CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Comm 00054795		2 Total pages filed 10	d:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
OFFICEHOLDER NAME	The Honorable	Hubert)
NAIVIE					Date Received	LVELED
					ELECTRONICAL	LY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Vo				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	ate Postmarked
OFFICEHOLDER MAILING	11360 Bellaire Blvd., Suite	880				
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77072					
enange or / taurese	Tiousion, TX TTOTZ				Date Processed	
					Date Imaged	
- 0414D41011	140 (14D0 (14D	FIDOT			<u> </u>	
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Shadrick Damo	one			
		LAST		SUFFIX		
		Bogany				
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP	T / SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	9121-C Stella Link					
(Residence or Business)	Houston, TX 77025					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER PHONE	(713) 667-1000					
8 REPORT			_	_	-	
TYPE	January 15	30th day before	election	Runoff	15th day after camp appointment (officel	
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attach	
]	Ш	reporting limit		,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202		
	02/20/2021			0=/= !/=0=	•	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		-	브	Ш	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	State Representative Distri	ct 149		State Represent	ative District 149	
				•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Vo, Hubert (The Hon	14 Filer ID (E 00054795	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
Ш	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 8,250.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 3,573.93					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 86,460.88					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The Ho	onorable Hubert Vo						
			Candidate or Officehold	der					
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subso	cribed before me, by the s	aid	. this the	day					
	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 office	er administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		C	OVER SHEET PG 3 3 of 10						
18 FILER NAME Vo, Hubert (The Honorable)	Vo, Hubert (The Honorable) 00054795								
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT								
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBU	\$ 8,250.00								
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITIC	\$								
3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$						
4. SCHEDULE E: LOANS			\$						
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM	POLITICAL CONTRIBUTION	S	\$ 2,353.20						
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$						
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FRO	M POLITICAL CONTRIBUTI	ONS	\$						
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT	CARD		\$						
9. X SCHEDULE G: POLITICAL EXPENDITURES FROM F	ERSONAL FUNDS		\$ 1,220.73						
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTR	IBUTIONS TO A BUSINESS	OF C/OH	\$						
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FRO	M POLITICAL CONTRIBUTION	ONS	\$						
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUN TO FILER	DS, AND CONTRIBUTIONS	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	_E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10	
2	FILER NAME Vo, Hubert (The Honorable)		3	Filer ID (Ethics Commissio 00054795	n Filers)
4	Date 01/26/2024 5 Full name of contributor out-of-state PAC (ID#:) CenterPoint Energy Inc. PAC 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Houston, TX 77210 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ū	i iliopai occa		2 Employer (Geo mondonorio	,		
	Date 02/21/2024				Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas AFT COPE Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78704				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League Contributor address; City; State; Zip Code Dallas, TX 75265			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/10		
2	FILER NAME Vo, Hubert (The Honorable)		3	Filer ID (Ethics Commission Filers) 00054795	
4	Date 02/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas Farm Bureau Agfund Inc 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500	.00
		Waco, TX 76702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Political Action Comr Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500	.00
		Austin, TX 78701		L		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#: Texas State Teachers Association pAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000	.00
		Austin, TX 78759				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 6/10	Vo, Hubert (The Honorable)	00054795		
4	Date	5 Payee name			
	02/12/2024	GoDaddy			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.17	2155 E GoDaddy Way			
		, ,			
		Tempe, AZ 85284			
_	DUDDOCE	· · · · · · · · · · · · · · · · · · ·			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Onice overneda// teritar Expense	, TX, officeholder living expense		
		Website Host	ting Services		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/20/2024	Hoai Ai Huu Quang Trung			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	9423 Willowbridge Park Blvd			
	Ψ200.00	5-25 Willowshage Falk Blvd			
		Houston TV 77064			
		Houston, TX 77064			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Contributions/Donations Made By	, TX, officeholder living expense		
		Donation			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/30/2024	Houston Pilots PAC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	203 Deerwood Glen Drive			

		Deer Park, TX 77536			
	DUDDOCE	I			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Office Overboad/Pantal Expanses	outside of Texas. Complete Schedule T.		
	EXPENDITURE		, TX, officeholder living expense		
		Contribution I	Refund		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee 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						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/3 Rpt: 7/10		Vo, Hubert ((The Honorable)					00054795	
4	Date	5	Payee name							
	02/22/2024		Vu, Kathy							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
ľ	\$500.00	ľ	•	•	State, Zip C	oue				
	Φ300.00		11360 Bella	lile bivu						
			Ste 800							
			Houston, TX	< 77072						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE			ment/Reimburse			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		. ,				Check if Austin	, TX,	officeholder living	j expense
							Reimburseme	ent		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	01/30/2024		Vu, Kathy							
	Amount (\$)	T	Payee addres	ss; City;	State; Zip C	ode				
	\$242.86		11360 Bella	ire Blvd						
			Ste 800							
				/ 77072						
		┖	Houston, TX							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description			
	EXPENDITURE		Loan Repay	ment/Reimburse	ement				de of Texas. Com	
							Reimburseme		officeholder living	j experise
							Reimburseme	eni		
						<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office so	ught			Office he	eld
	experialitate to benefit 6/01	' ' <u> </u>								
	Date		Payee name							
	02/05/2024		Vu, Kathy							
	Amount (\$)	T	Payee addres	ss; City;	State; Zip C	ode				
	\$324.75		11360 Bella	ire Blvd						
			Ste 800							
				, 77070						
			Houston, TX	<i>K 77072</i>						
	PURPOSE OF	(a)		ee Categories listed at the		(b)	Description			
	EXPENDITURE		Loan Repay	ment/Reimburse	ement		ш		de of Texas. Com	
							ш		officeholder living	g expense
							Reimburseme	enl		
	0 1. 0	<u> </u>				<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office so	ught			Office he	eld
L	experience to beliefft C/Of	' '								
ı										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 8/10	Vo, Hubert (The Honorable)		00054795
4	Date 02/12/2024	5 Payee nameVu, Kathy		
6	Amount (\$)	7 Payee address; City; State; Zip Ci	ode	
	\$22.17	11360 Bellaire Blvd		
	·	Ste 800		
		Houston, TX 77072		
_	DUDDOCE		(h)	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, TX, officeholder living expense
				Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/12/2024	Vu, Kathy		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$324.75	11360 Bellaire Blvd		
		Ste 800		
		Houston, TX 77072		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Local Repayment Remindration		Check if Austin, TX, officeholder living expense
				Reimbursement
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ught	Office held
	Data			
	Date	Payee name		
	02/05/2024	Vu, Kathy		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$216.50	11360 Bellaire Blvd		
		Ste 800		
		Houston, TX 77072		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Reimbursement
				Rembursement
	Complete ONLY if direct	Candidate/Officeholder name Office sou	Ight	Office held
	expenditure to benefit C/O		agrit	Office Held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 1/2 Rpt: 9/10	2 FILER NAM Vo, Huber	E t (The Honorable)			1	Filer ID (Ethics Commission Filers) 00054795
4	Date	5 Payee name	 e			<u> </u>	
	02/12/2024	Ihop					
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode		
	\$41.28	6759 Hwy	6 Presidio Square				
	Reimbursement from political contributions intended	Houston, 1	TX 77083				
8	PURPOSE	(a) Category (See Categories listed at the top of this scl	nedule)	(b) Description	Che	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense			Che	eck if Austin, TX, officeholder living expense
					Campaign Meetii	ng	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
	Date	Payee name	e				
	02/12/2024	Tay Do Re	estaurant				
	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode		
	\$195.25	2529 High	way 6 S				
	X Reimbursement from political contributions intended	Houston, 1	TX 77082				
	PURPOSE OF	Category (See Categories listed at the top of this scl	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		L	_	eck if Austin, TX, officeholder living expense
					Campaign Meetii	ng	
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	eholder name		Office sought		Office held
	Date 02/12/2024	Payee name The Elege	e nce of Flowers				
	Amount (\$)	Payee addr	•	; Zip Co	ode		
	\$324.75	10613 Bell	laire Blvd				
	Reimbursement from political contributions intended	Houston, 1	TX 77072				
	PURPOSE	Category (See Categories listed at the top of this scl	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Award	s/Memorials Expense		L	_	eck if Austin, TX, officeholder living expense
					Appreciaton Gift		
	Complete ONLY if direct	Candidate/Office	pholder name		Office sought		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	enoluer name		Office sought		Office field

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 10/10 Vo, Hubert (The Honorable) 00054795 Date Payee name 02/12/2024 The Elegence of Flowers Payee address; Amount (\$) City; State; Zip Code \$216.50 10613 Bellaire Blvd Reimbursement from political contributions Х intended Houston, TX 77072 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Appreciaton Gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2024 The Elegence of Flowers Amount (\$) Payee address; City; State; Zip Code \$324.75 10613 Bellaire Blvd Reimbursement from political contributions Χ Houston, TX 77072 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Appreciaton Gift Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2024 Walmart Payee address; City; State; Zip Code Amount (\$) \$118.20 345 Hwy 6 Reimbursement from Χ political contributions intended Sugarland, TX 77478 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH