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 file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Hubert				
IVAIVIE					Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Vo				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	11360 Bellaire Blvd., Suite	880				
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77072					
Grange or real cost	Tiousion, TX TTOTZ				Date Processed	
					Date Imaged	
- 044541041	140 / 14D0 / 14D	FIROT				
5 CAMPAIGN TREASURER		FIRST		MI		
NAME	Mr.	Shadrick Damo	one			
		LAST		SUFFIX		
		Bogany				
6 CAMPAIGN	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	T / SUITE #; CIT	Y; STA	TE; ZIP CODE
TREASURER ADDRESS	9121-C Stella Link					
(Residence or Business)	Houston, TX 77025					
7 CAMPAIGN TREASURER		E NUMBER E	XTENSION			
PHONE	(713) 667-1000					
8 REPORT TYPE		1				
IIFE	January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Atta	
		1		reporting limit		•
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	02/25/2024	TH	ROUGH	06/30/20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
	11/05/2024			□ Caradal		
		XIG	eneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	IT (if known)	
	State Representative Distri	ct 149				
	•					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 19

13 C / OH NAME	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou officeholders are required to report this informat	ıt the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 7,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,194.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 89,863.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	
		The	Honorable Hubert Vo	
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVER	3 of 19
	ER NAN	ME rt (The Honorable)	19 Filer ID 00054795	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		S	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	3,097.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,097.36
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/19	
2	FILER NAME Vo, Hubert (The Honorable)		3	Filer ID (Ethics Commission 00054795	on Filers)
4	Date 03/08/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal	Houston, TX 77072				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Deer Park, TX 77536 pation / Job title (See Instructions)	Employer (See Instructions)		
	•					
	Date Full name of contributor out-of-state PAC (ID#:) 04/26/2024 NABIP Texas PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Cranford, NJ 07016				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Realtors (TREPAC) Contributor address; City; State; Zip Code Austin, TX 78768			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/19	
2	FILER NAME Vo, Hubert (The Honorable)		3	Filer ID (Ethics Commission Filers) 00054795	_
4	Date 03/04/2024	 Full name of contributor		7	Amount of Contribution (\$) \$500.0	0
		Austin, TX 78702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Society of Certified Public Accountants Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.0	0
		Addison, TX 75001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ The Home Depot Inc PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,000.0	0
		Washington, DC 20004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

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 Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 6/19	Vo, Hubert (The Honorable)
4	Date	5 Payee name
	02/29/2024	Hoi Dong Huong Thai Binh Houston & Vung Phy Can
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	11360 Bellaire Blvd
		#840
		Houston, TX 77072
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Rental Space
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/03/2024	National Police Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 1427
		Stafford, TX 77497
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Event Sponsorship
		Event Sponsorship
_	Complete ONLY if direct	Condidate/Officeholder page Office pought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2024	Vu, Kathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.84	11360 Bellaire Blvd
		Ste 800
		Houston, TX 77072
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Loan Repayment/Reimbursement Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 7/19	Vo, Hubert (The Honorable)		00054795
4	Date	5 Payee name		•
	04/04/2024	Vu, Kathy		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$121.54	11360 Bellaire Blvd		
		Ste 800		
		Houston, TX 77072		
8	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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Reimbursement
	2			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
	<u>'</u>			
	Date	Payee name		
	03/04/2024	Vu, Kathy		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$298.99	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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		yııı	Office field
H	D :			
	Date	Payee name		
	05/02/2024	Vu, Kathy		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$116.11	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
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O		J	5555.6
H				
				I

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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			mmittee						OTHER (enter a	category not listed above)	
		_			ue explains now to c	ompi	iete tilis lorili.	_			
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/4 Rpt: 8/19		Vo, Hubert ((The Honorable)					00054795		
4	Date	5	Payee name								
	05/13/2024		Vu, Kathy								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
ľ	\$47.54	ľ	11360 Bella		State, Zip C	ouc					
	Ψ47.54			ille bivu							
			Ste 800								
			Houston, TX	K 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.	
	LAFENDITORE						ш.		officeholder living	g expense	
							Reimburseme	ent			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office he	eld	
	experiulture to benefit C/Oi	''									
	Date		Payee name								
	05/13/2024		Vu, Kathy								
	Amount (\$)	┢	Payee addres	ss; City;	State; Zip C	ode					
	\$593.75		11360 Bella		, ,						
	φοσοσ		Ste 800	5.174							
				. ====							
			Houston, TX	<i>C 77072</i>							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Edan Repayment Relimbarsement				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
							Reimburseme			g expense	
							Reimburseme	en			
		L				<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office so	ught			Office he	eld	
	experialitate to benefit 6/61	<u>'</u>									
	Date		Payee name								
	06/28/2024		Vu, Kathy								
	Amount (\$)		Payee addres	ss; City;	State; Zip C	ode					
	\$502.53		11360 Bella	•	μ						
	¥33 <u>2</u> .33		Ste 800	0 2.10.							
				, 77070							
			Houston, TX	<i>C 77072</i>							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Loan Repay	/ment/Reimburse	ement		<u></u>		de of Texas. Com		
									officeholder living	g expense	
		1					Reimburseme	CIIL			
						<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ught			Office he	eld	
L	experialitate to beliefft C/OI	' '									
		_	·								
1											

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/Wa	ense ges/Contract Labor	Trave	el in District el Out of Dis ER (enter a	trict category not listed above)
1	Total pages Schedule F1:					3 Filer		(Ethics Commission Filers)
	Sch: 4/4 Rpt: 9/19		t (The Honorable)			000	54795	
4	Date	5 Payee nam	e					
	06/10/2024	Vu, Kathy						
6	Amount (\$)	7 Payee addr 11360 Bel		State; Zip Cod	e			
	\$124.05	Ste 800	ialle bivu					
		Houston,	TV 77072					
Ļ	DUDDOCE			1,	L.			
8	PURPOSE OF		See Categories listed at the top of ayment/Reimbursement		b) DescriptionCheck if trave	el outside of T	exas. Comi	olete Schedule T.
	EXPENDITURE	Luan Repo	ayment/Reimbursemen	`	<u> </u>	tin, TX, officel		
					Reimburser	ment		
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office soug	ht		Office he	ld

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed abo	ove)	
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID (Ethics Commission	n Filers)
	Sch: 1/10 Rpt: 10/19		Vo, Hubert	(The Honorable)				(00054795	
4	Date	5	Payee name							
	03/04/2024		Comcast							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$186.75		9602 S 300) W.						
	Reimbursement from		STE B							
	X political contributions intended		Sandy, UT	84070						
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sch	edule)	(b) Description	Che	eck if travel outside of Texas. Complete	Schedule T.
	OF	``		head/Rental Expe		,	[=	eck if Austin, TX, officeholder living expe	
	EXPENDITURE		CCC C · C.				Campaign intern	net		
							. 0			
9	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit						3			
	C/OH									
	Date		Payee name							
	05/13/2024		Comcast							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$383.46		9602 S 300) W.						
	Reimbursement from		STE B							
	X political contributions intended		Sandy, UT	84070						
_	PURPOSE	┢	Category (s	ee Categories listed at the	top of this sch	edule)	Description	Che	eck if travel outside of Texas. Complete	Schedule T.
	OF		'	head/Rental Expe	•	ouuloj		=	eck if Austin, TX, officeholder living expe	
	EXPENDITURE		CCC C · C.				Campaign intern	 net		
Г	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit C/OH									
	6/011									
	Date		Payee name							
	06/28/2024		Comcast							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$186.66		9602 S 300) W.						
	Reimbursement from		STE B							
	x political contributions intended		Sandy, UT	84070						
Т	PURPOSE	\vdash	Category (S	ee Categories listed at the	top of this sch	edule)	Description	Che	eck if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE		Office Over	head/Rental Expe	ense		Ī	Che	eck if Austin, TX, officeholder living expe	ense
	EXPENDITORE						Campaign intern	net		
	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought		Office held	
	expenditure to benefit C/OH									
H										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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
OTHER (or to a contrary not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Expense //Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
_		ı_		<u> </u>	
1	. 0	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 11/19		Vo, Hubert (The Honorable)		00054795
4	Date	5	Payee name		
	06/28/2024		Comcast		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$186.66		9602 S 300 W.		
	Reimbursement from		STE B		
	X political contributions intended		Sandy, UT 84070		
8	PURPOSE	(2)		(b) Description	Check if travel outside of Texas. Complete Schedule T.
0	OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if dustin, TX, officeholder living expense
	EXPENDITURE		Office Overhead/Rental Expense	Campaign interne	
				Campaign interne	
_	Complete ONII V if divest		adidata (Office legisla e una una	Office country	Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought	Office held
	C/OH				
	Date	Π	Payee name		
	06/28/2024		Costco Wholesale		
		⊢		`ada	
	Amount (\$) \$33.61		Payee address; City; State; Zip C 3836 Richmond Ave	Joue	
			3830 RICHHIOHU AVE		
	X Reimbursement from political contributions				
	intended		Houston, TX 77027	_	
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense
				Office Supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought	Office held
	C/OH				
	<u> </u>	_			
	Date		Payee name		
	06/28/2024	L	Costco Wholesale		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$39.49		3836 Richmond Ave		
	Reimbursement from political contributions				
	x political contributions intended		Houston, TX 77027		
	PURPOSE	T	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
	EXPENDITORE			Office Supplies	
		Ca	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH				
	G/OIT				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor		District it of District enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)
	Sch: 3/10 Rpt: 12/19	Vo, Hubert	(The Honorable)			000547	795
4	Date	5 Payee name	:				
	02/28/2024	Flash Park					
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	ode		
	\$21.65	910 Brazos	s St				
	Reimbursement from political contributions intended	Austin, TX	78701				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	hedule)	(b) Description	Check if trave	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transporta Expense	tion Equipment And Relate	d	Parking	Check if Aust	tin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	04/04/2024	Flash Park	ing				
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$5.00	910 Brazos	s St				
	Reimbursement from political contributions intended	Austin, TX	78701				
	PURPOSE	Category (S	See Categories listed at the top of this so	hedule)	Description	=	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Transporta Expense	tion Equipment And Relate	d	Parking L	Check if Aust	in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Office	holder name		Office sought		Office held
	Date	Payee name					
	04/04/2024	Ihop					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode		
	\$23.29	6759 Hwy	6 Presidio Square				
	Reimbursement from political contributions intended	Houston, T	X 77083				
	PURPOSE	Category (s	See Categories listed at the top of this so	hedule)	Description	_	el outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	rage Expense		Meeting L	Check if Aust	in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	holder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule G:	2	FILER NAME	<u> </u>				3	Filer ID	(Ethics Commis	ssion Filers)
_	Sch: 4/10 Rpt: 13/19	_		- (The Honorable)					0005479	•	
4	Date	5	Payee name					•			
	05/02/2024		lhop								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$20.78		6759 Hwy 6	Presidio Square	Э						
	Reimbursement from political contributions intended		Houston, TX	X 77083							
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b) Description	Che	eck if travel	outside of Texas. Con	nplete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			[Che	eck if Austin	, TX, officeholder living	expense
	- -						Meeting				
9	Complete ONLY if direct	<u> </u>	adidata/Office	aoldor namo			Office cought			Office held	
9	expenditure to benefit C/OH	car	ndidate/Officel	ioluei riame			Office sought			Office field	
	Date		Payee name								
	05/02/2024		Ihop								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$27.27		6759 Hwy 6	Presidio Square	е						
	X Reimbursement from political contributions intended		Houston, TX	X 77083							
	PURPOSE		Category (Se	ee Categories listed at th	e top of this sch	edule)	Description			outside of Texas. Con	
	OF EXPENDITURE		Food/Bever	age Expense			[Che	eck if Austin	, TX, officeholder living	expense
							Meeting				
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought			Office held	
	C/OH										
	Date		Payee name								
	05/02/2024	L	lhop								
	Amount (\$)		Payee addre	-	•	Zip Co	ode				
	\$25.22		6759 Hwy 6	Presidio Square	е						
	Reimbursement from political contributions intended		Houston, T	X 77083							
	PURPOSE		Category (Se	ee Categories listed at th	e top of this sch	edule)	Description	_		outside of Texas. Con	•
	OF EXPENDITURE		Food/Bever	age Expense			[[Che	eck if Austin	, TX, officeholder living	expense
							Meeting				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagner/Control Lib

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how	to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 14/19	Vo, Hubert (The Honorable)		00054795
4	Date	5 Payee name		•
	05/02/2024	lhop		
6	Amount (\$)	7 Payee address; City; State; Zi	p Code	
	\$19.78	6759 Hwy 6 Presidio Square		
	Reimbursement from			
	X political contributions intended	Houston, TX 77083		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
			Meeting	
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sough	t Office held
	C/OH			
	Date	Davida nama		
	05/02/2024	Payee name Ihop		
		·	- Code	
	Amount (\$) \$23.06	Payee address; City; State; Zi 6759 Hwy 6 Presidio Square	p Code	
		6759 Hwy 6 Piesiaio Square		
	Reimbursement from political contributions intended	Houston TV 77092		
		Houston, TX 77083	1 5	
	PURPOSE OF	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
	EXPENDITURE	Food/Beverage Expense	Meeting	
			Weeting	
-	Complete ONLY if direct	Candidate/Officeholder name	Office sought	t Office held
	expenditure to benefit	Sandidate/Officerolder Harne	Office Sough	o mee neid
	C/OH			
	Date	Payee name		
	05/13/2024	Ihop		
	Amount (\$)	Payee address; City; State; Zi	p Code	
	\$18.78	6759 Hwy 6 Presidio Square		
	Reimbursement from			
	X political contributions intended	Houston, TX 77083		
	PURPOSE	Category (See Categories listed at the top of this schedule	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	LAI LINDITORE		Meeting	
	· —	Candidate/Officeholder name	Office sough	Office held
	expenditure to benefit C/OH			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract	•	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 complete this	form.	
1	Total pages Schedule G:	P. FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 15/19	Vo, Hubert (The Honorable)		00054795
4	Date	Payee name		
	06/10/2024	Ihop		
6	Amount (\$)	Payee address; City; State; Zip Code		
	\$21.69	6759 Hwy 6 Presidio Square		
	Reimbursement from			
	X political contributions intended	Houston, TX 77083		
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descri	ption	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	LAFEINDITORE	Meeting		
9	Complete ONLY if direct	andidate/Officeholder name Office s	sought	Office held
	expenditure to benefit			
	C/OH			
	Date	Payee name		
	06/10/2024	lhop		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.64	6759 Hwy 6 Presidio Square		
	Reimbursement from	7		
	political contributions intended	Houston, TX 77083		
	PURPOSE	Category (See Categories listed at the top of this schedule) Descri	ption 🔲	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense
		Meeting		
		andidate/Officeholder name Office s	sought	Office held
	expenditure to benefit C/OH			
	0/011			
	Date	Payee name		
	03/04/2024	T Mobile		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$56.12	PO Box 742596		
	Reimbursement from			
	X political contributions intended	Cincinnati, OH 45274		
	PURPOSE	Category (See Categories listed at the top of this schedule) Descri	ption	Check if travel outside of Texas. Complete Schedule T.
	OF	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Campaigi	n Phone S	Service
	Complete ONLY if direct	andidate/Officeholder name Office s	sought	Office held
	expenditure to benefit		J	
	C/OH			
ı				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Awards/Men Legal Services The Instructi	norials Expense				Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
L	Sch: 7/10 Rpt: 16/19	L '	Vo, Hubert	(The Honor	able)				00054795	5
4	Date	5	Payee name							
	03/04/2024	-	T Mobile							
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip C	ode			
	\$56.12		PO Box 742	2596						
	Reimbursement from political contributions intended	,	Cincinnati, (OH 45274						
8	PURPOSE	(a) (Category (s	ee Categories list	ed at the top of this s	chedule)	(b) Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE	(Office Over	head/Renta	l Expense		L	_		TX, officeholder living expense
							Campaign Phone	e Se	ervice	
Ļ	0 1, 0, 0, 0, 0		P. L. 1999							000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Office	nolder name			Office sought			Office held
	Date		Payee name							
	05/13/2024	-	T Mobile							
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip C	ode			
	\$56.12		PO Box 742	2596						
	Reimbursement from political contributions intended		Cincinnati, (OH 45274						
	PURPOSE	(Category (S	ee Categories list	ed at the top of this s	chedule)	Description	=		utside of Texas. Complete Schedule T.
	OF EXPENDITURE	'	Office Over	head/Renta	l Expense			_		TX, officeholder living expense
							Campaign Phone	e Se	ervice	
	Complete ONLY if direct expenditure to benefit	Can	didate/Officel	nolder name			Office sought			Office held
	C/OH									
F	Date		Payee name							
	05/13/2024	l	T Mobile							
\vdash	Amount (\$)	_	Payee addre	ss; City;	Stat	e; Zip C	ode			
	\$56.10	l	PO Box 742			, _,,	-			
	Reimbursement from									
	X political contributions intended	_	Cincinnati,				-			
	PURPOSE OF	l			ed at the top of this s	chedule)	Description	=		utside of Texas. Complete Schedule T. TX, officeholder living expense
	EXPENDITURE	'	Office Over	head/Renta	ı ⊨xpense		Campaign Phone	_		, oocholaci livilig experise
							Campaign Filoni	د عد	OI VICE	
	Complete ONLY if direct	Can	didate/Office	nolder name			Office sought			Office held
	expenditure to benefit C/OH	Jan	andato, Office	Total Haine			Omee Sought			Cino noid

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 8/10 Rpt: 17/19 Vo, Hubert (The Honorable) 00054795 Date Payee name 06/28/2024 T Mobile 6 Amount (\$) Payee address; City; State; Zip Code PO Box 742596 \$56.11 Reimbursement from political contributions intended Х Cincinnati, OH 45274 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE**

9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit			
	C/OH			

Texas House of Representatives House Business Office

City;

Category (See Categories listed at the top of this schedule)

Gift/Awards/Memorials Expense

Candidate/Officeholder name

Payee name

Payee address;

1100 Congress Ave

\$47.54

Campaign Phone Service

Description

Office sought

PO Box Subscription

Reimbursement from political contributions intended	4N.8 Austin, TX 78701						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Gif	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					
Date 03/03/2024	Payee name USPS						
Amount (\$) \$194.00	Payee address; City; State; Zip Code 11936 Bellaire Blvd						
Reimbursement from political contributions intended	Alief, TX 77411						

State; Zip Code

Date

05/03/2024

Amount (\$)

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit

C/OH

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			Gift/Awards/Memorials Expense Legal Services		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
			The Instruction Guide explains	s now to c	omplete this form.	
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 9/10 Rpt: 18/19		(The Honorable)			00054795
4	Date	5 Payee name	9			
	02/28/2024	Walmart				
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip C	ode	
	\$77.19	345 Hwy 6				
	Reimbursement from					
	X political contributions intended	Sugarland,	TX 77478			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Office Ove	rhead/Rental Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE		•		Office Supplies	
9	Complete ONLY if direct	L Candidate/Office	eholder name		Office sought	Office held
-	expenditure to benefit				g	
	C/OH					
	Date	Payee name	2			
	04/04/2024	Walmart				
	Amount (\$)	Payee addre	ess; City; State	e; Zip C	ode	
	\$93.26	345 Hwy 6	oss, only, state	, Zip C	ouc	
		343 HWy 0				
	Reimbursement from political contributions					
	intended	Sugarland,	TX 77478			
	PURPOSE	Category (s	See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Office Supplies	
		Candidate/Office	eholder name		Office sought	Office held
	expenditure to benefit C/OH					
		<u> </u>				
	Date	Payee name	9			
	05/13/2024	Walmart				
	Amount (\$)	Payee addre	ess; City; State	e; Zip C	ode	
	\$79.29	345 Hwy 6				
	Reimbursement from					
	X political contributions intended	Sugarland,	TX 77478			
	PURPOSE	_	See Categories listed at the top of this so	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	1	rhead/Rental Expense	ineduic)		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Over	meda/Nemai Expense		Office Supplies	_
					Similar Cappings	
	Complete ONLY if direct	Candidate/Office	sholder name		Office sought	Office held
	expenditure to benefit	Candidate/Office	HOIGE HAITE		Onice Sougill	Office field
	C/OH					

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 19/19 Vo, Hubert (The Honorable) 00054795 Date Payee name 06/10/2024 Walmart 6 Amount (\$) Payee address; City; State; Zip Code \$81.72 345 Hwy 6 Reimbursement from political contributions intended Х Sugarland, TX 77478 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Office Supplies Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH