOUSTON, TX 77073
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BLOCK WALKERS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name NORTH EAST MINISTERS ALLIANCE
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Amount (\$) \$700.00	Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77078
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLL WORKERS NORTHSIDE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/9 Rpt: 23/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
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4 Date 02/16/2024	5 Payee name PETERSON, CHRISTEN
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6 Amount (\$) \$140.00	7 Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) HAIR FOR PHOTOSHOOT	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HAIR FOR PHOTOSHOOT
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name PRINT N SIGN
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Amount (\$) \$363.72	Payee address; City; State; Zip Code 7350 HARWIN DR #316 HOUSTON, TX 77036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SHIRTS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name PRINT N SIGN
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Amount (\$) \$351.81	Payee address; City; State; Zip Code 7350 HARWIN DR #316 HOUSTON, TX 77036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN PUSH CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/9 Rpt: 24/27		2 FILER NAME Hughes, Erica (Ms.)		3 Filer ID (Ethics Commission Filers) 00088116	
4 Date 02/23/2024		5 Payee name PRINT N SIGN			
6 Amount (\$) \$362.63		7 Payee address; City; State; Zip Code 7350 HARWIN DR #316 HOUSTON, TX 77036			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/12/2024		Payee name PROD. X STEEL			
Amount (\$) \$75.00		Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VIDEO REELS MEDIA	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 02/24/2024		Payee name RAISE THE MONEY INC			
Amount (\$) \$1,155.39		Payee address; City; State; Zip Code PO BOX 26466 LITTLE ROCK, AR 72221			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/9 Rpt: 25/27	2	FILER NAME Hughes, Erica (Ms.)	3	Filer ID (Ethics Commission Filers) 00088116	
4	Date 01/29/2024	5	Payee name SCOTT, LASCELLE			
6	Amount (\$) \$200.00	7	Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77022			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRECINCT CONTRIBUTION			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/20/2024		Payee name SIDDIQI FARAN			
	Amount (\$) \$362.63		Payee address; City; State; Zip Code N/A N/A HOUSTON, TX 77002			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSH CARDS			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/20/2024		Payee name TEXAS VICTORY CONSULTING			
	Amount (\$) \$230.77		Payee address; City; State; Zip Code 3300 LYONS AVE SUITE 201 HOUSTON, TX 77020			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXT BLAST			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/9 Rpt: 26/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/01/2024	5 Payee name THE LIV 'N ROOM	
6 Amount (\$) \$604.70	7 Payee address; City; State; Zip Code 3520 OLD SPANISH TRAIL HOUSTON, TX 77021	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER FOOD & VENUE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name TRU INSIGHT MEDIA	
Amount (\$) \$151.72	Payee address; City; State; Zip Code N/A HOUSTON, TX 77050	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA CONTENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name TRU INSIGHT MEDIA	
Amount (\$) \$500.00	Payee address; City; State; Zip Code N/A HOUSTON, TX 77050	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA CAMPAIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/9 Rpt: 27/27	2 FILER NAME Hughes, Erica (Ms.)	3 Filer ID (Ethics Commission Filers) 00088116
4 Date 02/14/2024	5 Payee name TRU INSIGHT MEDIA	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code N/A HOUSTON, TX 77050	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MARKETING AND SOCIAL MEDIA
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2024	Payee name URBAN SOCIAL	
Amount (\$) \$356.73	Payee address; City; State; Zip Code 3917 RICHMOND AVE HOUSTON, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD AND BEVERAGE FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name VASKEY MEDIA	
Amount (\$) \$950.00	Payee address; City; State; Zip Code 7322 SOUTHWEST FWY STE 800 HOUSTON, TX 77074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EBLAST AND PAPER PRINT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held