#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00051630 203 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable D. Bryan 01/22/2025 NAME NICKNAME LAST **SUFFIX** Hughes Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff Other (specify) REPORT TYPE July 15 Exceeded modified reporting limit Receipt # Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 07/01/2024 12/31/2024 **EXPLANATION OF CORRECTION** This corrected report is filed to add a contribution received during the reporting period that was inadvertently omitted from the originally filed report. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable D. Bryan Hughes Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00051630		2 Total pages file 20	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	D. Bryan			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/22/2025	
	NICKNAIVIE	Hughes		SUFFIX	01/22/2020	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	PO Box 450				Receipt #	Amount
ADDRESS					Treesipt #	, and and
Change of Address	Mineola, TX 75773				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Steve				
	NICKNAME	LAST		SUFFIX		
		Dement				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP'	T / SUITE #; CITY	; STA	TE; ZIP CODE
TREASURER ADDRESS	4595 Kinsey Dr.					
(Residence or Business)						
(,	Tyler, TX 75703					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
TREASURER	(903) 534-8000	JNE NUMBER E	EXTENSION			
PHONE	(903) 534-8000					
8 REPORT						
TYPE	X January 15	30th day before	election	Runoff	15th day after can	npaign treasurer
					appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
<b>a</b> DEDIOD	Manth Bay Van			Marath Davi		
9 PERIOD COVERED	Month Day Yea 07/01/2024		IROUGH	Month Day 12/31/202	Year	
	07/01/2024		ikoogn	12/31/20/	24	
10 ELECTION	ELECTION DATE	<del></del>		ELECTION TYPE		
10 ELECTION	Month Day Yea	r	rimary	Runoff	Other	
			-	브	Ш	
			eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
	State Senator District 1			State Senator D	DISTRICT 1	
		GO T	O PAGE 2			

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 203

13 C / OH NAME	Hughes, D. Bryan (Th	e Honorable)	<b>14</b> Filer ID 00051630	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendir These expenditures may have been made withous officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	AND EDGES LOANS	1
16 CONTRIBUTION TOTALS	ECTRONICALLY)	\$ 10.00		
	IS)	\$ 941,232.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 154,001.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 3,011,209.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AST TING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
			orable D. Bryan Hugh	
		Signature o	of Candidate or Officeho	IUCI
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

#### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

				4 of 203
18 FILER NAME Hughes, D. Bryan (The Honor	able)	<b>19</b> Filer ID 00051630	(Ethics Con	ımission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTO	OTAL AMOUNT
1. X SCHEDULE A1: MC	NETARY POLITICAL CONTRIBUTIONS		\$	940,837.00
2. X SCHEDULE A2: NC	N-MONETARY (IN-KIND) POLITICAL CONTRIE	BUTIONS	\$	395.00
3. SCHEDULE B: PLE	DGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOA	NS		\$	
5. X SCHEDULE F1: PO	LITICAL EXPENDITURES FROM POLITICAL CO	ONTRIBUTIONS	\$	137,436.54
6. SCHEDULE F2: UN	PAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PU	RCHASE OF INVESTMENTS FROM POLITICAL	L CONTRIBUTIONS	\$	
8. X SCHEDULE F4: EX	PENDITURES MADE BY CREDIT CARD		\$	8,064.37
9. X SCHEDULE G: POL	ITICAL EXPENDITURES FROM PERSONAL FU	JNDS	\$	8,501.05
10. SCHEDULE H: PAY	MENT FROM POLITICAL CONTRIBUTIONS TO	) A BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-	POLITICAL EXPENDITURES FROM POLITICAL	_ CONTRIBUTIONS	\$	
12. X SCHEDULE K: INTE	REST, CREDITS, GAINS, REFUNDS, AND CON	NTRIBUTIONS RETURNED	\$	45,095.14

	MONEI	ARY POLITICAL (	CONTRIBUTIO	JNS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/74 Rpt: 5/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/13/2024	<ul><li>5 Full name of contributor ABBVIE PAC</li><li>6 Contributor address; City; S</li></ul>	x out-of-state PAC (ID#: 4	C00536573 )	7	Amount of Contribution (\$)	\$1,500.00
R	Principal occu	North Chicago, IL 60064 pation / Job title (See Instructions	5)	9 Employer (See Instructions	<u>s)</u>		
١	r illicipai occu	pation / 300 title (3ee instructions	s)	Employer (See instructions	P)		
	Date 12/14/2024	Full name of contributor ABC PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78767			<u> </u>		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/22/2024	Full name of contributor AT&T Texas PAC Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Abbott Laboratories Empl Contributor address; City; S  Abbott Part, IL 60064-600	tate; Zip Code	C002274431 )	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Ahlberg, Trevor L.  Contributor address; City; S  Irving, TX 75038	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
		pation / Job title (See Instructions	8)	Employer (See Instructions		os II C	
	CEO			Cottonwood Financial T	-X	as LLC	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/74 Rpt: 6/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Alabama-Coushatta Tribe</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$2,500.00
		Livingston, TX 77351				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#: Allen Sr., Randolph Mike  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Paris, TX 75460 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Date 12/11/2024	Full name of contributor x out-of-state PAC (ID#: CALC)  Altria Group, Inc., AltriaPAC  Contributor address; City; State; Zip Code  Washington, DC 20001	00089136		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 12/11/2024	Full name of contributor	000830083		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor x out-of-state PAC (ID#: CAMERICAN PROPERTY Casualty Insurance Assoc. (In Contributor address; City; State; Zip Code Chicago, IL 60631-3512			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/74 Rpt: 7/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/10/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00
		Thousand Oaks, CA 91320				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_Andres, Warren  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75225 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 10/22/2024	Full name of contributor X out-of-state PAC (ID#: \( \text{Apache Corporation PAC} \)  Contributor address; City; State; Zip Code  Houston, TX 77042-3643	C00279224 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Aransas-Corpus Christi Pilots PAC Contributor address; City; State; Zip Code  Corpus Christi, TX 78403-2767	)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/12/2024	Full name of contributor X out-of-state PAC (ID#: GARDEN LANGE STATE OF STA	Fund	•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/74 Rpt: 8/203	
2	FILER NAME				3	Filer ID (Ethics Commissi	ion Filers)
	Hughes, D. I	Bryan (The Honorable)				00051630	
4	Date 12/11/2024	<ul><li>5 Full name of contributor Arnold, Greg</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$10,000.00
		Texarkana, TX 75504					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	President &	CEO		The Arnold Companies			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/04/2024	Associated General Contr	—	,		· · ·	\$5,000.00
		Contributor address; City; St					
		Austin, TX 78768					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	11/07/2024	Atmos Energy Corporation	—			γιποαπε οι Continbation (φ)	\$3,000.00
		Contributor address; City; St					,,,,,,,,,,,
		Dallas, TX 75240-2630					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/11/2024	Austin Police Association  Contributor address; City; St					\$1,000.00
		Austin, TX 78721					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	BEARBACKERPAC	_				\$5,000.00
		Contributor address; City; St	ate; Zip Code				
		Houston, TX 77056					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIB	UTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 5/74 Rpt: 9/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 07/20/2024	<ul> <li>Full name of contributor</li></ul>	AC (ID#: <u>C</u>	00235739)	7	Amount of Contribution (\$)	\$2,500.00
•	Principal occu	Fort Worth, TX 76161-0039 pation / Job title (See Instructions)	1	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)		e Employer (See instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state P. BPA PAC  Contributor address; City; State; Zip Code	AC (ID#:			Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/07/2024	Full name of contributor X out-of-state P. Bank of America State & Federal PAC Contributor address; City; State; Zip Code	AC (ID#: C	00043489 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Wilmington, DE 19808 pation / Job title (See Instructions)		Employer (See Instructions	) 		
		,		p, c. (c.c	,		
	Date 11/05/2024	Contributor address; City; State; Zip Code	. –			Amount of Contribution (\$)	\$200.00
	Principal occu Owner	Paris, TX 75461-6531 pation / Job title (See Instructions)		Employer (See Instructions Barham Bail Bonds	<u> </u> ;)		
	Date 11/05/2024	Full name of contributor out-of-state P. Barr, John H.  Contributor address; City; State; Zip Code  Tyler, TX 75701		)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 6/74 Rpt: 10/203
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051630
4	Date 12/14/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Bass, Barbara</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$) \$500.00
_	Dringing Lagra	Tyler, TX 75703	٦	Free lever (Coo le structione	<u></u>	
8	Nonprofit Au	pation / Job title (See Instructions) ctioneer	9	Employer (See Instructions Self employed	5)	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Beard, Ty and Torri  Contributor address; City; State; Zip Code  Tyler, TX 75703-5740		)	•	Amount of Contribution (\$) \$10,000.00
		pation / Job title (See Instructions)		Employer (See Instructions		
	Attorney			Beard & Harris Attorney	'S a	tt Law
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_ Beef-PAC				Amount of Contribution (\$) \$1,000.00
	Principal occu	Amarillo, TX 79106 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_ Boating Trades Assoc. of Metropolitan Houston Contributor address; City; State; Zip Code  Houston, TX 77054	, P		•	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			<u> </u>			

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/74 Rpt: 11/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	ion Filers)
4	Date 12/12/2024	<ul><li>5 Full name of contributor Border Health PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25,000.00
_	<u> </u>	McAllen, TX 78504	,				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 12/07/2024	Full name of contributor Bosworth, Michael & Susa Contributor address; City; S Tyler, TX 75711			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Insurance A	gent		Bosworth & Associated			
	Date 10/11/2024	Full name of contributor Bresnen, Steven & Amy Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu Attorneys	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		
	Date 12/13/2024	Full name of contributor Broadway Rusty Nail Contributor address; City; S Tyler, TX 75702			•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 12/05/2024	Full name of contributor Brookshire PAC Contributor address; City; S Tyler, TX 75710-1411	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/74 Rpt: 12/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Brookshire, Bruce Garnett</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$250.00
		Tyler, TX 75702				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Buie, Herbert C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing! goog	Tyler, TX 75701-5820	Employer (Co.) Instructions			
	Director	pation / Job title (See Instructions)	Employer (See Instructions Southside Bank	)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Buie, Herbert C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Tyler, TX 75701-5820				
	Principal occu Director	pation / Job title (See Instructions)	Employer (See Instructions Southside Bank	)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Bunch, Ray Contributor address; City; State; Zip Code  Mount Pleasant, TX 75455	)		Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Butler Snow PAC Contributor address; City; State; Zip Code Ridgeland, MS 39158-6010	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	)NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	I	al pages Schedule A1: h: 9/74 Rpt: 13/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		l	er ID (Ethics Commission 051630	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> Am	ount of Contribution (\$)	\$1,000.00
_	Deire deal and	Austin, TX 78701	10. Familiary (Con Instruction	<u> </u>		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	s) 		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ CRAFTPAC Contributor address; City; State; Zip Code		Am	ount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78766  upation / Job title (See Instructions)	Employer (See Instructions	) s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Cain, Sally H.  Contributor address; City; State; Zip Code		Am	ount of Contribution (\$)	\$200.00
	Principal occu	Dallas, TX 75214 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Cano, Charlie Contributor address; City; State; Zip Code	)	Am	ount of Contribution (\$)	\$2,000.00
	Principal occu CEO	upation / Job title (See Instructions)	Employer (See Instructions Etex Telephone Cooper			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Cardwell, Ginger Contributor address; City; State; Zip Code  Tyler, TX 75701-1654		Am	ount of Contribution (\$)	\$250.00
	Principal occu Consultant	upation / Job title (See Instructions)	Employer (See Instructions CWJ Strategies	s)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 10/74 Rpt: 14/203		
2	FILER NAME Hughes, D. E	Bryan (The Honorable)				3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 09/12/2024	<ul><li>5 Full name of contributor Carona Sr., John J. (The I-</li><li>6 Contributor address; City; Sta</li></ul>			)	7	Amount of Contribution (\$)	\$2,500.00	
_	Dringing! aggs	Dallas, TX 75205		_	Employer (See Instructions	_			
0	•	pation / Job title (See Instructions) Chief Executive Officer	'		Employer (See Instructions Associa	)			
	Date 09/20/2024	Full name of contributor Carrillo, Victor (The Honor Contributor address; City; Sta			)		Amount of Contribution (\$)	\$200.00	
		Rockwall, TX 75032-8451							
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	<b>(</b> )			
	Date 10/28/2024	Full name of contributor  Carroll, James  Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00	
		Longview, TX 75605							
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	5)			
	Date 11/05/2024	Full name of contributor Carter, James & Brenda Contributor address; City; Sta Mineola, TX 75773	out-of-state PAC (ID#: atte; Zip Code				Amount of Contribution (\$)	\$50.00	
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	5)			
	Date 10/11/2024	Full name of contributor Casselberry, Donald Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$300.00	
	Principal occu Founder & C	pation / Job title (See Instructions			Employer (See Instructions Quorum Public Affairs, I				
					Z				

	MONET	ARY POLITICAL CONTR	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this forn	1.	1	Total pages Schedule A1: Sch: 11/74 Rpt: 15/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commissi 00051630	on Filers)
4	Date 10/18/2024	<del></del>			7	Amount of Contribution (\$)	\$1,500.00
		Irving, TX 75039					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 12/11/2024	Full name of contributor out-of-s  Cavender, Joe M.  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Deinsinal	Tyler, TX 75703-0574		Franklause (Coo la structiona			
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Cavender's Boot City	5)		
	Date 10/11/2024	Full name of contributor X out-of-s Centene Corporation PAC Contributor address; City; State; Zip Co	state PAC (ID#: <u>C003</u> de	397851 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	St. Louis, MO 63105 pation / Job title (See Instructions)		Employer (See Instructions	7		
	T Tilloipai ooda	patient, cop the (eee mendelene)			,		
	Date 12/06/2024	Full name of contributor out-of-s Charter Communications, Inc. Texa Contributor address; City; State; Zip Co Austin, TX 78701-5007				Amount of Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/12/2024	Full name of contributor out-of-s Charter Schools Now PAC Contributor address; City; State; Zip Co	otate PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
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	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/74 Rpt: 16/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 10/11/2024	5 Full name of contributor Chevron Employees PAC ( 6 Contributor address; City; Star			7	Amount of Contribution (\$)	\$2,500.00		
		San Ramon, CA 94583							
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	s)				
	Date 10/22/2024	Full name of contributor Choctaw Nation of Oklahon Contributor address; City; Star				Amount of Contribution (\$)	\$5,000.00		
	Dringing agg	Durant, OK 74702		Employer (See Instructions	·/				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 11/05/2024	Chubb Group Holdings, Inc Contributor address; City; Sta		)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Philadelphia, PA 19106 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)				
	Date 11/21/2024	Full name of contributor [Cigna Group Employee PA Contributor address; City; Star		00085316 )		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Date 11/07/2024	Full name of contributor  Coe, Janet & Joe  Contributor address; City; Star  Winnsboro, TX 75494-2302	•			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
			I						

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 13/74 Rpt: 17/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
		Lampasas, TX 76550					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Criminal Court Judge	s) 		
	Date 11/19/2024	Full name of contributor		)		Amount of Contribution (\$)	\$1,000.00
		Lampasas, TX 76550					
	VP Govt. Aff	pation / Job title (See Instructions) airs		Employer (See Instructions Smart Start LLC	5)		
	Date 11/21/2024	Full name of contributor X out-of-state PAC (ID#: Comcast Corporation & NBCUniversal PAC Contributor address; City; State; Zip Code	C00	0248716 )		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Philadelphia, PA 19103 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	•						
	Date 10/11/2024	Full name of contributor	sulti			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> S)		
	Date 11/15/2024	Full name of contributor X out-of-state PAC (ID#: ConocoPhillips SPIRIT PAC Contributor address; City; State; Zip Code Bartleville, OK 74004	C00	0112896 )		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			•				

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 14/74 Rpt: 18/203		
2	FILER NAME Hughes, D. E	Bryan (The Honorable)				3	Filer ID (Ethics Commissi 00051630	on Filers)	
4	Date 12/13/2024	<ul><li>5 Full name of contributor Crow, Harlan R.</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$7,500.00	
8	Dringinal accu	Dallas, TX 75219-3913 pation / Job title (See Instructions	s) [1	<u> </u>	Employer (See Instructions	·/-			
0	Chairman of		5)	ฮ	Crow Holdings	)			
	Date 10/11/2024	Full name of contributor  Dallas Police Officer PAC  Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00	
		Dallas, TX 75215							
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)			
	Date 10/11/2024	Full name of contributor  Dentaquest Political Action  Contributor address; City; S		00	782292 )		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Boston, MA 02129 pation / Job title (See Instructions			Employer (See Instructions	·/			
	i illicipai occu	pation / Job title (See Instructions	5)		Employer (See mandenoria	')			
	Date 11/05/2024	Full name of contributor Dickinson, Barbara Contributor address; City; S Longview, TX 75604	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)			
	Date 12/11/2024	Full name of contributor Dobson, Sean Contributor address; City; S Austin, TX 78746	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10,000.00	
	Principal occu Chairman, C	pation / Job title (See Instructions	5)		Employer (See Instructions The Amherst Group LLC				
	Chairman, C	LO & 010			THE Allileist Gloup LLC				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 15/74 Rpt: 19/203
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission Filers) 00051630
4	Date 12/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Drake, Brad</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$) \$2,500.00
		McKinney, TX 75072	_			
8	Principal occu CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Lamar Companies LLC	s) 	
	Date 11/04/2024	Full name of contributor out-of-state PAC (ID#:_ Edwards, Curtis H.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$) \$6.00
	Deireciant	Gilmer, TX 75645	_	Frankrije (Ozakasti za		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/11/2024	Full name of contributor X out-of-state PAC (ID#:_ Eli Lilly and Company PAC  Contributor address; City; State; Zip Code	C00	)		Amount of Contribution (\$) \$2,000.00
	Principal occu	Indianapolis, IN 46285 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)	
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Elmore, John T.  Contributor address; City; State; Zip Code  Longview, TX 75605		)		Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Enge, Joel  Contributor address; City; State; Zip Code  Tyler, TX 75702				Amount of Contribution (\$) \$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			<u>1</u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/74 Rpt: 20/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051630		
4	Date 11/05/2024	5 Full name of contributor out-of-state PAC (ID#:_ ExxonMobil PAC, PAC of Texas  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
_		Irving, TX 75039					
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Faust, Tyson D.  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$5,000.00		
	Dringing Lagge	Houston, TX 77027					
	Chairman/Cl	pation / Job title (See Instructions)	Employer (See Instructions Faust Distributing Co.	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Fieldstead and Company  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
		Irvine, CA 92623	1				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Finley, Joel Trace  Contributor address; City; State; Zip Code  Driftwood, TX 78619	)		Amount of Contribution (\$) \$500.00		
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Gateway Partners Gove		ment Affairs		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_Fleming, JoAnn Contributor address; City; State; Zip Code Flint, TX 75762			Amount of Contribution (\$) \$250.00		
	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: 17/74 Rpt: 21/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Focused Advocacy PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_	<u> </u>	Austin, TX 78746				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Foley & Lardner LLP Texas Campaign Fund  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dallas , TX 75201-3340 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Ford, Curtis E. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78746				
	CEO	pation / Job title (See Instructions)	Employer (See Instructions) Media Choice	)		
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_Franks, Charlene  Contributor address; City; State; Zip Code  Karnack, TX 75661			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_Friends of the TTU System PAC  Contributor address; City; State; Zip Code  Lubbock, TX 79409			Amount of Contribution (\$)	\$10,000.00
	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: 18/74 Rpt: 22/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Friends of the University PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78763				
8	Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Funds Available for Involved Reporters  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Athens, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 11/21/2024	Full name of contributor X out-of-state PAC (ID#: Gainwell Holding Corp. PAC  Contributor address; City; State; Zip Code  Conway, AR 72034	C00440453 )		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_Garrett, John R.  Contributor address; City; State; Zip Code  Tyler, TX 75701			Amount of Contribution (\$)	\$2,500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions) Fair Oil Co.	)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_Garver, C.M.  Contributor address; City; State; Zip Code  Houston, TX 77055			Amount of Contribution (\$)	\$7,500.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions) Garver Real Estate	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/74 Rpt: 23/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 09/20/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Germania Farm Mutual PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
_	Deinsinal	Brenham, TX 77834	O Frankrica (Con Instruction				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_Gibson III, Lee R.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Tyler, TX 75703  upation / Job title (See Instructions)	Employer (See Instructions	)			
	President &		Southside Bank				
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Glenn, David B. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00	
		Texarkana, TX 75503					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Glenney, Chris Contributor address; City; State; Zip Code  Tyler, TX 75707	)		Amount of Contribution (\$)	\$750.00	
	•	opation / Job title (See Instructions) Operations NE Texas/N Louisiana	Employer (See Instructions Christus Health	)			
	Date 09/29/2024	Full name of contributor out-of-state PAC (ID#:_ Good Government Fund Contributor address; City; State; Zip Code  Ft. Worth, TX 76102			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/74 Rpt: 24/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 11/04/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$5,000.00	
_		Ft. Worth, TX 76102					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Grace & McEwan Consulting LLC Political Fund Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Gray Reed PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Houston, TX 77056  pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Greer, James & Carol (The Honorable) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Gregg, Aaron C. Contributor address; City; State; Zip Code Fullerton, CA 92832	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/74 Rpt: 25/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,000.00
•	Dringing occur	Houston, TX 77077 pation / Job title (See Instructions)	Employer /See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ HMWK LLC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· ····o.pa ooda	panon, cos uno (cos menusuone)		,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of TEXAS Texas Association of Buil Contributor address; City; State; Zip Code	ders		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ HOSPAC - State Contributor address; City; State; Zip Code  Austin, TX 78701-2180	)		Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ HS Law PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDU	LE A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 22/74 Rpt: 26/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commissi 00051630	on Filers)
4	Date 12/07/2024	<ul><li>5 Full name of contributor  Haberle, Fred</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25,000.00
8	Principal occur	Tyler, TX 75703 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	VicePresider			Orion Pipeline, LLC	,		
	Date 12/05/2024	Full name of contributor Hager Campaign  Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Tyler, TX 75702-7226					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor  Halliburton Co. PAC (HALPA  Contributor address; City; State;		)		Amount of Contribution (\$)	\$2,500.00
		Houston, TX 77072					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor  Hancock, Brian & Jan  Contributor address; City; State;  Tyler, TX 75703	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occup Owner/Presid	pation / Job title (See Instructions) dent		Employer (See Instructions E&P Services Group	)		
	Date 12/11/2024	Full name of contributor  Hardin, Jeffrey  Contributor address; City; State;  Flint, TX 75762	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occup	oation / Job title (See Instructions)		Employer (See Instructions Tomahawk Energy Serv		s II C	
	SWIIG			. S. Harlawk Energy Serv			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/74 Rpt: 27/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Harris, Aaron  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
_		North Richland Hills, TX 76180				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Harrison M.D., Craig Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	Employer (See Instructions			
	Surgeon	pation / Job title (See Instructions)	Self Employed	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Hartnett, Will Ford (The Honorable) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75201				
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions The Hartnett Law Firm	)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Haskins, Shirley (Mrs.)  Contributor address; City; State; Zip Code  Emory, TX 75440			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 10/27/2024	Full name of contributor out-of-state PAC (ID#:_ Hawkins, Jay Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE A1
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 24/74 Rpt: 28/203
2	FILER NAME Hughes, D. E	Bryan (The Honorable)				3	Filer ID (Ethics Commission Filers) 00051630
4	Date 08/21/2024	<ul><li>5 Full name of contributor Hays, James Michael</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$) \$5,000.00
_	Deignaignal	Homer, LA 71040	<u>.</u>		Franks var (Caa kastu ationa	<u></u>	
8	Owner -	pation / Job title (See Instruction:	5)	9	Employer (See Instructions Hays Oil Services	·)	
	Date 11/19/2024	Full name of contributor Hazelwood, Sheryl Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$) \$20.00
	<u> </u>	Livingston, TX 77399	,			<u></u>	
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)	
	Date 12/10/2024	Full name of contributor Heavin, H. Gary Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$) \$10,000.00
	Delicalization	Gatesville, TX 76528			Foundation (Construction	$\overline{\Gamma}$	
	Entrepreneu	pation / Job title (See Instructions r	5)		Employer (See Instructions Self employed	5)	
	Date 12/04/2024	Full name of contributor Hibbs, Tisa & Billy Contributor address; City; S Tyler, TX 75701					Amount of Contribution (\$) \$500.00
	Principal occu Chairman &	pation / Job title (See Instructions	s)		Employer (See Instructions Heartland Security Insu	•	ce Group
	Date 11/05/2024	Full name of contributor Hicks Ph.D, Marian B Contributor address; City; S Palestine, TX 75802	out-of-state PAC (ID#:		)		Amount of Contribution (\$) \$10.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/74 Rpt: 29/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/19/2024	<ul><li>5 Full name of contributor Hillco PAC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$5,000.00
0	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	<u>.,                                      </u>	9 Employer (See Instruction			
0	Fillicipal occu	pation / Job title (See Instructions	) 	a Employer (See Instruction	15)		
	Date 11/26/2024	Full name of contributor Hochheim Prairie PAC Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$1,000.00
		Yoakum, TX 77995	, ,		Ţ		
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	ns)		
	Date 10/11/2024	Full name of contributor Holland and Knight Texas Contributor address; City; S				Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	ns)		
	Date 11/05/2024	Full name of contributor Holly, Larry & Nancy Contributor address; City; S Gladewater, TX 75647-25	tate; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instruction	ns)		
	Date 11/18/2024	Full name of contributor Holmes, James Contributor address; City; S Dallas, TX 75201				Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions Businessman	s)	Employer (See Instruction Holmes PLLC, Robur I			
	, womey and	Zasinessinari		Tionnes i ELO, Nobuli			

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/74 Rpt: 30/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 11/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Hospitality Health ER PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5,000.00		
_	Deinsinal	Bellaire, TX 77401						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 12/11/2024	Full name of contributor			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	San Antonio, TX 78256  upation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Huggins III, Joe O. Contributor address; City; State; Zip Code Houston, TX 77066			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Houston Distributing Co.		nc.			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Hughey Jr., Gaylord T. Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	)				
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Hunt, Woody L. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu Chairman &	upation / Job title (See Instructions) CEO	Employer (See Instructions Hunt Companies, Inc.	)				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/74 Rpt: 31/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 10/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$2,500.00		
_		Houston, TX 77002						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell LLP Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00		
	Dringing	St. Louis, MO 63105	Frankrija (Cas Instructiona					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell Strategies LLC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00		
		Jefferson City, MO 65101						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_INDEPAC  Contributor address; City; State; Zip Code  Austin, TX 78750	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Incline PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONET	ARY POLITICAL C	NS 		SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/74 Rpt: 32/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 11/21/2024	<ul><li>5 Full name of contributor</li><li>JES HOldings LLC - Texa</li><li>6 Contributor address; City; St</li></ul>			7	Amount of Contribution (\$)	\$2,500.00		
		Columbia, MO 65203							
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	s)				
	Date 12/11/2024	Full name of contributor Jackson Walker L.L.P. PA Contributor address; City; St			•	Amount of Contribution (\$)	\$1,500.00		
	District	Dallas, TX 75201-2725	\	Frankrije (Ozakativation	<u> </u>				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	S)				
	Date 12/12/2024	Full name of contributor Jackson, Mary Elizabeth ( Contributor address; City; St		)		Amount of Contribution (\$)	\$1,500.00		
	<u> </u>	Tyler, TX 75706		5 1 (0 1 1 1	Ĺ				
	Administration	pation / Job title (See Instructions on	)	Employer (See Instructions Christus Health	5)				
	Date 10/14/2024	Full name of contributor Jocelyn Dabeau Governm Contributor address; City; St Austin, TX 78731-6134				Amount of Contribution (\$)	\$1,250.00		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)				
	Date 12/04/2024	Full name of contributor Johnson, Casey  Contributor address; City; St  Longview, TX 75605-7352				Amount of Contribution (\$)	\$2,000.00		
	Principal occu President	pation / Job title (See Instructions	)	Employer (See Instructions Longview Bridge & Roa					
	-								

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 29/74 Rpt: 33/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 08/28/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$20.00
		Tyler, TX 75701					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 12/06/2024	Full name of contributor  Johnson, John  Contributor address; City; State		)		Amount of Contribution (\$)	\$7,500.00
	Deinsinal assu	Houston, TX 77007		Franks var (Caa kastu atiana			
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Silver Eagle Houston	)		
	Date 11/05/2024	Full name of contributor  Johnston, Jody  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
		Alba, TX 75410					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor  Junior and Community Collet  Contributor address; City; State  Austin, TX 78701-1686	-	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor  Karlsruher, Jessica  Contributor address; City; State  Austin, TX 78737	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$150.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Root Strategies	)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/74 Rpt: 34/203
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051630
4	Date 11/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$) \$50.00
_		Alba, TX 75410			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas  Contributor address; City; State; Zip Code  Eagle Pass, TX 78852			Amount of Contribution (\$) \$25,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_ King, Connie Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00
	Principal occu	Texarkana, TX 75503 pation / Job title (See Instructions)	Employer (See Instructions		
	- Timolpai coca	pation / cos title (cos monastions)	Employer (God morradiene	,	
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_Kirby Corp. PAC  Contributor address; City; State; Zip Code  Houston, TX 77007			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#:_Kuhl, Jr. P.C., P. John  Contributor address; City; State; Zip Code  Houston, TX 77056	)		Amount of Contribution (\$) \$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions SK Law	)	

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 31/74 Rpt: 35/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/11/2024	<ul><li>5 Full name of contributor  o LUMPAC</li><li>6 Contributor address; City; State; Z</li></ul>		)	7	Amount of Contribution (\$)	\$5,000.00
•	Dringing occu	Austin, TX 78703	lo.	Employer (See Instructions			
•	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	,		
	Date 11/05/2024	Full name of contributor occupied of contributor occupied	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Dein sin al a a su	Fairview, TX 75069	1	England (Carlot Instruction)			
	Telecom	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 12/13/2024	Full name of contributor of cambeth, Jim Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Flint, TX 75762					
	Principal occu Capital Partr	pation / Job title (See Instructions) ner		Employer (See Instructions Linebarger Attorneys at		N	
	Date 12/13/2024	Full name of contributor of contributor of contributor address; City; State; Z  Austin, TX 78760		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor of contributor of contributor address; City; State; Zontributor, TX 78701		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>I</b>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/74 Rpt: 36/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Dallas, TX 75201-6776  pation / Job title (See Instructions)	9 Employer (See Instructions	)		
_	· ····o.pa ooda	panent cos and (cos men actions)		,		
	Date 11/26/2024	Full name of contributor out-of-state PAC (ID#:_Longbow Partners  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing Lagor	Austin, TX 78701	Franks or (Cas Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/05/2024	Full name of contributor out-of-state PAC (ID#:_Loomis, David  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Magnolia, TX 77353-1067				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Lovil, Betty Ann Contributor address; City; State; Zip Code Tyler, TX 75709	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/09/2024	Full name of contributor out-of-state PAC (ID#:_Luke, Carol  Contributor address; City; State; Zip Code  Yantis, TX 75497	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 33/74 Rpt: 37/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/05/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$20.00
_		Mineola, TX 75773					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 07/03/2024	Full name of contributor out-of-state PA Mahroum, Eric  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$300.00
	Principal occu	Houston, TX 77062 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Consultant	pation 7 cos tale (coe monactions)		Mahroum Communication		, LLC	
	Date Full name of contributor out-of-state PAC (ID#:)  11/25/2024 Maier, Richard N.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Austin, TX 78751					
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00208322  07/20/2024 Management & Training Corp. PAC  Contributor address; City; State; Zip Code  Centerville, UT 84014		)		Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 34/74 Rpt: 38/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/05/2024	5 Full name of contributor [ Martin, Claudia	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$20.00
_		Mineola, TX 75773-0631			<u></u>		
8	Principal occu	pation / Job title (See Instructions)	8	Employer (See Instructions	S)		
	Date 12/07/2024	Full name of contributor [ Martin III, Ruben Contributor address; City; Sta				Amount of Contribution (\$)	\$5,000.00
	Dringing age	Kilgore, TX 75663	т	Employer (Coo Instructions	<u></u>		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Martin Resource Manag		nent Corp.	
	Date 11/05/2024	Full name of contributor  Matthews, James C.  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Lindale, TX 75771					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/24/2024	Full name of contributor  McCabe, Elizabeth C.  Contributor address; City; Sta  Dallas, TX 75229			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 11/05/2024	Full name of contributor  McGarrett, Wanda  Contributor address; City; Sta  Jefferson, TX 75673	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			L				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/74 Rpt: 39/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 11/05/2024	5 Full name of contributor out-of-state PAC (ID#:_McGee, Edgar L.  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_	Deignainal agai	Flint, TX 75762-0476	O Franksian (Coo kastrustians				
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)			
	Date 10/11/2024	Full name of contributor x out-of-state PAC (ID#: McGuire Woods Federal PAC Fund Contributor address; City; State; Zip Code	C00225342 )		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ McGuire, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Co-Managin	g Partner & CEO	Andrews Distributing				
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ McKenzie, Michael  Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482			Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/11/2024	Full name of contributor x out-of-state PAC (ID#: 4 McKesson Corp. Employees Political Fund Contributor address; City; State; Zip Code Washington, DC 20004	C00108035 )		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 36/74 Rpt: 40/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/10/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$5,000.00
_	Dringing! aggs	Tyler, TX 75703	lo.	Employer (Coo Instructions			
8	Principal occu President/CE	pation / Job title (See Instructions)	9	Employer (See Instructions The Genecov Group	)		
	Date 12/11/2024	Full name of contributor  McRae, Cody A.  Contributor address; City; State;				Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77042 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Investor			OmniBase Services of T	ex	as	
	Date 11/19/2024	Full name of contributor  McWhorter, Early  Contributor address; City; State;	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Marshall, TX 75672-7608 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 Melton, Michael & Lydia  Contributor address; City; State; Zip Code  Wake Village, TX 75501			Amount of Contribution (\$)	\$10.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/12/2024	Full name of contributor  Merck Employees PAC  Contributor address; City; State;  Washington, DC 20004	out-of-state PAC (ID#: C00	097485		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/74 Rpt: 41/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 07/01/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Miers, Harriet</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,500.00	
_		Dallas, TX 75230					
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions) Locke Lord LLP	)			
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Mills, Bruce  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00	
	Principal occu	Dodd City, TX 75438 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Minton Jr., John Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00	
		Tyler, TX 75701					
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Potter Minton, PC	)			
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Minton Jr., John Contributor address; City; State; Zip Code  Tyler, TX 75701			Amount of Contribution (\$)	\$500.00	
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Potter Minton, PC	)			
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Mitchell, Wanda R.  Contributor address; City; State; Zip Code  Longview, TX 75605			Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 38/74 Rpt: 42/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/05/2024	<ul> <li>Full name of contributor  out-of-st  Mobbs, Jennifer</li> <li>Contributor address; City; State; Zip Cod</li> </ul>		)	7	Amount of Contribution (\$)	\$20.00
_		Tyler, TX 75701	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 08/31/2024	Moore, Douglas		)		Amount of Contribution (\$)	\$50.00
		Hideaway, TX 75771					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-st NABIP Texas PAC Contributor address; City; State; Zip Cod	tate PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Cranford, NJ 07016					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor x out-of-st NACDS PAC  Contributor address; City; State; Zip Cod  Arlington, VA 22209	tate PAC (ID#: <u>C00</u>	022368 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-st NAIFA Texas IFAPAC  Contributor address; City; State; Zip Cod  Austin, TX 78746	ate PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	s fori	m.	1	Total pages Schedule A1: Sch: 39/74 Rpt: 43/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/21/2024	<ul> <li>Full name of contributor  out-of-state PAC (IE NCHA's Texas Events PAC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Fort Worth, TX 76107 pation / Job title (See Instructions)	9	Employer (See Instructions	3)		
Ŭ	i illopai occa	pation / oob title (eee mandellons)		Employer (See mandedons	')		
	Date 12/11/2024	Full name of contributor out-of-state PAC (IE Nall, Mike Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Kingwood, TX 77345					
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions OmniBase Services of T		as	
	Date 10/11/2024	Full name of contributor	D#:			Amount of Contribution (\$)	\$5,000.00
		Irving, TX 75062					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor out-of-state PAC (IE Norton, Scott  Contributor address; City; State; Zip Code  Texarkana, TX 75503				Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector/CEO		Employer (See Instructions TexAmericas Center	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (IE Oncor Texas PAC  Contributor address; City; State; Zip Code  Dallas, TX 75202-1234	D#:			Amount of Contribution (\$)	\$4,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<b>(</b> )		
			ı				

	MONEI	ARY POLITICAL (	ONS		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/74 Rpt: 44/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/05/2024	<ul><li>5 Full name of contributor</li><li>One Gas, Inc. PAC</li><li>6 Contributor address; City; St</li></ul>	x out-of-state PAC (ID#: Cate; Zip Code	C00554444 )	7	Amount of Contribution (\$)	\$1,000.00
		Tulsa, OK 74103					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 08/07/2024	Full name of contributor One Gas, Inc. PAC Contributor address; City; St	x out-of-state PAC (ID#: Cate; Zip Code	000554444 )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Tulsa, OK 74103 pation / Job title (See Instructions	.)	Employer (See Instructions	·/_		
	r inicipal occu	pation / 300 title (See mistractions	·)	Employer (See Instructions	)		
	Date 10/26/2024	Full name of contributor Oxton, Patricia Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
		Longview, TX 75604					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Date 10/07/2024	Full name of contributor PNC PAC Contributor address; City; St Washington, DC 20006	x out-of-state PAC (ID#: C	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 	-	
	Date 11/05/2024	Full name of contributor Parrish, Judy & Pat Contributor address; City; St Marshall, TX 75672-2706	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Scher Sch: 41/74 Rpt:	
2	FILER NAME			3 Filer ID (Ethics (	Commission Filers)
	Hughes, D. I	Bryan (The Honorable)		00051630	
4	Date 12/13/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Patriots Tower, LLC</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contrib	sution (\$) \$250.00
		Tyler, TX 75702			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contrib	oution (\$)
	12/13/2024	Patterson, Cary			\$25,000.00
	Contributor address; City; State; Zip Code				
		Texarkana, TX 75503			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	is)	
	Attorney		Self employed		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Payne, Paul & Ophelia  Contributor address; City; State; Zip Code		Amount of Contrib	\$50.00
		Reno, TX 75462			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contrib	oution (\$)
	11/15/2024	Penn Entertainment Inc. Texas PAC			\$2,000.00
		Contributor address; City; State; Zip Code  Wyomissing, PA 19610			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l s)	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contrib	oution (\$)
	12/11/2024	Perkins, James I. (Mr.)			\$25,000.00
		Contributor address; City; State; Zip Code  Tyler, TX 75711			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
	President		Citizens 1st Bank		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/74 Rpt: 46/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		3	Filer ID (Ethics Commissi 00051630	on Filers)
4	Date 08/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Perot Jr., Ross</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$25,000.00
8	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
_	Chairman	pation, oop title (occ instructions)	The Perot Group	,		
	Date 11/21/2024	Full name of contributor	C00016683 )		Amount of Contribution (\$)	\$1,000.00
	Principal occu	New York City, NY 10001 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/27/2024	Full name of contributor out-of-state PAC (ID#:_PharmPac  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78757 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID#:_Pipe Fitters Local Union 211  Contributor address; City; State; Zip Code  Deer Park, TX 77536			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:_Plumbers Local Union No. 68 PAC Fund  Contributor address; City; State; Zip Code  Houston, TX 77249-8746			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
			1			

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/74 Rpt: 47/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	ion Filers)
4	Date 10/11/2024	<ul><li>5 Full name of contributor Poinsett PLLC</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
_	Dein ein al. a a a	Austin, TX 78701	. 1	O Familia de Companya de Compa			
8	Principal occu	pation / Job title (See Instruction	5)	9 Employer (See Instructions	5)		
	Date 07/10/2024	Full name of contributor Pojman, Joe (Dr.)  Contributor address; City; S		)		Amount of Contribution (\$)	\$100.00
	Deinsinal assu	Austin, TX 78754		Francisco (Coo Instructions	<u></u>		
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	·)		
	Date 10/11/2024	Full name of contributor Political Action Comm. of Contributor address; City; S				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> ;)		
	•	`	,		,		
	Date 12/10/2024	Full name of contributor Populus Financial Group Contributor address; City; S Irving, TX 75062		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u> </u> 5)		
	Date 10/29/2024	Full name of contributor Powell, Felicia & Gideon Contributor address; City; S Dallas, TX 75225	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25,000.00
	Principal occu President	pation / Job title (See Instruction	5)	Employer (See Instructions Cholla Petroleum, Inc.	5)		
				<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 44/74 Rpt: 48/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,000.00	
•	Dringing! goog	Austin, TX 78716	D. Employer (See Instructions				
8	Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)	)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ Provider Coalition for Care PAC, Texas Pac (Nu Contributor address; City; State; Zip Code  Lewisville, TX 75057	· , ,		Amount of Contribution (\$)	\$7,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor X out-of-state PAC (ID#: Quest Diagnostics Inc. PAC  Contributor address; City; State; Zip Code	C000329185 )		Amount of Contribution (\$)	\$500.00	
	Principal occu	Secaucus, NJ 07094 pation / Job title (See Instructions)	Employer (See Instructions				
	Fillicipal occu	pation 7 Job title (See Instructions)	Employer (See Instructions	,			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ RECA-Good Government PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Ralsky, Michael  Contributor address; City; State; Zip Code  Dallas, TX 75204			Amount of Contribution (\$)	\$500.00	
	Principal occu Vice Preside	pation / Job title (See Instructions) nt	Employer (See Instructions) MV Transportation	)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/74 Rpt: 49/203		
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	n Filers)	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$4,000.00	
_	5	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor	nment PAC		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Phoenix, AZ 85054 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/05/2024	Full name of contributor x out-of-state PAC (ID#: CONTRIBUTION OF STATE PAC (ID#: CONTRIBUTION	nment PAC		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Republican Women of Wood County PAC Contributor address; City; State; Zip Code  Quitman, TX 75783-1437			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Rice-Tims, Cynthia  Contributor address; City; State; Zip Code  Paris, TX 75462			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
		•					

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/74 Rpt: 50/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 07/20/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00		
_		Eagle Lake, TX 77434						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)				
	Date 12/07/2024	Full name of contributor out-of-state PAC (ID#:_Richey, Marilyn  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Tyler, TX 75701 pation / Job title (See Instructions)	Employer (See Instructions	)				
	Retired	,	Retired	,				
	Date 11/10/2024	Full name of contributor out-of-state PAC (ID#:_ Riley, Koni Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00		
		Mineola, TX 75773						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_Riter III, A.W.  Contributor address; City; State; Zip Code  Tyler, TX 75703	)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions Riter Group	)				
	Date 11/21/2024	Full name of contributor X out-of-state PAC (ID#: 9 Rock Holdings Inc. State PAC  Contributor address; City; State; Zip Code  Lansing, MI 48933	C00388827 )		Amount of Contribution (\$)	\$1,250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 47/74 Rpt: 51/203	
2	FILER NAME				3 Filer ID (Ethics Commissi	ion Filers)
	Hughes, D. E	Bryan (The Honorable)			00051630	
4	Date 12/13/2024	<ul> <li>Full name of contributor</li> <li>Rodriguez, Oscar</li> <li>Contributor address; City; State</li> </ul>	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$200.00
		Austin, TX 78705				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)	
	President			Texas Association of Bro	oadcasters	
=	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/11/2024	Rural Friends of Electric C	ooperatives PAC			\$2,000.00
		Contributor address; City; Sta	ate; Zip Code			
			•			
		Austin, TX 78701-2100				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	10/18/2024	Rydman, John & Lindy				\$2,500.00
		Contributor address; City; Sta	ate; Zip Code			
		Houston, TX 77007				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	President/Ov	wner		Spec's		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	12/14/2024	SA Prof Firefighters Assoc	Local 624			\$2,500.00
		Contributor address; City; Sta	ate; Zip Code			
		San Antonio, TX 78201-00	000			
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	5)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/09/2024	SB Development Initiative:	s LLC			\$15,000.00
		Contributor address; City; Sta	ate; Zip Code			
		Addison, TX 75001				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to cor	nplete this for	n.	1	Total pages Schedule A1: Sch: 48/74 Rpt: 52/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)		
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		)526509	7	Amount of Contribution (\$)	\$500.00		
		Columbus, OH 43235							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	i)				
	Date 10/11/2024	Full name of contributor out-o Sampson Public Affairs LLC Contributor address; City; State; Zip 0	f-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	) 				
	· ····o.pa. ooda				,				
	Date 11/05/2024	Full name of contributor 🗓 out-o Sazerac Co., Inc. PAC (SazeracP Contributor address; City; State; Zip (		)		Amount of Contribution (\$)	\$5,000.00		
	Dringing! goog	Washington, DC 20002		Employer (See Instructions	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)				
	Date 12/11/2024	Scott, James M.	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$2,000.00		
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Trans-Global Solutions,		·.			
	Date 12/14/2024	Scott, Michael J.	f-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self employed	<u> </u>				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS	SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 49/74 Rpt: 53/203	
2	FILER NAME				3 Filer ID (Ethics Commissi	on Filers)
	Hughes, D. I	Bryan (The Honorable)			00051630	
4	Date 12/11/2024	Full name of contributor     Scott II, William F.      Contributor address; City; St	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$2,000.00
		Beaumont, TX 77705				
8	Principal occu	pation / Job title (See Instructions	9)	9 Employer (See Instructions	s)	
	President			Trans-Global Solutions,	Inc.	
	Date 12/11/2024	Full name of contributor Shipton, Patricia A. Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2157				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>	
	Principal	patient, see the (eee mendenene	,	Patricia A. Shipton Gov		
_	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)	
	11/05/2024	Simms, Brenda H.	out of state 1 Ac (ID#		γ uncome or contribution (φ)	\$50.00
		Contributor address; City; St	ate; Zip Code			
	D: : 1	Longview, TX 75605	<u>,                                      </u>		<u></u>	
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/01/2024	Smith County Republican  Contributor address; City; St				\$2,000.00
		Tyler, TX 75711				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	s)	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/13/2024	Smith, Courtney				\$500.00
		Contributor address; City; St	ate; Zip Code			
		Henderson, TX 75654	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	Principal occu University St	pation / Job title (See Instructions taff	b)	Employer (See Instructions UT Tyler	s)	

	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 50/74 Rpt: 54/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor Smith, Kelly</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$5,000.00
		Tyler, TX 75703					
8	Principal occu Owner	pation / Job title (See Instructions	9	Employer (See Instructions Apex Onshore	5)		
	Date 11/05/2024	Full name of contributor Smith, Mickey & Bobbie ( Contributor address; City; Si Kilgore, TX 75663				Amount of Contribution (\$)	\$150.00
		pation / Job title (See Instructions	s)	Employer (See Instructions			
	Retired			Self Employed, Four S (	Dil —		
	Date 10/03/2024	Full name of contributor Smith, Robert Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230					
	Principal occu President/CE	pation / Job title (See Instructions EO	(3)	Employer (See Instructions Accident & Injury Chirop		etic	
	Date 11/05/2024	Full name of contributor Smitherman, Linda W. Contributor address; City; St		)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	(5)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor  Southern Glazer's PAC of  Contributor address; City; St		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A1: ch: 51/74 Rpt: 55/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		1	er ID (Ethics Commission 051630	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		<b>7</b> An	nount of Contribution (\$)	\$1,000.00
		Amarillo , TX 79101				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Spurr, Kristy L. Contributor address; City; State; Zip Code		. An	nount of Contribution (\$)	\$1,000.00
	Dringing agg	Buda, TX 78610	Employer (See Instructions			
	Board of Dire	pation / Job title (See Instructions) ectors	Employer (See Instructions Texas Self Storage Asso		on	
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#:_Stein, David (The Honorable)  Contributor address; City; State; Zip Code		. An	nount of Contribution (\$)	\$100.00
		Tyler, TX 75703				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Office Pride of East Tex			
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Sterner, Jeanette (Colonel)  Contributor address; City; State; Zip Code  Holly Lake Ranch, TX 75765		An	nount of Contribution (\$)	\$100.00
	Principal occu Army C02	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Stewart, William Contributor address; City; State; Zip Code Flint, TX 75762		. An	nount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/74 Rpt: 56/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)	9 Employer (See Instructions	,		
•	Fillicipal occu	pation / 300 title (See Instructions)	employer (See Instructions			
	Date 11/14/2024	Full name of contributor out-of-state PAC (ID#:_ Stone, Don Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$17.00
	Principal occu	Longview, TX 75601 pation / Job title (See Instructions)	Employer (See Instructions	,		
	i illicipai occu	pation 7 300 title (See Instructions)	Employer (See manuchons	,		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Swann III, Elam Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Tyler, TX 75709				
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Swann's Furniture & Des		า	
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sween, Paul Contributor address; City; State; Zip Code Paradise Valley, AZ 85253			Amount of Contribution (\$)	\$2,500.00
	•	pation / Job title (See Instructions) & Senior Managing Partner	Employer (See Instructions Dominium	)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_ Sysco Corp. Good Government Committee, Inc. Contributor address; City; State; Zip Code  Houston, TX 77077	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	JTION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 53/74 Rpt: 57/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/21/2024	<ul> <li>Full name of contributor  x out-of-state PA         T-Mobile PAC     </li> <li>Contributor address; City; State; Zip Code</li> </ul>	C (ID#: <u>C0</u>	0361758 )	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Washington DC, DC 20004 Dation / Job title (See Instructions)	9	Employer (See Instructions	)		
		,		. , ,			
	Date 12/11/2024	Full name of contributor out-of-state PA TALAPAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78759					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PA TALHI Life Insurance PAC Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78767					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-state PA TBA Bank PAC - State  Contributor address; City; State; Zip Code  Austin, TX 78701	-			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PA TEX HY-PAC Contributor address; City; State; Zip Code Houston, TX 77062-2918				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/74 Rpt: 58/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission F 00051630	ilers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$) \$2	,000.00
_	Daine in all account	Cedar Park, TX 78613	O Frankrica (Con Instruction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ TREPAC/Texas Association of Realtors Contributor address; City; State; Zip Code  Austin, TX 78768-2246			Amount of Contribution (\$) \$15	,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: TSAPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1	,500.00
	Principal occu	Austin, TX 78701-1665 pation / Job title (See Instructions)	Employer (See Instructions	)		
	· 	,	, , ,			
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ TXCPA PAC Contributor address; City; State; Zip Code  Addison, TX 75001	)		Amount of Contribution (\$) \$2	,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Tamft Family PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1634			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 55/74 Rpt: 59/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/13/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$2,000.00
_	<u> </u>	Houston, TX 77002				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Tenaska Employees Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	Omaha, NE 68154  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Compassionate Healthcare PAC Contributor address; City; State; Zip Code  Austin, TX 78701-1600	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$30,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Physician Assistants (TAPA) Contributor address; City; State; Zip Code  Austin, TX 78737			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/74 Rpt: 60/203			
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)		
4		Full name of contributor	)	7	Amount of Contribution (\$)	\$2,500.00		
_		Round Rock, TX 78681						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)				
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Agricultural Aviation Association AG-Air F Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 09/22/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Agricultural Cooperative Council PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Dringing occur	Round Rock, TX 78664	Employer (See Instructions					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC  Contributor address; City; State; Zip Code  Austin, TX 78754			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)				
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$2,000.00		
	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: 57/74 Rpt: 61/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4		5 Full name of contributor out-of-state PAC (ID#:_ Texas Association of Pawn Brokers PAC  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00	
		Crawford, TX 76638-3235					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Beverage Alliance Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Chemistry Council/Texas Chemistry Allia Contributor address; City; State; Zip Code	nce FreePAC		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Austin, TX 78701-1586  pation / Job title (See Instructions)	Employer (See Instructions	)			
		, , , , , , , , , , , , , , , , , , , ,					
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas College of Emergency Physicians PAC (E Contributor address; City; State; Zip Code  Austin, TX 78701	EMPACT)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Credit Coalition PAC Contributor address; City; State; Zip Code  New Braunfels, TX 78131	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/74 Rpt: 62/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 12/11/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$5,000.00	
_		Dallas, TX 75265-5147					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78711 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/05/2024	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 (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Forestry Association PAC Contributor address; City; State; Zip Code  Lufkin, TX 75902-1488			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/74 Rpt: 63/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/10/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	<u> </u>	Austin, TX 78741				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Health Care Association PAC (THCAPAC Contributor address; City; State; Zip Code Austin , TX 78701	;)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Homecare & Hospice PAC - State Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	)		
		,	ļ	,		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Impact, a CRH PAC Contributor address; City; State; Zip Code  Austin, TX 78726	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code  Austin, TX 78767	)		Amount of Contribution (\$)	\$3,000.00
	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: 60/74 Rpt: 64/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00	
_	<u> </u>	Austin, TX 78701-2132					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Assoc. PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas McDonald's Operators Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Athens, TX 75751 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,500.00	
	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 fo	orm.	1	Total pages Schedule A1: Sch: 61/74 Rpt: 65/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 10/11/2024	Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Mortgage Bankers PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Austin, TX 78735 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/15/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Oil and Gas Association Good Governme Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705	)		Amount of Contribution (\$)	\$10,000.00	
	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: 62/74 Rpt: 66/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78737					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Podiatric Medical Association PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Poultry P.A.C. Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Round Rock, TX 78681 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Psychological Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Radiological Society PAC Contributor address; City; State; Zip Code San Antonio, TX 78257			Amount of Contribution (\$)	\$2,000.00	
	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: 63/74 Rpt: 67/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051630		
4	Date 12/11/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Regional Bank Federal PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
_		Harlingen, TX 78552					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Sands PAC Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$5,500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Spine and Joint Hospital Ltd. PAC Contributor address; City; State; Zip Code  Tyler, TX 75701	)		Amount of Contribution (\$) \$10,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Association of Fire Fighters PAC Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$) \$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State Wide Telephone Cooperative, Inc. I Contributor address; City; State; Zip Code  Austin, TX 78701-1865	PAC		Amount of Contribution (\$) \$500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 64/74 Rpt: 68/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$1,500.00
Ω	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See instructions)	e Employer (See instructions	,		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Travel Alliance TravelPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	i illopai occa	pation / oob title (oce monactions)	Employer (See mandenons	,		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Water Quality Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Carrolton, TX 75006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Texas Wildlife Association PAC  Contributor address; City; State; Zip Code  New Braunfels, TX 78132	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas and Southwestern Cattle Raisers Assoc. Contributor address; City; State; Zip Code  Fort Worth, TX 76185-1988	)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTR	RIBUTIO	NS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to comp	plete this fo	orm.	1	Total pages Schedule A1: Sch: 65/74 Rpt: 69/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 12/11/2024	<ul> <li>Full name of contributor  out-of-s         The American Electric Power Comp     </li> <li>Contributor address; City; State; Zip Co</li> </ul>		)	7	Amount of Contribution (\$)	\$2,000.00
_		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 10/07/2024	The Boeing Company PAC  Contributor address; City; State; Zip Co	state PAC (ID#: <u>C</u>	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Arlington, VA 22202 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	i illicipai occu	odion 7 300 title (See manucitoris)		Employer (See mandenons	,		
	Date 11/21/2024	Full name of contributor out-of-s The Chickasaw Nation  Contributor address; City; State; Zip Co	state PAC (ID#:_	)		Amount of Contribution (\$)	\$2,500.00
		Ada, OK 74820					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 10/11/2024	The Herrera Law Firm Inc.		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor x out-of-s The Home Depot PAC Contributor address; City; State; Zip Co Washington, DC 20004	state PAC (ID#: <u>C</u>	)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 66/74 Rpt: 70/203	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)
	Hughes, D.	Bryan (The Honorable)			00051630	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	#:)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	12/11/2024	The Storage Place - T80				\$1,000.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Date Full name of contributor X out-of-state PAC (ID#: C		#: C00376376 )		Amount of Contribution (\$)		
	12/11/2024 The Travelers Companies, Inc. PAC  Contributor address; City; State; Zip Code					\$2,500.00
		Hartford, CT 06183				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	12/11/2024	The US Oncology Network PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		The Woodlands, TX 77380				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	12/14/2024	Thedford, Donald				\$1,000.00
		Contributor address; City; State; Zip Code				
		Tyler, TX 75703				
	Principal occu	ipation / Job title (See Instructions) ident	Employer (See Instructions Don's TV & Appliance	s)		
			•			

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 67/74 Rpt: 71/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	<ul><li>5 Full name of contributor</li><li>Toyota Motor North Ameri</li><li>6 Contributor address; City; St</li></ul>		Lexus PAC	7	Amount of Contribution (\$)	\$2,000.00
		Washington, DC 20004					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	<b>(</b> )		
	Date 12/13/2024	Full name of contributor Tractor Supply Company Contributor address; City; St		000763664		Amount of Contribution (\$)	\$1,500.00
		Brentwood, TN 37027					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Date 12/11/2024	Full name of contributor Tracy, Charles G. Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$500.00
		Houston, TX 77005-2441					
	Principal occu Investor	pation / Job title (See Instructions	)	Employer (See Instructions OmniBase Services of T		as	
	Date 12/11/2024	Full name of contributor Tran, Thi A Contributor address; City; St Houston, TX 77079				Amount of Contribution (\$)	\$1,000.00
	Principal occu Volunteer	pation / Job title (See Instructions	)	Employer (See Instructions Texas Community Asso		Advocates	
	Date 10/18/2024	Full name of contributor Trone, Robert  Contributor address; City; St  Bethesda, MD 20817				Amount of Contribution (\$)	\$3,000.00
	Principal occu Owner	pation / Job title (See Instructions	)	Employer (See Instructions Total Wine & More	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 68/74 Rpt: 72/203		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 12/11/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	Employer (See Instructions				
•	Fillicipal occu	pation / 300 title (3ee instructions)	5 Employer (See Instructions				
	Date 12/13/2024	Full name of contributor	)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 75801 pation / Job title (See Instructions)	Employer (See Instructions	)			
	· 	, , ,					
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Tx Bitcoin PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
		Austin, TX 75801					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Tx Chiropractic Association PAC Contributor address; City; State; Zip Code Austin, TX 78701	)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:_ TxANA PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 69/74 Rpt: 73/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 10/11/2024	Full name of contributor x out-of-state PAC (ID#: C00064766 )  UPSPAC  Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
		Washington, DC 20003	<b>,</b>			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID# USAA Employee PAC Contributor address; City; State; Zip Code	: <u>C00164145</u> )		Amount of Contribution (\$)	\$2,000.00
	Principal occu	San Antonio, TX 78288-0453 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 10/11/2024	Full name of contributor			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID# Uzzell, Lonny  Contributor address; City; State; Zip Code  Tyler, TX 75703-4545	·:		Amount of Contribution (\$)	\$500.00
	Principal occu Banker	pation / Job title (See Instructions)	Employer (See Instructions Southside Bank	s)		
	Date Full name of contributor			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 70/74 Rpt: 74/203	
2	FILER NAME Hughes, D. E	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 11/21/2024	Full name of contributor		7	Amount of Contribution (\$)	\$2,000.00
_		Austin, TX 78701	T			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/14/2024	Full name of contributor X out-of-state PAC (ID#:_ Vulcan Materials Co. PAC  Contributor address; City; State; Zip Code	C00116020 )		Amount of Contribution (\$)	\$2,500.00
	Deinsinal assu	Birmingham, AL 35238-5014	Francisco (Con Instructions	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 12/11/2024	Full name of contributor 💢 out-of-state PAC (ID#: C00093054 ) WAL*PAC, Wal-Mart Stores, Inc. PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Bentonville, AR 72716-0150				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Waits, Ken Contributor address; City; State; Zip Code  Tyler, TX 75701			Amount of Contribution (\$)	\$1,000.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Mewbourne Oil Co.	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 Walker, Lowell (The Honorable)  Contributor address; City; State; Zip Code  DeKalb, TX 75559			Amount of Contribution (\$)	\$500.00	
	Principal occu Mayor	pation / Job title (See Instructions)	Employer (See Instructions City of DeKalb	s)		
			•			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDUI	LE <b>A1</b>	
	The Instru	ction Guide explains how to complete t	his fo	rm.	1	Total pages Schedule A1: Sch: 71/74 Rpt: 75/203		
2	FILER NAME Hughes, D. E	Bryan (The Honorable)			3	Filer ID (Ethics Commission 00051630	on Filers)	
4	Date 11/05/2024	5/2024 Wells Fargo & Co. Employee PAC  6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$5,000.00	
		Washington, DC 20006-3817						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date 09/27/2024	Full name of contributor out-of-state PAC Wexler, Adam Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Miami, FL 33130 pation / Job title (See Instructions)		Employer (See Instructions	.)			
	Chairman of			PrizePicks	')			
	Date Full name of contributor out-of-state PAC (ID#:)  11/14/2024 Whiteside Ph.D, C.H.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Kilgore, TX 75662						
	Principal occu Founder, ret	pation / Job title (See Instructions) ired		Employer (See Instructions Ana-Lab Corp.	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Date Full name of contributor out-of-state PAC (ID#:)  11/21/2024 Wholesale Beer Distributors of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701				Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
			ı					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 72/74 Rpt: 76/203	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 08/30/2024	6 Contributor address; City; State; Zip Code  Larue, TX 75770		7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu		In Francisco (Con Instructions			
8	Principal occu Pilot	pation / Job title (See Instructions)	9 Employer (See Instructions) Self employed	)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 William F. Scott 1991 Trust  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Beaumont, TX 77705  upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	i illicipai occu	pation 7 sob title (See instituctions)	Employer (See instructions	,		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Conley & Patricia Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Mineola, TX 75773				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions  Exxon	)		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Conley & Patricia  Contributor address; City; State; Zip Code  Mineola, TX 75773			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Exxon	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_Willson, Daniel  Contributor address; City; State; Zip Code  Tyler, TX 75703			Amount of Contribution (\$)	\$1,500.00
	Principal occu Founder & C	pation / Job title (See Instructions)	Employer (See Instructions Paradigm Homecare	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 73/74 Rpt: 77/203
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission Filers) 00051630
4	Date 11/07/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_ Wilson, Flora J.</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$) \$150.00
_		Tyler, TX 75701-4123			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Wine and Spirits Wholesalers of Texas PAC Contributor address; City; State; Zip Code  Austin 78701-2441 Namibia	)		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_ Wynne III, James & Sharon (The Honorable)  Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Dringing ago	Tyler, TX 75701	Employer (See Instructions		
	Principal occu Principal	pation / Job title (See Instructions)	Employer (See Instructions) Wynne Building Corp.	) 	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_Yarbrough, Stacy  Contributor address; City; State; Zip Code  Addison, TX 75001-4400	)		Amount of Contribution (\$) \$10,000.00
	Principal occu Investor	pation / Job title (See Instructions)	Employer (See Instructions Self employed	)	
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ZACOPAC, Zachry Corp. PAC  Contributor address; City; State; Zip Code  San Antonio , TX 78265-3240	)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 74/74 Rpt: 78/203
2	FILER NAME Hughes, D. Bryan (The Honorable)			3 Filer ID (Ethics Commission Filers) 00051630
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>	±: <u>C00279455</u> )	7 Amount of Contribution (\$) \$1,500.00
		Wilmington, DE 19850-5437		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 79/203					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Bryan (The Honorable)	00051630						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date 12/08/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	8 Amount of contribution (\$)   9 In-kind contribution description   \$20.00   Membership dues for the Republican Women of Wood County for the year   2025.						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1						
10 ii continuator	is it containsator is a crima, naw mini or parcrit(s) (it arry) (i or sobicine)							
Date 10/11/2024	Full name of contributor  out-of-state PAC (ID#:		Amount of In-kind contribution description \$250.00   Advertising for fundraising event in support of Senator Bryan Hughes					
	Austin, TX 78768-2246		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date 12/11/2024	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas Association of Realtors  Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$125.00   Advertising for fundraising event in support of Senator Bryan Hughes					
	Austin, TX 78768-2246	1	Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	T-+-1 O-b1-1- E4.		O Files ID (Fabine Commission Files)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 1/82 Rpt: 80/203	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	12/10/2024	7-Eleven - Forney	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.90	100A E. US Hwy 80	
	Ψ00.00	100/12:001:11/00	
		Forney, TX 75126	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Gasoline for	eased vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Dougo nomo	
	07/10/2024	Payee name	
		Advancial Federal Credit Union	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,226.05	10000 N. Central Expy., Suite 1400	
		Dallas, TX 75231-2319	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Transportation Faulinment And Poletad	outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment 7 tha Related	, TX, officeholder living expense
		Vehicle lease	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	•		
	Date	Payee name	
	08/12/2024	Advancial Federal Credit Union	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,226.05	10000 N. Central Expy., Suite 1400	
	·		
		Delles TV 75224 2240	
		Dallas, TX 75231-2319	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment / tha related	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense
		Vehicle lease	<b>!</b>
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	
	Sch: 2/82 Rpt: 81/203	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	09/10/2024	Advancial Federal Credit Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,226.05	10000 N. Central Expy., Suite 1400
		Dallas, TX 75231-2319
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Vehicle lease
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	·
	Date	Payee name
L	10/10/2024	Advancial Federal Credit Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,226.05	10000 N. Central Expy., Suite 1400
		Dallas, TX 75231-2319
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Vehicle lease
		Verificie lease
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	11/12/2024	Payee name Advancial Federal Credit Union
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,226.05	10000 N. Central Expy., Suite 1400
		Dallas, TX 75231-2319
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	<b></b>	Expense Check if Austin, TX, officeholder living expense
		Vehicle lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/82 Rpt: 82/203	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/10/2024	Advancial Federal Credit Union
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,226.05	10000 N. Central Expy., Suite 1400
		Dallas, TX 75231-2319
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related  Fxpense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 °
	Date	Payee name
	08/13/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.59	440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
		Meeting to discuss officeriolider matters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/19/2024	Amazon Marketplace
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$358.76	440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
		Micetally to discuss officeriolider matters
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/82 Rpt: 83/203	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	09/10/2024	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.64	440 Terry Ave. N.
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 09/30/2024	Payee name
		Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.24	440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/25/2024	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.19	440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
L	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F Sch: 5/82 Rpt: 84/203 Hughes, D. Bryan (The Honorable) 00051630	ers)
Sch: 5/82 Rpt: 84/203         Hughes, D. Bryan (The Honorable)         00051630	
4 Date 5 Payee name	
09/24/2024 Amazon Marketplace	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$259.71 440 Terry Ave. N.	
Seattle, WA 98109	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Meeting to discuss officeholder matters	
Wiceling to discuss officeriolder matters	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/10/2024 Amazon Marketplace	
Amount (\$) Payee address; City; State; Zip Code	
\$189.29 440 Terry Ave. N.	
440 Telly Ave. IV.	
0	
Seattle, WA 98109	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayas Complete Schedule T	
FOOd/Beverage Expense	
Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters	
Wiceling to discuss officeriolder matters	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
10/10/2024 Amazon Marketplace	
Amount (\$) Payee address; City; State; Zip Code	
\$91.67 440 Terry Ave. N.	
Seattle, WA 98109	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Meeting to discuss officeholder matters	
Operation ONLY if allow the Constitute (Office health and none)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
	Sch: 6/82 Rpt: 85/203		•
4	Date	5 Payee name	
	10/09/2024	Amazon Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.21	440 Terry Ave. N.	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder matters	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/06/2024	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$325.82	440 Terry Ave. N.	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Reimburse Matthew Murdoch for office equipr	mont
		Reimburse Matthew Murdoch for office equipi	Hent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Davis name	
	12/17/2024	Payee name Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$78.30	450 Laurel St., Suite 2105	
		B. 4. B. 4. A 70004	
		Baton Rouge, LA 70801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Processing fee for credit card donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/82 Rpt: 86/203	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/14/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.80	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Polling Exp Printing Ex Salaries/W	pense (pens /ages	e /Contract Labor		Travel in Distri Travel Out of D		e
L		T	<u> </u>	HOW TO COL	iiipie	te uns ioiii.	1.			
1	Total pages Schedule F1: Sch: 8/82 Rpt: 87/203		E . Bryan (The Honorable)				3	Filer ID 00051630	(Ethics Commission Fi	lers)
4	Date	5 Payee name					<u> </u>			
	12/14/2024	Anedot, Inc								
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	de					
	\$19.80	450 Laurel	St., Suite 2105							
		Baton Rou	ge, LA 70801							
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>			mplete Schedule T.	
						Processing for		, officeholder livi		
						1 Toccssing it		ioi cicuit ce	ila donation	
Ļ	Complete ONII V if direct	Condidate/Of	finahaldar nama	Office as:	ab+			Office 1	and	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name C	Office sou	gnı			Office I	ieid	
Г	Date	Payee name	9							
	12/13/2024	Anedot, Inc	C.							
H	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de					
	\$29.55	l ,	St., Suite 2105	•						
	,									
		Baton Rou	ge, LA 70801							
	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>			mplete Schedule T.	
						Processing fe		, officeholder livi		
						Frocessing it		ioi ciedii ca	ila donation	
	Complete ONLY if direct	Candidate/Of	ficeholder name C	Office sou	aht			Office I	neld	
	expenditure to benefit C/Ol		inceriolaer name	omice sou	giit			Office	leiu	
	Date	Payee name	9							
	12/13/2024	Anedot, Ind	C.							
H	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de					
	\$8.10		St., Suite 2105							
			·							
		Baton Rou	ge, LA 70801							
	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fees				ш			mplete Schedule T.	
						_		, officeholder livi		
						Processing s	ee	ioi credit c	aru uurialiUH	
$\vdash$	Complete Chilly 'C. "	000000000000000000000000000000000000000	Single old on the second	)4:	aul- '			04"	a a l al	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name C	Office sou	ght			Office I	neia	
$\vdash$										
Ļ										10 -
HO	rms provided by Texas E	tnics Commiss	ion www.ethics.s	state.tx.u	S				Version V4.1.0.5do	12ace2

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/82 Rpt: 88/203	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/13/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.80	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
		The control of the co
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/12/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.80	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/12/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.80	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation
		i rocessing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/10/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 12/09/2024	Payee name
		Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.80	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Processing fee for credit card donation
		1 100000111g 100 for order defiation
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
_	Date	Payee name
	12/07/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$975.30	450 Laurel St., Suite 2105
	ψ913.30	450 Laurer St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation
		1 Toccssing ice for creat card donation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/07/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE	(6) 0
•	OF	Category (See Categories listed at the top of this schedule)  Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/07/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Opening the ONITY if allowed	Out district Office held a group of the state of the stat
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/06/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Processing fee for credit card donaton
	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 12/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	12/04/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$19.80	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation		
		1 Toccssing fee for create data donation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
۱	expenditure to benefit C/O			
-	Date	Dougo nama		
		Payee name		
	11/26/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$975.30	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation		
		Processing fee for credit card donation		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	11/18/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$39.30	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Processing fee for credit card donation		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 13/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	11/10/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.25	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/05/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 10/30/2024	Payee name Anedot, Inc.
	Amount (\$) \$1.08	Payee address; City; State; Zip Code 450 Laurel St., Suite 2105
	Ψ1.00	450 Laurer St., Suite 2105
		Baton Rouge, LA 70801
	DUDDOCE	Tax
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 14/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	10/29/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$4.20	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Processing fee for credit card donation		
		1 Toolsoning fee for orealt safe defination		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
۱	expenditure to benefit C/O			
$\vdash$	Date	Dove name		
	10/28/2024	Payee name		
		Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.08	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Processing fee for credit card donation		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
_	_			
	Date	Payee name		
	10/28/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4.20	450 Laurel St., Suite 2105		
		Baton Rouge, LA 70801		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation		
		Flocessing lee for clear donation		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_				

### SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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: Sch: 15/82 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630
Ļ	-	
4	Date 10/27/2024	5 Payee name
		Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.08	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Processing fee for credit card donation
		1 Todassing fee for orealt data defiation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Dove name
	10/26/2024	Payee name Anedot, Inc.
		1
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.20	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	10/03/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.30	450 Laurel St., Suite 2105
	φ39.30	430 Laurer St., Suite 2103
		Pater Paring 1.4.70004
		Baton Rouge, LA 70801
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if the unit subside of Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1: Sch: 16/82 Rpt:	FILER NAME     Hughes, D. Bryan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051630
4	Date 09/27/2024	5 Payee name Anedot, Inc.		
6	Amount (\$) \$97.80	7 Payee address; City; State; Zip Code 450 Laurel St., Suite 2105 Baton Rouge, LA 70801	Э	
8	PURPOSE OF EXPENDITURE	-		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Processing fee for credit card donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date 09/21/2024	Payee name Anedot, Inc.		
	Amount (\$) \$39.30	Payee address; City; State; Zip Code 450 Laurel St., Suite 2105  Baton Rouge, LA 70801	Э	
	PURPOSE OF EXPENDITURE	-		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Processing fee for credit card donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date 08/31/2024	Payee name Anedot, Inc.		
	Amount (\$) \$2.25	Payee address; City; State; Zip Code 450 Laurel St., Suite 2105	Э	
		Baton Rouge, LA 70801		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Processing fee for credit card donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held

#### SCHEDULE F1

**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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 17/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	08/30/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.05	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing fee for credit card donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.08	450 Laurel St., Suite 2105
		Baton Rouge, LA 70801
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.28	450 Laurel St., Suite 2105
	¥-:	
		Baton Rouge, LA 70801
	PURPOSE	Tax
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Processing fee for credit card donation
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	)
	Sch: 18/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	07/22/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.05	450 Laurel St., Suite 2105	
		Baton Rouge, LA 70801	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Processing fee for credit card donation	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experialitare to benefit e/or		
	Date	Payee name	
	07/22/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.20	450 Laurel St., Suite 2105	
		Baton Rouge, LA 70801	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Processing fee for credit card donation	
		1 Tocessing fee for credit card doriation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
<b>+</b>	Date	Payee name	_
	07/10/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.20	450 Laurel St., Suite 2105	
		Baton Rouge, LA 70801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Processing fee for credit card donation	
		1 Toccssing tee for credit card dollation	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sent Solicitation/Fundraising Expense
Iransportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card i dyment	The Instruction Guide explains how to con	nple	te this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	I	Filer ID	(Ethics Commission File	ers)
	Sch: 19/82 Rpt:	Hughes, D. Bryan (The Honorable)			(	00051630		
4	Date	5 Payee name						
	07/03/2024	Anedot, Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de					
	\$12.00	450 Laurel St., Suite 2105						
		Baton Rouge, LA 70801						
8	PURPOSE	-	(b)	Description				
•	OF	Fees	(~)	Check if travel outs	side	e of Texas. Comp	plete Schedule T.	
	EXPENDITURE			Check if Austin, TX				
				Processing fee	fo	r credit car	d donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht			Office he	eld	
	experientare to benefit Grot	'						
	Date	Payee name						
	07/01/2024	Anedot, Inc.						
	Amount (\$)	Payee address; City; State; Zip Coo	de					
	\$2.25	450 Laurel St., Suite 2105						
		Baton Rouge, LA 70801						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		Check if travel outs				
	LAI LINDITORE			Check if Austin, TX				
				Processing fee t	10	ii Creuit Car	u uonalion	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht			Office he	ald	
	expenditure to benefit C/OI		jiic			Office fie	aru -	
	Data							
	Date	Payee name						
	07/01/2024	Anedot, Inc.						
	Amount (\$)	Payee address; City; State; Zip Coc	de					
	\$2.25	450 Laurel St., Suite 2105						
		Baton Rouge, LA 70801						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
	EXPENDITURE	Fees		Check if travel outs Check if Austin, TX				
				Processing fee				
				3				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht			Office he	eld	
	expenditure to benefit C/OI		, -					
_								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide explain		/ages	Contract Labor		OTHER (enter a	category not listed above	·)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission	Filers)
	Sch: 20/82 Rpt:		Bryan (The Honorable)					00051630		•
4	Date	5 Payee name								
	07/01/2024	Anedot, Inc								
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$58.80	450 Laurel	St., Suite 2105							
		Baton Rou	ge, LA 70801							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u> </u>		de of Texas. Com		
						Processing fe		officeholder living		
						1 Toccssing ic		or credit car	a donation	
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	07/01/2024	Anedot, Inc								
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$4.20	450 Laurel	St., Suite 2105							
		Baton Rou	ge, LA 70801							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Fees				<b></b>		de of Texas. Comp officeholder living		
						Processing fe				
						1 roocssing ic	,	or orealt our	a donation	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI									
	Date	Payee name								
	08/06/2024	Bergfeld R	ealty							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$404.26	110 N. Coll	ege Ave. #218							
		Tyler, TX 7	5702							
	PURPOSE OF		ee Categories listed at the top of this	schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			<b></b>		de of Texas. Comp officeholder living		
						Rent for Tyler			expense	
								J. 101 J11100		
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O			2.1100 300	ar			J00 110	·· <del>·</del>	
-										
l										

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/82 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4 Date	5 Payee name	•
09/04/2024	Bergfeld Realty	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$404.26	110 N. College Ave. #218	
	Tyler, TX 75702	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Onice Overneau/Rental Expense	Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
10/08/2024	Bergfeld Realty	
Amount (\$)	Payee address; City; State; Zip Code	
\$444.44	110 N. College Ave. #218	
	Tyler, TX 75702	
PURPOSE OF	, , ,	Description  Chack if travel outside of Toyon, Complete Schodule T
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
experialitate to beliefft C/O		
Date	Payee name	
11/04/2024	Bergfeld Realty	
Amount (\$)	Payee address; City; State; Zip Code	
\$404.26	110 N. College Ave. #218	
	Tyler, TX 75702	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/04/2024	Bergfeld Realty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$404.26	110 N. College Ave. #218
		Tyler, TX 75702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
		Them for Tyles district emice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/05/2024	Bergfeld Realty
H	Amount (\$)	Payee address; City; State; Zip Code
	\$404.26	110 N. College Ave. #218
		Tyler, TX 75702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/06/2024	Brazos Stamp and Engraving
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$129.90	1407 S. 31st St., Suite D
		Temple, TX 76504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Engraving
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
I		

#### SCHEDULE F1

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

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

**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
OTHER (onter a category not listed above)

	Candidate/Officeholder/Politica			egal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment		-	The Instruction Gui	de explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME					3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 23/82 Rpt:	Н	lughes, D. F	Bryan (The Hond	orable)				00051630		
4	Date	<b>5</b> P	ayee name					·			
	07/08/2024	ı		buch Campaign	1						
6	Amount (\$)	<b>7</b> P	ayee address	s; City;	State; Zip C	ode					
	\$2,500.00	l	•	ne Dr., #310							
	, ,			,							
			Denton, TX 7	76210							
Ļ		<u> </u>				10.					
8	PURPOSE OF	ı		Categories listed at the		(b)	Description	outoi.	do of Toyon Com	nloto Cobodulo T	
	EXPENDITURE	G	ift/Awards/I	Memorials Expe	ense				officeholder living	plete Schedule T. a expense	
							Contribution			, . ,	
9	Complete ONLY if direct	Ca	ındidate/Offic	eholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OF	Н				-					
H	Date	Р	Payee name								
	10/07/2024	l	Buc-ee's #36	S Terrell							
	Amount (\$)	P	ayee addres:	s; City;	State; Zip C	ode					
	\$53.07	l	606 W. IH20								
	455.51		00 111 11 120								
		_	errell, TX 7	5160							
	DUDDOCE					/h)	5				
	PURPOSE OF	ı		Categories listed at the		(0)	Description  Check if travel of	outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE		ransportalic Expense	on Equipment A	nu Reialeu		<u> </u>		officeholder living		
							Gasoline for I	leas	sed vehicle		
	Complete ONLY if direct		ındidate/Offic	eholder name	Office so	ught			Office h	eld	
	expenditure to benefit C/OH	Η									
	Date	Р	ayee name								
	09/30/2024	В	3uc-ee's #36	6 Terrell							
	Amount (\$)	Р	ayee addres:	s; City;	State; Zip C	ode					
	\$57.85	5	606 W. IH20								
		Т	errell, TX 7	5160							
	PURPOSE	(a) C	Category (See	e Categories listed at the	e ton of this schedule)	(b)	Description				
	OF			on Equipment A				outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense						officeholder living	g expense	
							Gasoline for I	leas	sed vehicle		
	Complete ONLY if direct expenditure to benefit C/OH		ındidate/Offic	eholder name	Office so	ught			Office h	eld	
	- SAPERIARIAN TO DETICITE G/OI	•									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	11/18/2024	Buc-ee's #36 Terrell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.57	506 W. IH20
		Terrell, TX 75160
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Sussifie for leased verified
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	12/18/2024	CEFCO 0078
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.79	5011 Troup Hwy.
		Tyler, TX 75701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Gasonile for leased vehicle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	Date	Payee name
	09/09/2024	Cava Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.53	515 Congress Ave., Suite 140
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

#### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 25/82 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630
4	Date	5 Payee name
	12/10/2024	Cavender's Boot City
6	Amount (\$) \$235.72	7 Payee address; City; State; Zip Code 4435 S. Lamar Blvd.  Austin, TX 78745
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Charity donation items
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	Chevron #03004917 Conroe
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.97	19153 I45 S.
	DUPPOS	Conroe, TX 77385
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense Gasoline for leased vehicle
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/29/2024	Chevron Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$58.63	4151 N. Central Expy.
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
		Sussific for leased verifice
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	mplete	this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	•	3 Filer ID (Ethics Commission Filers)
Sch: 26/82 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4 Date	5 Payee name		1
08/02/2024	Chick-FIL-A Austin #02992		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$23.76	503 W. Martin Luther King Jr. Blvd.		
	Austin, TX 78701-1123		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> De	escription
OF EXPENDITURE	Food/Beverage Expense	`	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expense
		I M	Meeting to discuss officeholder matters
		<u> </u>	0"
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ıght	Office held
Date	Payee name		
09/11/2024	Chick-FIL-A Austin #02992		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$47.69	503 W. Martin Luther King Jr. Blvd.		
	Austin, TX 78701-1123		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
OF EXPENDITURE	Food/Beverage Expense	I ⊑	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		l L M	deeting to discuss officeholder matters
			.com g to allocate officeriolate manage
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held
expenditure to benefit C/OI		3	
Date	Payee name		
09/09/2024	Chick-FIL-A Austin #02992		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$44.88	503 W. Martin Luther King Jr. Blvd.	Juc	
Ψ-1-1.00	See W. Wartin Lattier King Gr. Biva.		
	Austin, TX 78701-1123		
DUDDOCE		(6) 5	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	( <b>0)</b> D	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	FOOU/Beverage Expense		Check if Austin, TX, officeholder living expense
		М	Meeting to discuss officeholder matters
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight	Office held
expenditure to benefit C/OI	H		

### 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)

	Credit Cara r ayment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/82 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4	Date	5 Payee name		•
	10/11/2024	Chick-FIL-A Austin #02992		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$22.30	503 W. Martin Luther King Jr. Blvd.		
		Austin, TX 78701-1123		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	• •	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Meeting to discuss officeholder matters
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	11/25/2024	Chick-FIL-A Austin #02992		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$16.97	503 W. Martin Luther King Jr. Blvd.		
		Austin, TX 78701-1123		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
				Meeting to discuss officeriolder matters
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O	<b>9</b>	, i i c	Office field
-	Data	Device name		
	Date 11/18/2024	Payee name Chick-FIL-A Austin #02992		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$24.01	503 W. Martin Luther King Jr. Blvd.		
		Austin, TX 78701-1123		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Meeting to discuss officeholder matters
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	<b>9</b>		<del></del>
H				
ı				

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
	Sch: 28/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	10/10/2024	Chick-FIL-A Austin #02992	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$179.11	503 W. Martin Luther King Jr. Blvd.	
	Ψ175.11	303 W. Martin Edition King St. Bivd.	
		Austin, TX 78701-1123	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder matters	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Oi		
	Date	Payee name	
	11/22/2024	Chick-FIL-A Austin	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.89	24th & Guadalupe	
	¥==:33		
		Austin TV 70712	
		Austin, TX 78713	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder matters	
		Weeting to discuss emberious matters	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
L	<u> </u>		
	Date	Payee name	
	11/15/2024	Circle K Gas Station - Waco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.84	6312 I-35 N.	
		Waco, TX 76705	
$\vdash$	PURPOSE	In .	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Gasoline for leased vehicle	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
1	expenditure to benefit C/OI		
$\vdash$			

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contral a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 29/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	07/16/2024	Citi Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,440.62	PO Box 78045
		Phoenix, AZ 85062-8045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payment of campaign/officeholder expenses
		charged to credit card
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2024	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,805.67	PO Box 78045
		Phoenix, AZ 85062-8045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payment of campaign/officeholder expenses
		charged to credit card
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	08/14/2024	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$665.89	PO Box 78045
	4000.00	
		Phoenix, AZ 85062-8045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment of campaign/officeholder expenses
		charged to credit card
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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)

l	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 30/82 Rpt:		Hughes, D. Bryan (The Honorable)		00051630
4	Date	5	Payee name		
L	09/05/2024		Citi Cards		
6	Amount (\$)	7	Payee address; City; State; Zip Co	de	
	\$1,178.44		PO Box 78045		
l					
L			Phoenix, AZ 85062-8045		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
					Payment of campaign/officeholder expenses
					charged to credit card
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н			
Г	Date		Payee name		
	10/15/2024		Citi Cards		
	Amount (\$)		Payee address; City; State; Zip Co	de	
l	\$1,185.78		PO Box 78045		
			Phoenix, AZ 85062-8045		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Payment of campaign/officeholder expenses
					charged to credit card
┝	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н		•	
F	Date		Payee name		
	11/05/2024		Citi Cards		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$171.90		PO Box 78045		
			Phoenix, AZ 85062-8045		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
l					Check if Austin, TX, officeholder living expense  Payment of campaign/officeholder expenses
					charged to credit card
H	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
	expenditure to benefit C/OI	Н		-	

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 31/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	11/04/2024	Citi Cards
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$680.08	PO Box 78045
		Phoenix, AZ 85062-8045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payment of campaign/officeholder expenses
		charged to credit card
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	Citi Cards
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,929.87	PO Box 78045
		Phoenix, AZ 85062-8045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Payment of campaign/officeholder expenses
		charged to credit card
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	City of Austin Parking Meters
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.40	PO Box 1088
		Austin, TX 78767-1088
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/82 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	•
	08/13/2024	City of Austin Parking Meters	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.40	PO Box 1088	
		Austin, TX 78767-1088	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			Parking expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
$\vdash$	Date		
	07/02/2024	Payee name Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$154.57	1601 Trapelo Rd., Ste. 329	
		Waltham, MA 02451-7357	
	PURPOSE OF	(	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/02/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$154.57	1601 Trapelo Rd., Ste. 329	
		·	
		Waltham, MA 02451-7357	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orange to bonom of or	•	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gu	Sal	_	es/Co	ontract Labor		OTHER (enter a	a category not listed	above)
Ļ		-			and explains now	to comp	icte		_		(=u : 0	=, .
1	, -	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
l	Sch: 33/82 Rpt:	l	Hughes, D.	Bryan (The Hor	norable)					00051630		
4	Date	5	Payee name									
l	09/03/2024	l	Constant C									
Ļ		_			Ctata: 7:	in Code						
ľ	Amount (\$)	'	Payee addre		State; Zi	p Code						
l	\$167.36	l	1601 Trape	elo Rd., Ste. 329								
l		l										
l		l	Waltham, N	MA 02451-7357								
8	PURPOSE	(a)	Category (c	ee Categories listed at t	ha tan af this ashadula	, (b	) D	escription				
ľ	OF	``		ee Calegories listed at t head/Rental Exp			, <sub>L</sub>	_ '	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	l	Office Over	nead/itental Exp	perise		F	<b>d</b>		officeholder livin		
		l					Ē	mail service				
		l										
9	Complete ONLY if direct	Ц,	Candidate/Off	iceholder name	Office	e sough	t			Office h	n l l	
ľ	expenditure to benefit C/OI		Carialaatc/On	iccholaci name	Onici	c sough				Office in	Ciu	
L		_										
	Date	l	Payee name									
	10/02/2024		Constant C	ontact								
	Amount (\$)		Payee addre	ss; City;	State; Zi	p Code						
	\$165.48	l	1601 Trape	lo Rd., Ste. 329								
		l	•									
		l	Maltham N	4A 024E1 72E7								
L		L	vvaiiiiaiii, iv	1A 02451-7357								
	PURPOSE OF	(a)	Category (S	ee Categories listed at t	he top of this schedule	e) (b	) D	escription				
l	EXPENDITURE	l	Office Over	head/Rental Exp	pense		Ļ	╛			nplete Schedule T.	
		l					닏			officeholder livin	g expense	
								mail service				
ᆫ												
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Office	e sough	t			Office h	eld	
	experiulture to benefit C/Oi											
	Date		Payee name									
	11/04/2024	l	Constant C	ontact								
┝	Amount (\$)	┢	Payee addre	ss; City;	State: Zi	n Code						
l	\$165.48	l	-	elo Rd., Ste. 329	•	p couc						
l	φ105.40	l	1001 Hape	10 Ru., Ste. 329								
		l										
l		l	Waltham, N	1A 02451-7357								
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this schedule	(b	) D	escription	-			
l	OF EXPENDITURE	l		head/Rental Ex				Check if travel o	outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE	l								officeholder livin	g expense	
		l					Е	mail service				
1												
	Complete ONLY if direct		Candidate/Off	iceholder name	Office	e sough	t			Office h	eld	
	expenditure to benefit C/OI	Н										
$\vdash$												
l												
ı												

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/02/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$165.48	1601 Trapelo Rd., Ste. 329
		Waltham, MA 02451-7357
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/04/2024	DeWoody, Reece
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	17578 CR 366
		Winona, TX 75792
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	11/13/2024	Don's TV & Appliances
	Amount (\$)	Payee address; City; State; Zip Code
	\$477.29	6714 S. Broadway
	¥=0	
		Tyler, TX 75703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Repair of equipment.
	0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/82 Rpt: Hughes, D. Bryan (The Honorable) 00051630 4 Date Payee name 10/07/2024 Enchiladas Y Mas Restaurant 6 Amount (\$) Payee address; Citv: State; Zip Code \$95.27 1911 W. Anderson Ln. Austin, TX 78757 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder matters Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/11/2024 Exxon Highland - Austin Amount (\$) Payee address; City; State; Zip Code \$67.20 4511 Airport Blvd. Austin, TX 78751 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline for leased vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/13/2024 Exxon Joe Bob's #4 Amount (\$) Payee address: City; State; Zip Code \$47.84 Hwy 19 & FM 71 Sulphur Springs, TX 75482 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Gasoline for leased vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 36/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	09/03/2024	Exxon Mart 15, Gun Barrel City	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.53	103 W. Main St.	
		Gun Barrel City, TX 75156	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment And Related	
		Expense Check if Austin, TX, officeholder living expense  Gasoline for leased vehicle	
		Gasoline for leased verticle	
L			
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientare to some exer-		
	Date	Payee name	
	07/22/2024	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.42	PO Box 660481	
		Dallas, TX 75266-0481	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Postage	
		r Ostaye	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	09/14/2024	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.02	PO Box 660481	
		Dallas, TX 75266-0481	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Postage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to bettern over	''	

### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	<u> </u>				
	Sch: 37/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	11/22/2024	FedEx				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$396.52	PO Box 660481				
		Dallas, TX 75266-0481				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		Postage				
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	12/05/2024	FedEx				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$45.33	PO Box 660481				
		Dallas, TX 75266-0481				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Postage				
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
	Date	Payee name				
	09/26/2024	Fetii				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$53.68	3701 Brazos				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Taxi				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Off	iceholder/Politica		Legal Services			Contract Labor		OTHER (enter a	strict a category not listed	above)
Credit Card Payn	nent		The Instruction Guide e	xplains how to co	mple	te this form.				
1 Total pages So	chedule F1:	2 FILER NAME	≣				3	Filer ID	(Ethics Commi	ssion Filers)
Sch: 38/8	32 Rpt:	Hughes, D.	Bryan (The Honorab	ole)				00051630		
4 Date		5 Payee name								
07/16/2024		Flowers Da								
6 Amount (\$)		<b>7</b> Payee addre	ss; City;	State; Zip Co	nde					
, unodin (4)	\$200.00	l	oop 323, Suite 200	Otato, Zip Oc	·uc					
	+=00.00		-00p 0=0, 0a.to =00							
		Tulor TV 7	E701							
		Tyler, TX 7								
8 PURPOSE OF			ee Categories listed at the top of		(b)	Description		d4.T O	and a to Cale and all a T	
EXPENDITU	RE	Office Over	head/Rental Expense	е		<b>-</b>		officeholder living	nplete Schedule T.	
						Rent for Mine				
9 Complete ONL	LY if direct	L Candidate/Offi	ceholder name	Office sou	aht			Office h	eld	
expenditure to		Н			3					
Date		Payee name								
08/02/2024		Flowers Da								
Amount (\$)		Payee addre		State; Zip Co	nde					
Amount ( $\phi$ )	\$400.00	l	oop 323, Suite 200	State, Zip Ce	uc					
	Ψ400.00	1021 L3L 1	200p 323, 3uite 200							
		Tulor TV 7	E 701							
	_	Tyler, TX 7								
PURPOSE OF			ee Categories listed at the top of		(b)	Description  Charlett travel of	outoio	do of Toyon Com	nplete Schedule T.	
EXPENDITU	RE	Office Over	head/Rental Expense	е		<b>-</b>		officeholder living		
						ㅁ Rent for Mine				
Complete ONL			iceholder name	Office sou	ght			Office h	eld	
expenditure to	benefit C/O	H								
Date		Payee name								
12/26/2024		Fresh Fuel	Gas Station #801							
Amount (\$)		Payee addre	ss; City;	State; Zip Co	de					
, ,	\$46.47	6991 Old Ja	acksonville Hwy	•						
			•							
		Tyler, TX 7	5703							
PURPOSE			ee Categories listed at the top of	(II)	(h)	Description				
OF			ion Equipment And F		(5)		outsio	de of Texas. Con	nplete Schedule T.	
EXPENDITU	RE	Expense	.or Equipmont / wa r	tolatou		Check if Austin,	TX,	officeholder living	g expense	
						Gasoline for l	eas	sed vehicle		
Complete ONL			ceholder name	Office sou	ght			Office h	eld	
expenditure to	benefit C/O	П 								

### 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

ent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 39/82 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4	Date	5 Payee name		•
	08/08/2024	Gibson, Emma		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$300.00	530 St. Marys Rd.		
		Rosanky, TX 78953		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Contract labor
_			<u>ا</u>	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	08/08/2024	Gibson, Emma		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$100.00	530 St. Marys Rd.		
		Rosanky, TX 78953		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Salary
	Complete ONLY if direct	Candidate/Officeholder name Office so	Light	Office held
	expenditure to benefit C/O		ugni	Office field
_	5.		_	
	Date	Payee name		
	09/30/2024	Gibson, Emma		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$200.00	530 St. Marys Rd.		
		Rosanky, TX 78953		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Salary for Aug & Sept
				Salary for May & Sopt
	Complete ONLY if direct	Candidate/Officeholder name Office so	Light	Office held
	expenditure to benefit C/O		agrit	Onice neiu

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 40/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4 Date	5 Payee name
12/31/2024	Gibson, Emma
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 530 St. Marys Rd.
	Rosanky, TX 78953
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Salary for Oct, Nov & Dec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Gollob Morgan Peddy
Amount (\$) \$550.00	Payee address; City; State; Zip Code 1001 ESE Loop 323, Suite 200
	Tyler, TX 75701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tax document preparation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/03/2024	Gollob Morgan Peddy
Amount (\$) \$550.00	Payee address; City; State; Zip Code 1001 ESE Loop 323, Suite 200
	Tyler, TX 75701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Tax document preparation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Coloradula 54	
1	Total pages Schedule F1:	
L	Sch: 41/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	07/05/2024	Google Adwords Support
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$122.80	1600 Amphitheatre Pkwy.
	Ψ122.00	1000 Amphiliteatie i kwy.
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	<del>-</del> 1
H	Date	Payee name
		Payee name
	08/05/2024	Google Adwords Support
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.80	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	· ·
	Date	Payee name
	09/05/2024	Google Adwords Support
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.80	1600 Amphitheatre Pkwy.
		Mountain View, CA 04042
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/07/2024	Google Adwords Support
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$122.80	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Email service
		Email Service
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	5 .	
	Date	Payee name
	11/05/2024	Google Adwords Support
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.80	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email service
		Littali Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	12/05/2024	Payee name Google Adwords Support
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.80	1600 Amphitheatre Pkwy.
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 43/82 Rpt:	Hughes, D. Bryan (The Honorable)
-	
4 Date	5 Payee name
10/02/2024	Griswold, Candice
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,599.00	20 Pine St., Apt. 1012
	New York, NY 10005
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
	Rent for Austin apartment
	Tronk for Alabam aparament
O Complete ONLY if alice -4	Candidate/Officeholder name Office acusts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	Griswold, Candice
Amount (\$)	Payee address; City; State; Zip Code
\$3,599.00	20 Pine St., Apt. 1012
	New York, NY 10005
	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense
	x Check if Austin, TX, officeholder living expense  Rent for Austin apartment
	None for Additi apartment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
•	
Date	Payee name
12/02/2024	Griswold, Candice
Amount (\$)	Payee address; City; State; Zip Code
\$3,599.00	20 Pine St., Apt. 1012
	New York, NY 10005
DUDDOCE	
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	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Rent for Austin apartment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

	Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	FILER NAME     Hughes, D. Bryan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00051630
	Sch: 44/82 Rpt:	, , ,		00051050
4	Date	5 Payee name		
	07/02/2024	Griswold, Candice		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$3,899.00	20 Pine St., Apt. 1012		
		New York, NY 10005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Austin apartment rent
				The state of the s
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	experiulture to beliefit C/Oi	1		
	Date	Payee name		
	08/02/2024	Griswold, Candice		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$3,899.00	20 Pine St., Apt. 1012		
		New York, NY 10005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL			Check if Austin, TX, officeholder living expense
				Austin apartment rent
			<u> </u>	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
	Date	Payee name		
	09/03/2024	Griswold, Candice		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$3,899.00	20 Pine St., Apt. 1012		
		New York, NY 10005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Austin apartment rent
				A Lacture apparation to the
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	lapt	Office held
	expenditure to benefit C/OI		agrit	Office field

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 45/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/24/2024	H-E-B Online
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$177.40	646 S. Flores St.
		San Antonio, TX 78204
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
		moouning to disouse official matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	08/21/2024	Hochheim Prairie Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,196.00	500 US Hwy 77A S.
	\$3,190.00	300 03 Hwy 11A 3.
		Yoakum, TX 77995-1399
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Automobile insurance
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	- Oxperialitare to beliefit 6/6/	
	Date	Payee name
	09/09/2024	Hochheim Prairie Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.21	500 US Hwy 77A S.
		Yoakum, TX 77995-1399
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Tyler district office insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
L	10/09/2024	Hochheim Prairie Insurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.21	500 US Hwy 77A S.
		Yoakum, TX 77995-1399
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Insurance for Tyler district office
		insurance for Tyler district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	11/12/2024	Hochheim Prairie Insurance
H	Amount (\$)	Payee address; City; State; Zip Code
	\$111.21	500 US Hwy 77A S.
		Yoakum, TX 77995-1399
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Insurance for Tyler district office
		insulative for Tyler district office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/09/2024	Hochheim Prairie Insurance
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.21	500 US Hwy 77A S.
		Yoakum, TX 77995-1399
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Insurance for Tyler district office
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	
	Sch: 47/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	11/05/2024	Holly Lake Hawkins Republican Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1406 Valleywood Trail
		Holly Lake Ranch, TX 75765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Groi	
	Date	Payee name
	09/14/2024	Hopkins County GOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1124 CR 1107
		Sulphur Springs, TX 75482
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event sponsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	09/03/2024	Hughes, Bryan
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 450
		Mineola, TX 75773
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Reimbursement for sponsorship for Texas Young Republicans
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/28/2024	Jiffy Lube #4155
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.65	8001 S. Broadway Ave.
		Tyler, TX 75703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Automotive service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	09/18/2024	Jimmy John's #491
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.70	515 Congress, Ste. 1200
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
		Weeting to disease emberrolaer matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/05/2024	Juan In A Million
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.43	2300 E. Cesar Chavez St.
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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: 49/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	11/06/2024	Juan In A Million
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.20	2300 E. Cesar Chavez St.
		Austin, TX 78702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimburse Cody Terry for meeting to discuss
		officeholder matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/27/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.71	548 Market St.
		San Francisco, CA 94104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Taxi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/10/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.62	548 Market St.
	Ψ10.02	546 Mainet St.
		San Francisco, CA 94104
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Taxi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above	)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3	Filer ID	(Ethics Commission	Filers)
	Sch: 50/82 Rpt:		Bryan (The Honorab	le)				00051630		•
4	Date	5 Payee name								
	07/26/2024	McGuffin, I	sabel							
6	Amount (\$) \$100.00	7 Payee addre		State; Zip Co	ode					
	Ψ100.00	227 Wony 1	aric							
		Mineola, T	< 75773							
8	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(b)	Description		df.T O	oloto Cob odulo T	
	EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Comp officeholder living		
						Salary	,,	omoonoider iiviilg	скрепос	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	08/26/2024	McGuffin, I	sabel							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	227 Molly L	ane							
		Mineola, T	K 75773							
	PURPOSE OF		ee Categories listed at the top o	of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			<b>=</b>		de of Texas. Comp officeholder living		
						Salary	, 17,	onicendider living	схрепзе	
						, <b>,</b>				
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	eld	
		1								
	Date	Payee name								
	09/26/2024	McGuffin, I	sabel 							
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$100.00	227 Molly L	.ane							
		Mineola, T	< 75773							
	PURPOSE	(a) Category (s	ee Categories listed at the top o	of this cohodulo)	(b)	Description				
	OF		ages/Contract Labor	iriis scriedule)	( )		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living	expense	
						Salary				
					Ļ					
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	· 									

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/28/2024	McGuffin, Isabel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	227 Molly Lane
		Mineola, TX 75773
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Salary
		Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	David and the second
	11/26/2024	Payee name
L		McGuffin, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	227 Molly Lane
		Mineola, TX 75773
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TV officeholder living average.
		Check if Austin, TX, officeholder living expense  Salary
		Calary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/26/2024	McGuffin, Isabel
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	227 Molly Lane
	¥200.00	
		Mineola, TX 75773
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to benefit C/OI	<u> </u>
l		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total names Oct 11 51	
1	Total pages Schedule F1: Sch: 52/82 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630
Ļ	·	
4	Date	5 Payee name
	07/09/2024	Microsoft (Dallas)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/09/2024	Microsoft (Dallas)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
$\vdash$	DUDDOCE	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	09/09/2024	Microsoft (Dallas)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/09/2024	Microsoft (Dallas)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
		Silvas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/12/2024	Microsoft (Dallas)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Software
		Silvas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
⊨	Data	
	Date	Payee name  Microsoft (Pollos)
	12/09/2024	Microsoft (Dallas)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Juliware
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

**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 C Credit Card Payment	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	
Sch: 54/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4 Date 5	9
07/17/2024	Mineola Flower Shop
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$110.00	114 W. Broad St.
	Mineola, TX 75773
8 PURPOSE (	a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Funeral flowers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
07/31/2024	Mineola Flower Shop
Amount (\$)	Payee address; City; State; Zip Code
\$431.95	114 W. Broad St.
	Mineola, TX 75773
PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Funeral flowers
	i diletat flowers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Since Stage.
Date	Payee name
08/26/2024	Mineola Flower Shop
	·
Amount (\$)	Payee address; City; State; Zip Code
\$128.00	114 W. Broad St.
	Mineola, TX 75773
PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Funeral flowers
	Fullcial llowers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	Canadate/Onlocholder Hame Onloc Sought Onloc Held

### SCHEDULE F1

**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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissi	on Filers)
L	Sch: 55/82 Rpt:	_	. Bryan (The Honor	able)				00051630		
4	Date	5 Payee name	е							
	10/23/2024	Mineola Fl	ower Shop							
6	Amount (\$)	7 Payee addr		State; Zip C	ode					
	\$408.00	114 W. Bro	oad St.							
		Mineola, T	X 75773							
8	PURPOSE OF		See Categories listed at the to		(b)	Description		: d	mlata Calcadula T	
	EXPENDITURE	Gift/Award	s/Memorials Expens	se		므		, officeholder living	plete Schedule T. expense	
						Funeral flower				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
┕	·	<u> </u>								
	Date	Payee name								
L	12/05/2024	Mineola Fl	ower Shop							
	Amount (\$)	Payee addr	-	State; Zip C	ode					
	\$609.00	114 W. Bro	oad St.							
		Mineola, T	X 75773							
	PURPOSE OF	(a) Category (	See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Gift/Award	s/Memorials Expens	se		<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						Funeral flower		, omeendaer nving	у схрензе	
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
Г	Date	Payee name	9							
	07/10/2024	Minol USA								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$191.51	15280 Add	lison Rd., #100							
		Addison, T	X 75001							
	PURPOSE	(a) Category (	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees							plete Schedule T.	
	-					Austin apartm		, officeholder living	g expense	
						, ασαπ αματιπ	ICI	it dunity		
$\vdash$	Complete ONLY if direct	I Candidate/∩f	ficeholder name	Office so	l uaht			Office he	eld	
	expenditure to benefit C/OI			255 500	- g			200 11		
$\vdash$										
<u>L</u>										

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e)	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)	
_	Sch: 56/82 Rpt:	Hughes, D. Bryan (The Honorable)  00051630		
4	Date	5 Payee name		
	08/13/2024	Minol USA		
6	Amount (\$) \$189.82	7 Payee address; City; State; Zip Code 15280 Addison Rd., #100  Addison, TX 75001		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Fees Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense  Austin apartment utility		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH		
	Date	Payee name		
	09/10/2024	Minol USA		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$173.50	15280 Addison Rd., #100		
		Addison, TX 75001		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description		
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.    Check if Austin, TX, officeholder living expense		
		Utility for Austin apartment		
		Ounty for Ausuri apartment		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held OH		
	Date	Payee name		
	10/11/2024	Minol USA		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$195.63	15280 Addison Rd., #100		
		Addison, TX 75001		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
		X Check if Austin, TX, officeholder living expense   Austin apartment utility		
		Austin apartment dunity		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		

### SCHEDULE F1

#### **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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 57/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630			
4	Date	5 Payee name			
	11/13/2024	Minol USA			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$175.76	15280 Addison Rd., #100			
		Addison, TX 75001			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		<ul><li>X Check if Austin, TX, officeholder living expense</li><li>Austin apartment utility</li></ul>			
		Addit apartment duity			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/O				
-	Date	Dougo nama			
	12/10/2024	Payee name Minol USA			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$122.92	15280 Addison Rd., #100			
		Addison, TX 75001			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		X Check if Austin, TX, officeholder living expense			
		Austin apartment utility			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Data				
	Date 09/23/2024	Payee name			
		Murdoch, Matthew			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$440.00	2901 Olympia Dr.			
		Temple, TX 76502			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor			
		Contract labor			
		Contract labor			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_					

### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTEN (enter a category not listed above)
1 Total pages Schedule F		Filer ID (Ethics Commission Filers)
Sch: 58/82 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4 Date	5 Payee name	
09/09/2024	Nothing Bundt Cakes	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$67.2	21 10225 Research Blvd. #330	
	Austin, TX 78759	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	_   `	de of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX,	officeholder living expense
	Meeting to discu	ss officeholder matters
9 Complete <u>ONLY</u> if direct expenditure to benefit C.		Office held
experialitare to beliefit C	5/011	
Date	Payee name	
08/24/2024	Office Depot Tyler	
Amount (\$)	Payee address; City; State; Zip Code	
\$129.8	89 4329 Old Bullard Rd	
	Tyler, TX 75703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	de of Texas. Complete Schedule T.
EXI ENDITORE		officeholder living expense
	Reimburse Reed	ce DeWoody for office equipment
Complete ONLY if direct	ct Candidate/Officeholder name Office sought	Office held
expenditure to benefit C		Office field
Date	Payee name	
07/24/2024	Optimum	
Amount (\$)	Payee address; City; State; Zip Code	
\$475.8	84 PO Box 70340	
	Philadelphia, PA 19176-0340	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overflead/Nertial Experise	de of Texas. Complete Schedule T.
		officeholder living expense for Mineola District Office
	internet service	TOT WILLOUG DISUIGE OTHER
Complete ONLY if direct	ct Candidate/Officeholder name Office sought	Office held
expenditure to benefit C	•	Office field

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 59/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	09/16/2024	Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$475.13	PO Box 70340
		Philadelphia, PA 19176-0340
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Internet service for Mineola district office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/02/2024	Origin Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	1825 N. Pacific St.
		Mneola, TX 75773
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Bank transaction fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/10/2024	Phoebe's Diner - Downtown
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$121.93	408 W. 11th St.
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
		Wieeting to discuss officeriolder matters
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

### 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 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 F1: Sch: 60/82 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630
4	Date 07/17/2024	5 Payee name Primal Fundraising
6	Amount (\$) \$20,982.50	7 Payee address; City; State; Zip Code 5706 E. Mockingbird Lane
		Dallas, TX 75206
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/05/2024	Payee name Primal Fundraising
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5706 E. Mockingbird Lane
		Dallas, TX 75206
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 08/05/2024	Payee name Primal Fundraising
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 5706 E. Mockingbird Lane
		Dallas, TX 75206
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made ByCandidate/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 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	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/82 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4	Date	5 Payee name		-
	09/03/2024	Primal Fundraising		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$5,000.00	5706 E. Mockingbird Lane		
		Dallas, TX 75206		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Solicitation/Fundraising Expense	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fundraising expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
	Date	Payee name		
	09/24/2024	Primal Fundraising		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$5,000.00	5706 E. Mockingbird Lane		
		Dallas, TX 75206		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Fundraising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
	expenditure to benefit C/OI		igiit	Office field
	Data			
	Date	Payee name Primal Fundraising		
	10/25/2024	•		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$5,000.00	5706 E. Mockingbird Lane		
		Dallas, TX 75206		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Solicitation/Fundraising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fundraising expense
				- <b>0</b> - p
	Complete ONLY if direct	Candidate/Officeholder name Office sou	L laht	Office held
	expenditure to benefit C/OI		g	22
_				

### 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet 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: 62/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/03/2024	Primal Fundraising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	5706 E. Mockingbird Lane
		Dallas, TX 75206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Fundraising expense
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/24/2024	Public Data
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.76	7750 N. MacArthur Blvd.
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Research
		Research
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/22/2024	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.30	PO Box 856680
	420.00	TO BOX GOODGO
		Louisville, KY 40285-6680
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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)

	Credit Card Payment		The Instruction Guide explains how to c	ompl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 63/82 Rpt:		Hughes, D. Bryan (The Honorable)		00051630
4	Date	5	Payee name		•
	07/18/2024		Ready Refresh by Nestle		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$109.81		PO Box 856680		
			Louisville, KY 40285-6680		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Water for Capitol office
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	uabt	Office held
9	expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	Office field
_		_			
	Date 07/19/2024		Payee name		
	07/18/2024	┞	Ready Refresh by Nestle		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$112.81	l	PO Box 856680		
		l			
			Louisville, KY 40285-6680		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		l			Water for Capitol office
					·
_	Complete ONLY if direct	_	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date	Т	Payee name		
	08/05/2024	l	Ready Refresh by Nestle		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$68.12	l	PO Box 856680		
	,,,,,	l			
		l	Louisville, KY 40285-6680		
	PURPOSE	10		(h)	A Description
	OF	(a	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Podu/Beverage Expense		Check if Austin, TX, officeholder living expense
					Water for Capitol office
				$\perp$	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	н			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica 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: 64/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	09/05/2024	Ready Refresh by Nestle				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$15.65	PO Box 856680				
	1					
		Louisville, KY 40285-6680				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	1	Water for Capitol office				
	!					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
	Date	Payee name				
	09/16/2024	Ready Refresh by Nestle				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$48.30	PO Box 856680				
	1					
		Louisville, KY 40285-6680				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	1	Water for Capitol office				
	!	Water for Suprior office				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Davida nama				
	09/05/2024	Payee name Ready Refresh by Nestle				
		F F				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.65	PO Box 856680				
		Louisville, KY 40285-6680				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
	!	Water for Capitol office				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Abor OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 65/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	10/03/2024	Ready Refresh by Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.77	PO Box 856680
		Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water for Capitol office
		Trace to Capito since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/28/2024	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.26	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water for Capitol office
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/25/2024	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.26	PO Box 856680
		Louisville, KY 40285-6680
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Water for Capitol office
		water for Capitor office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
$oxed{L}$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 66/82 Rpt:	Hughes, D. Bryan (The Honorable)
-	
4 Date	5 Payee name
07/22/2024	Rotary Club of Mineola
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.00	PO Box 505
	Minople TV 75772 0505
	Mineola, TX 75773-0505
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Dues for 2nd Q 2024
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCITALITIE TO DETICITE C/OI	•
Date	Payee name
09/05/2024	Shack Esq., Edward M.
Amount (\$)	Payee address; City; State; Zip Code
\$2,475.00	4410 Bellvue Ave.
, 2.00	
	Auctin TV 707E6
	Austin, TX 78756
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Legal services
	Leyal Services
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
07/30/2024	Shell Oil Station - Mineola
Amount (\$)	Payee address; City; State; Zip Code
\$72.95	115 N. Pacific
	Mineola, TX 75773
PURPOSE	I m.
OF	/
EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gasoline for leased vehicle
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 67/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	08/08/2024	Shell Oil Station - Round Rock
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$91.29	2000 N. 135
		Round Rock, TX 78681
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Gasoline for leased vehicle
		Cacomile to teaced vertice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Dayso nama
	07/30/2024	Payee name Smith County Republican Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 6381
		T   TV 75744 0004
		Tyler, TX 75711-6381
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>'</del>
F	Date	Payee name
	11/05/2024	Smith County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	3923 S. Broadway Ave.
	φοσοίοσ	5525 S. Broduna, rivo.
		Tyler, TX 75701
	PURPOSE	To a second seco
	OF	(a) Category (See Categories listed at the top of this schedule)  Gift/Awards/Memorials Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1 

## 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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: 68/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/02/2024	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Forgotten angels program
		To gotton an goto program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/08/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.14	400 Washington Blvd.
	·	
		Stamford, CT 06902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense  Internet service for Austin apartment
		internet service for Adolin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/07/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.14	400 Washington Blvd.
	Ψ112.14	400 Washington Diva.
		Stamford, CT 06902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFEINDITORE	X Check if Austin, TX, officeholder living expense
		Internet service for Austin apartment
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

**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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed abor	ve)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 69/82 Rpt:		Bryan (The Honorable	)				00051630		
4	Date	5 Payee name								
	09/09/2024	Spectrum								
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	State; Zip Co	ode					
	\$112.14	400 Washii	ngton Blvd.							
		Stamford, (	CT 06902							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Fees				_		de of Texas. Comp officeholder living		
						X   Check if Austin, Internet servi				
							•			
9	Complete ONLY if direct		iceholder name	Office sou	l ıght			Office he	eld	
	expenditure to benefit C/O	7								
	Date	Payee name								
	10/07/2024	Spectrum								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$112.24	400 Washii	ngton Blvd.							
		Stamford, (	CT 06902							
	PURPOSE OF	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Fees				<u></u>		de of Texas. Comp		
						X   Check if Austin, Internet servi		officeholder living		
						internet servi	CC	ioi / tustiii ap	artment	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/O	<b>H</b>								
	Date	Payee name								
	11/07/2024	Spectrum								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$112.14	400 Washii	ngton Blvd.							
		Stamford, (	CT 06902							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b></b>		de of Texas. Com		
						X   Check if Austin,   Internet servio		officeholder living		
						michiel Selvii	CE	ιοι πασιιιι αμ	ai iiiiciit	
$\vdash$	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ald.	
	expenditure to benefit C/O		icendiusi name	Onice Suc	igill			Office He	iu	
_										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/09/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.04	400 Washington Blvd.
		Stamford, CT 06902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Internet service for Austin apartment
		internet service for Austin apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/07/2024	Squarespace Inc.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	459 Broadway, 5th Floor
		New York City, NY 10013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Web hosting
		Web hosting
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/02/2024	TDCJ
H	Amount (\$)	Payee address; City; State; Zip Code
	\$259.00	PO Box 4013
	Ψ200.00	1 0 20% 4010
		Huntsville, TX 77342-4013
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Charity donation items
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
I		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	07/30/2024	TDCJ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,006.73	PO Box 4013
		Huntsville, TX 77342-4013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense  Staff gifts
		Stan girts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Date	Payee name
	07/29/2024	TDCJ
L		
	Amount (\$)	
	\$532.59	PO Box 4013
		Huntsville, TX 77342-4013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Charity donation items
		Charly defiation tents
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	09/18/2024	TDCJ
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,208.30	PO Box 4013
	Ψ2,200.30	1 0 80% 4013
		Huntovilla, TV 77242 4012
	DUDD005	Huntsville, TX 77342-4013
	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	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Charity donation items
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/O	<del>1</del>
Г		
I		
ı		

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 File	r ID (Ethics Commission Filers)
	Sch: 72/82 Rpt:	Hughes, D. Bryan (The Honorable)	051630
4	Date	5 Payee name	
	09/18/2024	TDCJ	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$330.17	PO Box 4013	
		Huntsville, TX 77342-4013	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Charity donation iter	ns
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	09/26/2024	TDCJ	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$330.16	PO Box 4013	
		Huntsville, TX 77342-4013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T.
		Charity donation itel	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	08/08/2024	Terry, Cody	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	10909 Sea Hero Lane	
		Austin, TX 78748	
$\vdash$	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, office	
		Salary for third quar	ter
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The state of the s	••	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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
OTHER Contract of Chapters and Chapters

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 73/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	09/30/2024	Terry, Cody
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	10909 Sea Hero Lane
		Austin, TX 78748
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary for Aug & Sept
		Swary 1817 raig a Sopt
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorations to benefit C/O	'
	Date	Payee name
	12/31/2024	Terry, Cody
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	10909 Sea Hero Lane
		Austin, TX 78748
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary for Oct, Nov & Dec
		Salary for Soi, Nov & Bee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		_
	Date	Payee name
	08/07/2024	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.73	1409 Lavaca
		Austin, TX 78707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
L		
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiord to borient 0/01	•
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## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 74/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	08/02/2024	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.14	1409 Lavaca
		Austin, TX 78707
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
		Wiccing to discuss officeriolider matters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/23/2024	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.91	1409 Lavaca
		Austin, TX 78707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters
		Wiccing to discuss officeriolider matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	09/20/2024	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.97	1409 Lavaca
	Ψ110.91	1403 Lavaca
		Austin, TX 78707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 75/82 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filer ID) 00051630	-ilers)
4	Date 10/23/2024	5 Payee name Texas Chili Parlor	
6	Amount (\$) \$81.74	7 Payee address; City; State; Zip Code 1409 Lavaca	
8	PURPOSE OF EXPENDITURE	Austin, TX 78707  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder matters	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 11/14/2024	Payee name Texas Chili Parlor	
	Amount (\$) \$123.38	Payee address; City; State; Zip Code  1409 Lavaca	
	PURPOSE OF EXPENDITURE	Austin, TX 78707  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder matters	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 12/09/2024	Payee name Texas Chili Parlor	
	Amount (\$) \$134.33	Payee address; City; State; Zip Code 1409 Lavaca	
		Austin, TX 78707	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder matters	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 76/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4 Date	5 Payee name
12/09/2024	Texas Chili Parlor
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$134.33	1409 Lavaca
	Austin, TX 78707
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Meeting to discuss officeholder matters
	Wiccumg to discuss officeriolider matters
O Commisto ONII V if divest	Condidate/Office helder name
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
·	
Date	Payee name
12/23/2024	Texas Chili Parlor
Amount (\$)	Payee address; City; State; Zip Code
\$108.44	1409 Lavaca
	Austin, TX 78707
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Meeting to discuss officeholder matters
	Wiccumg to disouss officeriolider matters
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	T _
Date	Payee name  Toyon Fodoration of Donublican Warren DAC
08/27/2024	Texas Federation of Republican Women PAC
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	515 Capital of Texas Hwy., Suite 138
	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
	Check if Austin, TX, officeholder living expense
	Event sponsorship
Complete CNII V if alice at	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
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#### SCHEDULE F1

**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

1 Total pages Schedule F1: 2 FILER NAME Hughes, D. Bryan (The Honorable) 3 Filer ID (Ethics Commission F 00051630  1 Date 10/03/2024 5 Payee name FILER NAME FOR BOX 12068  8 PURPOSE OF EXPENDITURE (A) Candidate/Officeholder name Office sought Office held Office held  11/19/2024 7 Payee address: City: State: Zip Code Post Itawe outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  PURPOSE OF EXPENDITURE (A) Category: (see Categories listed at the top of this schedule) Office held  Payee name Traxas Senate  11/19/2024 Payee address: City: State: Zip Code Charles of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  PURPOSE OF EXPENDITURE (A) Category: (see Categories listed at the top of this schedule) (b) Description City of Texas Italian, TX, afficientate thing expense Charles of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  PURPOSE OF Category: (see Categories listed at the top of this schedule) (b) Description City of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  PURPOSE OF Category: (see Categories listed at the top of this schedule) (b) Description City of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  Complete ONLY if direct expenditure to benefit C/OH  Date Purpose Office Sought Officeholder name Office sought Officeholder of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Officeholder of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Officeholder Officeholder Texas Schedule T. Candidate/Officeholder name Office sought Officeholder Officeholder Texas Complete Schedule T. Candidate/Officeholder name Office sought Officeholder Officeholder Texas Complete Schedule T. Candidate/Officeholder Name Office sought Officeholder Texas. Complete Schedule T. Candidate/Officeholder Name Officeholder Name Office sought Officeholder Texas. Complete Schedule T. Candidate/Officeholder Name Officehold		Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Sch: 77/82 Rpt: Hughes, D. Bryan (The Honorable) 00051630  4 Date 10/03/2024 5 Payse name Texas Senate 6 Amount (\$) 7 Payse address; City; State; Zip Code PO Box 12068 Austin, TX 78711-2068  8 PURPOSE OF EXPENDITURE (a) Categorie listed at the top of this schedule) (b) Description City Check It raw Journal of the top of this schedule) (c) Check It raw Journal of the top of this schedule) (d) Description Charity donation items  9 Complete ONLY, if direct expenditure to benefit C/OH  Date Payse name T1/13/2024 7 Payse address; City; State; Zip Code PO Box 12068 Austin, TX 78711-2068  PURPOSE OF EXPENDITURE (a) Categorie listed at the top of this schedule) (b) Description City Check It raw Journal of the top of this schedule) (c) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of the schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of the top of this schedule) (d) Description City Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal of Texas Complete Schedule T. Check It raw Journal o	1	Total nages Schedule E1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\dashv$
Texas Senate    Purpose	Ĺ			
Texas Senate	4	Date	5 Payee name	
S48.34  PO Box 12068  Austin, TX 78711-2068  8 PURPOSE OF EXPENDITURE  (a) Category (See Cortegories Sitert at the top of this schedule) (b) Description			Texas Senate	
Citeck if Austin, TX, officeholder living expense   Charity donation items	6	` '	PO Box 12068	
Check if Austin, TX, officeholder living expense	8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
Check if Austin, TX, officeholder living expense Charity donation items				
Date 11/19/2024		EXPENDITURE	Check if Austin, TX, officeholder living expense	
Texas Senate  Amount (\$)	9			
Amount (\$) \$222.50 Payee address; City; State; Zip Code PO Box 12068  Austin, TX 78711-2068  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  Complete QNLY if direct expenditure to benefit C/OH  Date O8/02/2024  Amount (\$) Payee name Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code 101 E. 15th Street Austin, TX 78778  (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete QNLY if direct Candidate/Officeholder name  Office sought  (b) Description Check if travel outside of Texas. Complete Schedule T. Complet		Date	Payee name	
\$222.50 PO Box 12068  Austin, TX 78711-2068  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date O8/02/2024  Amount (\$) Payee address; City; State; Zip Code 101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Iravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Flags  Office held  Payee name 108/02/2024  Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code 101 E. 15th Street  Austin, TX 78778  PURPOSE OF Salaries/Wages/Contract Labor  (a) Category (see Categories listed at the top of this schedule)   (b) Description   Check if Iravel outside of Texas. Complete Schedule T.   Check if Iravel outside of Texas. Complete Schedule T.   Check if Iravel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		11/19/2024	Texas Senate	
Austin, TX 78711-2068  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 08/02/2024  Amount (\$) Payee name Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code 101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Check if austin, TX, officeholder living expense Flags  (b) Description Office held  (c) Description Office held  (b) Description Office folder it is travel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flags  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code  \$2.50 101 E. 15th Street  Austin, TX 78778  (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$222.50	PO Box 12068	
Complete ONLY if direct expenditure to benefit C/OH		PUPPOST		
EXPENDITURE  GITI/AWards/Memorials Expense  Flags  Office held  Office held  Office held  Payee name  Texas Workforce Commission  Amount (\$)  Payee address; City; State; Zip Code  101 E. 15th Street  Austin, TX 78778  PURPOSE  OF  EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Gheck if Austin, TX, officeholder Iving expense  Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			l ————————————————————————————————————	
Date 08/02/2024 Payee name Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code 101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			Check if Austin, TX, officeholder living expense	
Texas Workforce Commission  Amount (\$) Payee address; City; State; Zip Code  \$2.50 101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Ode  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			<b>y</b>	
Amount (\$)  Payee address; City; State; Zip Code  101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Ode  Ode  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Payroll taxes  Office held		Date	Payee name	
\$2.50  101 E. 15th Street  Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Office sought  Office held		08/02/2024	Texas Workforce Commission	
Austin, TX 78778  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Complete ONLY if direct  Candidate/Officeholder name  Austin, TX 78778  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes  Office sought  Office held		Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$2.50	101 E. 15th Street	
Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			Austin, TX 78778	
EXPENDITURE  Salaries/Wages/Contract Labor  Check if Austin, TX, officeholder living expense Payroll taxes  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			, <u> </u>	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Salaries/Wages/Cornilact Eabor	

## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3	Filer ID	(Ethics Commission	r Filers)
_	Sch: 78/82 Rpt:		- Bryan (The Honora	able)				00051630	( 1 11 11 11 11 11 11 11 11 11 11 11 11	,
4	Date	5 Payee name								
	10/17/2024	Texas Wor	kforce Commission							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$4.06	101 E. 15th	Street							
		Austin, TX	78778							
8	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	r		_		de of Texas. Comp officeholder living		
						Payroll taxes		officeriolder living	expense	
9	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/O	<b>†</b>								
	Date	Payee name								
	07/26/2024	Thompson	Burwell							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$100.00	2604 Zach	Scott St.							
		Austin, TX	78723							
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	r		<b>=</b>		de of Texas. Comp officeholder living		
						Salary	, 1,	officeriolder living	expense	
						Galary				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> Jaht			Office he	eld	
	expenditure to benefit C/O									
-	Date	Payee name								
	08/26/2024	Thompson,								
				State; Zip Co	ado					
	Amount (\$) \$100.00	Payee addre 2604 Zach	•	State, Zip Ct	Jue					
	\$100.00	2004 Zacii	30011 St.							
		Austin, TX	78723							
-	PURPOSE		ee Categories listed at the to	n of this cohedule)	(b)	Description				
	OF		ages/Contract Labo		(~)		outsi	de of Texas. Comp	plete Schedule T.	
	EXPENDITURE	Gaiai 100/11	agoo, comitact Lase	•		Check if Austin	, TX,	officeholder living	expense	
						Salary				
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
L	expenditure to benefit C/O	<b>-</b>								

#### SCHEDULE F1

**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

	Contributing Expense 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: 79/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	09/26/2024	Thompson, Burwell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2604 Zach Scott St.
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Salary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Thompson, Burwell
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2604 Zach Scott St.
	Ψ100.00	2004 Zach Scott St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	11/26/2024	Thompson, Burwell
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2604 Zach Scott St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

## 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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 80/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	12/26/2024	Thompson, Burwell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	2604 Zach Scott St.
		Austin, TX 78723
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Salary
		Suidiy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	07/22/2024	Tyler Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	315 N. Broadway Ave.
		Tyler, TX 75702-5712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Dues
_	Computate ONLY if diseast	Condidate/Office holder name Office according
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2024	Tyler Museum of Art
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1300 S. Mahon Ave.
		Tyler, TX 75701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 81/82 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	08/08/2024	Tyler Parking Meters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	City of Tyler
		PO Box 2039
		Tyler, TX 75710
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Parking expense
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/03/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.09	1455 Market St., 4th Floor
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimburse Emma Gibson for three Uber rides for staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	12/05/2024	United States Postal Service Mineola
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	630 E. Broad St.
		Mineola, TX 75773
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Post office box rental
		. Socialist Socialist
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	committee	The Ir		Salaries/ le explains how to co	-	ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	FILER	NAME					3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 82/82 Rpt:	Hughe	es, D. Bryaı	n (The Hono	rable)				00051630		
4	Date	Payee	name								
	09/30/2024	United	d States Tre	easury, Ogde	en						
6	Amount (\$) \$4,270.00	Payee Ogder	address;	City;	State; Zip Co	ode					
	Ψ4,270.00	Oguei	11								
		Ogder	n, UT 8410	2-0039							
8	PURPOSE	<b>a)</b> Catego	ory (See Cate	ories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees	,		· ·		ш		de of Texas. Com		
	LXI LINDITORL						_	n, TX,	officeholder living	expense	
							Income Tax				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candida	ate/Officeholo	ler name	Office sou	ught			Office he	eld	
F	Date	Payee	name								
	07/30/2024	•	d States Tre	easury							
	Amount (\$)		address;	City;	State; Zip C	ahe					
	\$172.95		al Revenue		State, Zip Ci	ouc					
	Ψ172.93			Service							
			ox 932100								
		Louis	ville, KY 402	293-2100							
	PURPOSE	<b>a)</b> Catego	ory (See Cate	ories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salari	es/Wages/0	Contract Lab	or		$\Box$			plete Schedule T.	
							_		officeholder living	expense	
							Payroll taxes	6			
	Complete ONLY if direct expenditure to benefit C/O	Candida	ate/Officeholo	der name	Office sou	ught			Office he	eld	
	experialitate to benefit 6/01										
l											

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution Cards	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$10.67	07/12/2024	08/14/202	4			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Adobe Inc.		San Jose				
			San Jose,				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Software	ion			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$129.01	(b) Date of Charge 07/26/2024	(c) Date(s) ( 08/14/202	Credit Card Issue 4	r Paid		
PAYEE (a) Payee name			(b) Payee a	ddress;	City,	State,	Zip Code
	AT&T Mobility		211 S. Aka	ard			
			Dallas, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell Phone				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged \$22.17	(b) Date of Charge 07/22/2024	(c) Date(s) (	Credit Card Issue	r Paid		
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	DomainZoo.com		PO Box 36	6763			
			Tuscon, A	Z 85740			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Domain na	ame registration			
X Political	Office Overflead/Nerii	тат шхрепзе					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
1							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	to complete		TIEN (enter a categor	y not listed at	oove)
1	Total pages Schedule F4:		Tueston Guide explains now	to complete		3 Filer ID (Ethic	e Commiss	cion Eilore)
_	Sch: 2/32 Rpt:	Hughes, D. Bryan (	The Henerable)			00051630	.s Commiss	sion i liera)
4	CREDIT CARD		ncial institution	E TOTAL	OF UNITEMIZED	00031030		
4	ISSUER			IDITURES	\$			
		See pi	revious	CHARC CARD	GED TO A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	Paid		
		\$175.00	07/23/2024	08/14/20	024			
		,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				600 Com	nmerce St.			
		Embassy Suites Fo	ort Worth					
				Fort Wor	th, TX 76102			
8	PURPOSE OF	(a) Category (See Categories listed at the top	-f.4b-ibd-1-\	(b) Descri				
	EXPENDITURE	Travel Out of District	of this scriedule)	Lodging	1 nite			
	X Political							
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issuer	Paid		
		\$21.31	07/09/2024	08/14/20	024			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Onstar Services		PO Box :	1027			
		Onstar Gervices		l				
	DUDDOS 05	(a) Cataman			MI 48090-1027			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Cell phone service				
	X Political	Office Overhead/Rent		Cell pilol	ile service			
					_			
	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,		ense	
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeriolder	name Onio	e sougni		Office field		
	·	(a) Amount Charged	(h) Date of Charge	(c) Date(s)	) Credit Card Issuer	· Paid		
	TATMENT			08/14/20		i aiu		
		\$5.40	07/15/2024					
	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
				Earley W				·
		HP Instant Ink		1	mes Valley Park [	Or.	holder living expense fice held d fity, State, Zip Code holder living expense fice held d fity, State, Zip Code d fity, State, Zip Code fice held d holder living expense fice held holder living expense	
				Reading	RG6 1PT United	Kingdom	city, State, Zip Code  cholder living expense  ffice held  city, State, Zip Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of Office Overhead/Rental				(b) Descrip	•			
			Ink subse	cription				
	X Political	James Overnead/Nem	а. Ехропос					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	·	Office held		
е	xpenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 3/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6	PAYMENT	(a) Amount Charged \$91.76	(b) Date of Charge 07/23/2024	(c) Date(s) Credit Card Issue 08/14/2024	r Paid
7	PAYEE	(a) Payee name  Mineola Flower Sho	pp	(b) Payee address; 114 W. Broad St. Mineola, TX 75773	City, State, Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Funeral flowers	
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<b>_</b>	officeholder living expense
Complete ONLY if direct Candidate/Officeholder name Offe expenditure to benefit C/OH				e sought	Office held
	PAYMENT	(a) Amount Charged \$30.36	(b) Date of Charge 07/11/2024	(c) Date(s) Credit Card Issue 08/14/2024	r Paid
	PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	City, State, Zip Code 200
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Telephone service	
	Non-Political	` 1	of Texas. Complete Schedule T.		officeholder living expense
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
	PAYMENT	(a) Amount Charged \$14.47	(b) Date of Charge 07/03/2024	(c) Date(s) Credit Card Issue 08/14/2024	r Paid
	PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	City, State, Zip Code 200
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Description Telephone service	
L	Non-Political	` 1	of Texas. Complete Schedule T.		officeholder living expense
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held
1					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)			
Sch: 4/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 07/23/2024	(c) Date(s) Credit Card Issuer 08/14/2024	r Paid					
7 PAYEE	(a) Payee name		(b) Payee address; 777 Main						
	(a) Oatawari		Fort Worth, TX 76102						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	е				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$29.53	07/22/2024	08/14/2024	T ala					
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
	Rick's On The Square								
			Tyler, TX 75702-7227						
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  Meeting to discuss officeholder matters						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chook if Austin TV	officeholder living expens					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	·e				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$21.92	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer 08/14/2024	r Paid					
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St., 4th Floor San Francisco, CA 94103	r	State,	Zip Code			
PURPOSE OF EXPENDITURE  X Political	EXPENDITURE (See Categories listed at the top of this schedule)  Fees								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	e				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$		
6 PAYMENT	(a) Amount Charged \$15.97	(b) Date of Charge 07/03/2024	(c) Date(s) Credit Card Issu 08/14/2024	er Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market St., 4th Flor		State,	Zip Code
	(a) Catamani		San Francisco, CA 9410	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$20.97	(b) Date of Charge 07/03/2024	(c) Date(s) Credit Card Issu 08/14/2024	er Paid		
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Uber		1455 Market St., 4th Flo	or		
			San Francisco, CA 9410	3		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held		
expenditure to benefit C/OH			· ·			
PAYMENT	(a) Amount Charged \$10.67	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issu 09/05/2024	er Paid		
PAYEE	(a) Payee name  Adobe Inc.		(b) Payee address; San Jose CA San Jose, CA 95113	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Software			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	X, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)
	Sch: 6/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDI	\$		
6	PAYMENT	(a) Amount Charged \$294.59	(b) Date of Charge 08/20/2024	(c) Date(s 09/05/20	) Credit Card Issu 124	er Paid		
7	PAYEE	(a) Payee name  The Adolphus Hote	ı	(b) Payee 1321 Co Dallas, T	mmerce St.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descri				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living	expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$129.01	(b) Date of Charge 08/26/2024	(c) Date(s 09/05/20	) Credit Card Issu 124	er Paid		
	PAYEE	(a) Payee name  AT&T Mobility		(b) Payee 211 S. A Dallas, T	kard	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	X, officeholder living e	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$21.31	(b) Date of Charge 08/09/2024	(c) Date(s) 09/05/20	) Credit Card Issu 124	er Paid		
	PAYEE	(a) Payee name Onstar Services		(b) Payee PO Box		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri Cell pho	ne service			
lacksquare	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	0 001:24	Check if Austin, T	X, officeholder living	expense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
I								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	(		,		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 7/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged \$151.34	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issue 09/05/2024	r Paid				
7 PAYEE	(a) Payee name Hilton Hotel Grapev	rine	(b) Payee address; 1800 Hwy. 26E	City,	State,	Zip Code		
			Grapevine, TX 76051					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held				
PAYMENT	(a) Amount Charged \$102.79	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 09/05/2024	r Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Homegoods #0579		5400 Brodie Ln.					
			Austin, TX 78745					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office furnishings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	•	e sought	Office held	ficeholder living expense Office held			
PAYMENT	(a) Amount Charged \$148.58	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issue 09/05/2024	r Paid				
PAYEE	(a) Payee name  Hyatt Hotel Conroe		(b) Payee address; 1001 Grand Central Park Conroe, TX 77304	City, way	State,	Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Lodging					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		_		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 8/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$28.83	08/11/2024	09/05/2024	4			
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Jalapeno Tree		416 E. Bro	ad St.			
			Mineola, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Food/Beverage Exper		Meeting to	discuss officeh	lolder matters		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 0	Credit Card Issuei	r Paid		
	\$10.00	08/20/2024	09/05/2024	4			
PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code		
	Laz Parking on Ros	SS	1200 Ross	Ave.			
			Dallas, TX	75202			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Parking ex				
X Political	1 003						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$125.48	08/03/2024	09/05/2024	4			
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
		L	701 E. Met	thvin St.			
	Longview Flower S	nop					
			Longview,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descripti Funeral flo				
l <u>—</u>	Gift/Awards/Memorials Expense			wers			
X Political							
Non-Political	1 1 2 L	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	sion Filers)				
	Sch: 9/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$					
6	PAYMENT	(a) Amount Charged \$30.36	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card Issu 09/05/2024	er Paid					
7	PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite Sunnyvale, CA 94085	City, State, 200	Zip Code				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone service						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense					
	expenditure to benefit C/OH			e sought	Office held					
	PAYMENT	(a) Amount Charged \$14.47	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issu 09/05/2024	er Paid					
	PAYEE	OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite Sunnyvale, CA 94085	City, State, 200	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone service						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					
	PAYMENT	(a) Amount Charged \$68.57	(b) Date of Charge 08/08/2024	(c) Date(s) Credit Card Issu 09/05/2024	er Paid					
	PAYEE	Rick's On The Square		(b) Payee address; 104 W. Erwin St. Tyler, TX 75702-7227	City, State,	Zip Code				
	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting to discuss officeholder matters						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.							
-	Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name  Office sought  Office held									

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)		
	Sch: 10/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged \$42.44	(b) Date of Charge 08/27/2024	(c) Date(s) 0 09/05/202	Credit Card Issuer 4	Paid				
7	PAYEE	(a) Payee name SilverGrill		(b) Payee at 615 I-30 S	ervice Rd.	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	Category (b) [ Categories listed at the top of this schedule)  Me			Mt. Vernon, TX 75457  (b) Description  Meeting to discuss officeholder matters				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	expenditure to benefit C/OH			e sought		Office held				
	PAYMENT	(a) Amount Charged \$10.67	(b) Date of Charge 09/12/2024	(c) Date(s) ( 10/15/202	Credit Card Issuer 4	· Paid				
	PAYEE	Adobe Inc.		(b) Payee at San Jose (	CA	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descripti Software						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	_	Office held				
	PAYMENT	(a) Amount Charged \$128.83	(b) Date of Charge 09/26/2024	(c) Date(s) 0 10/15/202	Credit Card Issuer 4	· Paid				
	PAYEE	AT&T Mobility		(b) Payee ac 211 S. Aka Dallas, TX	ard	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Descripti Cell phone	on					
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			ule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(		,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 11/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$98.44	(b) Date of Charge 09/22/2024	(c) Date(s) 10/15/20	) Credit Card Issuei 124	r Paid		
7 PAYEE	(a) Payee name  Best Buy 246 Tyler			Broadway Ave.	City,	State,	Zip Code
A PURPOSE OF	(a) Category		(b) Descrip	75703-4347			
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Office eq				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought					Office held		
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( ) (0)	100000		D : 1		
PAYMENT	(a) Amount Charged \$85.42	(b) Date of Charge 09/11/2024	10/15/20	) Credit Card Issuei 124	r Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Best Western Inn Canton		2251 N.	Trade Days Blvd.			
				TX 75103			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Lodging	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Į	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	·	e sought	ш	Office held		
PAYMENT	(a) Amount Charged \$11.51	(b) Date of Charge 09/04/2024	(c) Date(s) 10/15/20	) Credit Card Issuei 124	r Paid		
PAYEE	(a) Payee name  Capitol Grill		(b) Payee 1400 Col Austin, T	ngress Ave.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Descrip Meeting	otion to discuss officeh	older matters		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)				
Sch: 12/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$16.18	(b) Date of Charge 09/04/2024	(c) Date(s) Credit Card Issuer 10/15/2024	· Paid						
7 PAYEE	(a) Payee name  Capitol Grill		(b) Payee address; 1400 Congress Ave.	City,	State,	Zip Code				
0 DUDDOCE OF	(a) Catagony		Austin, TX 78701 (b) Description							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		Meeting to discuss officeh	older matters						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	ise					
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$14.94	(b) Date of Charge 09/22/2024	(c) Date(s) Credit Card Issuer 10/15/2024	· Paid						
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code				
	Capitol Grill									
	( ) -		Austin, TX 78701							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  Meeting to discuss officeholder matters							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expen	150					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	130					
expenditure to benefit C/OH			o coug	000						
PAYMENT	(a) Amount Charged \$62.79	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer 10/15/2024	Paid						
PAYEE	(a) Payee name  Crescent Court	Crescent Court		City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Dallas, TX 75201  (b) Description  Meeting to discuss officeholder matters							
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check									
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held									

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 13/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$21.31	(b) Date of Charge 09/09/2024	(c) Date(s) 10/15/20	Credit Card Issuel 24	r Paid		
7 PAYEE	(a) Payee name Onstar Services		(b) Payee PO Box 2	1027	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Office Overhead/Ren	tal Expense	Cell phone service				
Non-Political	, , , <u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$107.00	(b) Date of Charge 09/21/2024	(c) Date(s) 10/15/20	Credit Card Issuel 24	r Paid		
PAYEE	(a) Payee name  Hampton Inn Corsi	623 Bryant's Way		City,	State,	Zip Code	
			Corsican	a, TX 75109			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Lodging	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$115.45	(b) Date of Charge 09/16/2024	(c) Date(s) 10/15/20	Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name  Doubletree Hotel		(b) Payee 8250 Noi Dallas, T	th Central Expre	City, ssway	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Lodging	otion			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin				officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
						· <u> </u>	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	ssion Filers)					
Sch: 14/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 09/15/2024	(c) Date(s) Credit Card Issuer 10/15/2024	Paid						
7 PAYEE	(a) Payee name  HP Instant Ink		(b) Payee address; Earley West 300 Thames Valley Park I Reading RG6 1PT United		Zip Code					
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Ink subscription							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense						
expenditure to benefit C/OH			e sought	Office held						
PAYMENT	(a) Amount Charged \$14.47	(b) Date of Charge 09/03/2024	(c) Date(s) Credit Card Issuer 10/15/2024	<sup>r</sup> Paid						
PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	City, State 200	Zip Code					
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone Service							
Non-Political	(c) 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	e sought	Office held						
PAYMENT	(a) Amount Charged \$30.36	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer 10/15/2024	Paid						
PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	City, State 200	Zip Code					
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Telephone service							
Non-Political  Complete ONLY if direct expenditure to benefit C/OH  Non-Political  Condidate/Officeholder name  Complete ONLY if direct expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)				
Sch: 15/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$79.51	(b) Date of Charge 09/28/2024	(c) Date(s) Credit Card Issue 10/15/2024	er Paid						
7 PAYEE	(a) Payee name Optimum		(b) Payee address; PO Box 70340	City,	State,	Zip Code				
			Philadelphia, PA 19176-0	)340						
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Internet service							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
9 Complete ONLY if direct Candidate/Officeholder name Office expenditure to benefit C/OH			e sought	Office held						
PAYMENT	(a) Amount Charged \$16.45	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issue 10/15/2024	er Paid						
PAYEE	Texas Chili Parlor		(b) Payee address; 1409 Lavaca Austin, TX 78707	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting to discuss officel	holder matters						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT	(a) Amount Charged \$149.89	(b) Date of Charge 09/20/2024	(c) Date(s) Credit Card Issue 10/15/2024	er Paid						
PAYEE	(a) Payee name  Texas Chili Parlor		(b) Payee address; 1409 Lavaca Austin, TX 78707	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper	· ·	(b) Description  Meeting to discuss officeholder matters							
Non-Political	(c) Check if travel outside	<u> </u>	, officeholder living expe	ense						
Complete ONLY if direct expenditure to benefit C/OH										

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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/Politica		s/Memorials Expense rices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a cate	gory not listed a	bove)	
		The Inst	ruction Guide explains h	ow to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)	
	Sch: 16/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$			
6	PAYMENT	(a) Amount Charged \$137.17	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issi 10/15/2024	uer Paid			
7	PAYEE	(a) Payee name  Texas Chili Parlor		(b) Payee address; 1409 Lavaca Austin, TX 78707	City,	State,	Zip Code	
8	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Meeting to discuss offic	eholder matter	S		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense		
9	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held			
е	expenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$22.08	09/05/2024	10/15/2024				
	PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
		Uber		1455 Market St., 4th Floor				
				San Francisco, CA 9410	03			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Taxi				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	ffice sought	Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
		\$18.97	09/16/2024	10/15/2024				
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
		Uber		1455 Market St., 4th Flo	or			
				San Francisco, CA 9410	03			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Taxi				
	X Political	Fees						
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			□ Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	•		
	expenditure to benefit C/OH			-				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
	Sch: 17/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$22.21	(b) Date of Charge 09/16/2024	(c) Date(s) 10/15/20	Credit Card Issuei 24	Paid		
7	PAYEE	(a) Payee name Uber			rket St., 4th Floor		State,	Zip Code
-	DUDDOCE OF	(a) Category		(b) Descrip	cisco, CA 94103			
8	PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top	of this schedule)	Taxi	OHOTT			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	· -					Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$16.91	(b) Date of Charge 09/26/2024	(c) Date(s) 10/15/20	Credit Card Issuer 24	<sup>,</sup> Paid		
	PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code		
		Uber			rket St., 4th Floor			
					cisco, CA 94103			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip	otion			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	ш	Office held		
	PAYMENT	(a) Amount Charged \$10.67	(b) Date of Charge 10/12/2024	(c) Date(s) 11/04/20	Credit Card Issuer 24	<sup>*</sup> Paid		
	PAYEE	(a) Payee name  Adobe Inc.		(b) Payee San Jose	e CA	City,	State,	Zip Code
_	DUDDOCE OF	(a) Catagon;			e, CA 95113			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political		Office Overhead/Rental Expense  Software					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)				
Sch: 18/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged \$64.94	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer 11/04/2024	Paid						
7 PAYEE	(a) Payee name  Apple Online Store		(b) Payee address; 12545 Riata Vista Cir.	City,	State,	Zip Code				
	( ) -		Austin, TX 78727-6524							
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Software							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$129.04	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer 11/04/2024	Paid						
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	` '		211 S. Akard							
			Dallas, TX 75202							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell phone							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chack if Austin TV	officeholder living expe	neo					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	1156					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$6.14	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer 11/04/2024	Paid						
PAYEE	(a) Payee name  Capitol Cafe		(b) Payee address; 1001 Congress Ave. Austin, TX 78701	City,	State,	Zip Code				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description  Meeting to discuss officeholder matters							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse					
Complete ONLY if direct expenditure to benefit C/OH  Complete ONLY if direct expenditure to benefit C/OH										

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	`		···,	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (E	thics Commiss	sion Filers)	
Sch: 19/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNIT EXPENDITURES CHARGED TO A CARD	s <b> \$</b>			
6 PAYMENT	(a) Amount Charged \$6.14	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Co 11/04/2024	ard Issuer Paid			
7 PAYEE	(a) Payee name  Capitol Cafe		(b) Payee address; 1001 Congress A Austin, TX 78701		State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Meeting to discuss officeholder matters				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	f Austin, TX, officeholder living	expense		
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$21.31	(b) Date of Charge 10/09/2024	(c) Date(s) Credit Ca 11/04/2024	ard Issuer Paid			
PAYEE (a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Onstar Services		PO Box 1027				
			Warren, MI 48090	0-1027			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Cell phone servic	e			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	☐ Check i	f Austin, TX, officeholder living	expense		
Complete ONLY if direct	Candidate/Officeholder	· ·	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$240.35	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Ca 11/04/2024	ard Issuer Paid			
PAYEE	Hilton Hotel Dallas		(b) Payee address; 2201 N. Stemmon Dallas, TX 75207	•	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check i	f Austin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		_	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 20/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$53.25	(b) Date of Charge 10/02/2024	(c) Date(s) 11/04/20	) Credit Card Issuei 24	r Paid		
7 PAYEE	(a) Payee name  La Plazita Mexican	Restaurant	(b) Payee 11980 H	wy. 64 W.	City,	State,	Zip Code
0 DUDDOCE OF	(a) Category		(b) Descrip				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe		Meeting to discuss officeholder matters				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH					Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$14.47	10/03/2024	11/04/20		. r ala		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	OOMA, Inc.		525 Almanor Ave., Suite 2		200		
			Sunnyva	le, CA 94085			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Telephor	otion ne service			
Non-Political	(a) Chapte if traval autoids	of Toyon Complete Cohodule T		Chapte if Austin TV	office helder living eve		
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, 1X,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolder	Tiarrie Office	e sought		Office field		
PAYMENT	(a) Amount Charged \$30.36	(b) Date of Charge 10/11/2024	(c) Date(s) 11/04/20	) Credit Card Issuei 24	r Paid		
PAYEE	(a) Payee name OOMA, Inc.			address; anor Ave., Suite 2 le, CA 94085	City, 200	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone service				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 21/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$171.90	(b) Date of Charge 10/26/2024	(c) Date(s) C 11/04/2024	Credit Card Issuer 4	Paid		
7	PAYEE	(a) Payee name Optimum		(b) Payee ad 1423 Red	Ventures Dr.	City,	State,	Zip Code
8	PURPOSE OF	(a) Category		(b) Descripti				
ľ	EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Reni		Internet se				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Off					Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$12.91	(b) Date of Charge 10/10/2024	(c) Date(s) 0 11/04/2024	Credit Card Issuer 4	Paid		
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		Uber			et St., 4th Floor			
L		( ) 0 /			isco, CA 94103			
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Taxi	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin TX	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
6	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$13.95	(b) Date of Charge 10/15/2024	(c) Date(s) 0 11/04/2024	Credit Card Issuer 4	Paid		
T	PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
		Uber		1455 Mark	et St., 4th Floor	•		
1				San Franci	isco, CA 94103			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Taxi	on			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 22/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$13.97	(b) Date of Charge 10/15/2024	(c) Date(s) 11/04/20	) Credit Card Issuer 24	Paid		
7 PAYEE	(a) Payee name Uber			address; rket St., 4th Floor ncisco, CA 94103		State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE  X Political	(See Categories listed at the top Fees	of this schedule)	Taxi	3.1011			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$20.50	(b) Date of Charge 10/16/2024	(c) Date(s) 11/04/20	) Credit Card Issuer 24	Paid		
PAYEE	(a) Payee name		(b) Payee address; 1455 Market St., 4th Floor		City,	State,	Zip Code
	Uber		San Fran	ncisco, CA 94103			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Taxi	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	<b>—</b>	Office held		
PAYMENT	(a) Amount Charged \$14.23	(b) Date of Charge 10/29/2024	(c) Date(s)	) Credit Card Issuer	Paid		
PAYEE	(a) Payee name Uber			address; rket St., 4th Floor ncisco, CA 94103		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Descrip Taxi	otion			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 23/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$27.85	(b) Date of Charge 10/28/2024	(c) Date(s) 11/04/20	) Credit Card Issuei 24	r Paid		
7 PAYEE	(a) Payee name Uber			address; rket St., 4th Floor ncisco, CA 94103		State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
X Political	Fees		T COXI				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$10.67	(b) Date of Charge 11/12/2024	(c) Date(s) 12/04/20	) Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name  Adobe Inc.		(b) Payee address; San Jose CA		City,	State,	Zip Code
			San Jose	e, CA 95113			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Software				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged \$984.56	(b) Date of Charge 11/08/2024	(c) Date(s) 12/04/20	) Credit Card Issuer 24	r Paid		
PAYEE	(a) Payee name  Apple Store #042 Dallas		(b) Payee 3101 Kno Dallas, T	ox St.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Office equipment						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
						-	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 24/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$134.11	(b) Date of Charge 11/26/2024	(c) Date(s) Credit Card Issuel 12/04/2024	r Paid		
7 PAYEE	(a) Payee name  AT&T Mobility		(b) Payee address; 211 S. Akard	City,	State,	Zip Code
			Dallas, TX 75202			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell phone			
X Political			<u> </u>			
Non-Political	\(\frac{1}{2}\)   \(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D : ( O)	1() 5 : () 6 : 11 6 : 11	D : 1		
PAYMENT	(a) Amount Charged \$21.31	(b) Date of Charge 11/09/2024	(c) Date(s) Credit Card Issuer 12/04/2024	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			PO Box 1027			
			Warren, MI 48090-1027			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell phone service			
X Political	<u> </u>		<u> </u>			
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 11/10/2024	(c) Date(s) Credit Card Issuel 12/04/2024	r Paid		
PAYEE	(a) Payee name  HP Instant Ink		(b) Payee address; Earley West 300 Thames Valley Park I Reading RG6 1PT United		State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Ink subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comm	nission Filers)		
Sch: 25/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$14.56	(b) Date of Charge 11/03/2024	(c) Date(s) Credit Card Issuer 12/04/2024	Paid			
7 PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; City, State, Zip Coo 525 Almanor Ave., Suite 200				
8 PURPOSE OF	(a) Category		Sunnyvale, CA 94085 (b) Description				
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Telephone service				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$30.54	(b) Date of Charge 11/11/2024	(c) Date(s) Credit Card Issuer 12/04/2024	<sup>.</sup> Paid			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code		
	OOMA, Inc.		525 Almanor Ave., Suite 2	200			
			Sunnyvale, CA 94085				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone service				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held			
expenditure to benefit C/OH			· ·				
PAYMENT	(a) Amount Charged \$159.26	(b) Date of Charge 11/02/2024	(c) Date(s) Credit Card Issuer 12/04/2024	Paid			
PAYEE	(a) Payee name Optimum		(b) Payee address; 1423 Red Ventures Dr. Fort Mill, SC 29707	City, State	e, Zip Code		
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· ·	(b) Description Internet Service				
Non-Political	(c) 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	e sought	Office held			

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Insti	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 26/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
		\$189.81	11/26/2024	12/04/202	4			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Optimum			Ventures Dr.			
				Fort Mill, S				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
	X Political	Office Overhead/Rent		Internet se	ervice			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	ONLY if direct Candidate/Officeholder name Office sought			Office held			
е	xpenditure to benefit C/OH		-					
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
		\$238.36	11/12/2024	12/04/202	4			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
				102 N. Col	llege			
				Tyler, TX 7	75702			
	PURPOSE OF	(a) Category		(b) Description				
	X Political	(See Categories listed at the top Food/Beverage Exper		Meeting to discuss officeholder matters				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$49.58	11/01/2024	12/04/202	4			
$\vdash$	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		(1)		104 W. Erv		- 9,	,	
		Rick's On The Squa	are					
				Tyler, TX 7	75702-7227			
	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meeting to	discuss officeh	older matters		
	X Political	i Journeverage Exper	iioc					
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
е	xpenditure to benefit C/OH							

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Con	nmission Filers)
Sch: 27/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged \$55.92	(b) Date of Charge 11/08/2024	(c) Date(s) Credit Card Issuel 12/04/2024	r Paid	
7 PAYEE	(a) Payee name  Rick's On The Squa	are	(b) Payee address; 104 W. Erwin St.	City, Sta	te, Zip Code
			Tyler, TX 75702-7227		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  Meeting to discuss officeh	oolder matters	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	
9 Complete ONLY if direct candidate/Officeholder name office sought expenditure to benefit C/OH				Office held	
PAYMENT	(a) Amount Charged \$47.89	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuer 12/04/2024	r Paid	
PAYEE	(a) Payee name  Texas Chili Parlor	Texas Chili Parlor		City, Sta	ite, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		Austin, TX 78707 (b) Description Meeting to discuss officeh	older matters	
Non-Political	(c) 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	e sought	Office held	
PAYMENT	(a) Amount Charged \$18.46	(b) Date of Charge 11/22/2024	(c) Date(s) Credit Card Issuel 12/04/2024	r Paid	
PAYEE	(a) Payee name  Uber		(b) Payee address; 1455 Market St., 4th Floor San Francisco, CA 94103		ite, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Taxi		
Non-Political	(c) 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	e sought	Office held	

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
	Sch: 28/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$18.92	(b) Date of Charge 11/22/2024	(c) Date(s) C 12/04/2024	redit Card Issuer I	Paid		
7	PAYEE	(a) Payee name Uber			et St., 4th Floor	City,	State,	Zip Code
L		( ) 5 :			sco, CA 94103			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description	on			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	9 Complete ONLY if direct Candidate/Officeholder name Office					Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
		\$134.11	12/26/2024					
r	PAYEE	(a) Payee name	l	(b) Payee ad	ldress;	City,	State,	Zip Code
		AT&T Mobility		211 S. Aka	rd			
				Dallas, TX	75202			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni	•	(b) Description				
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$274.24	(b) Date of Charge 12/26/2024	(c) Date(s) C	redit Card Issuer	Paid		
	PAYEE	(a) Payee name Office Depot Tyler		(b) Payee ad 4329 Old B Tyler, TX 7	ullard Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Insti	ruction Guide explains how	to comple	te this	form.			
2 FILER NAME					3 Filer ID (Et	hics Commiss	sion Filers)
Hughes, D. Bryan (	The Honorable)				00051630		
		EXPI CHA	ENDIT .RGED	URES	\$		
(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Cre	edit Card Issue	r Paid		
\$208.84	12/26/2024						
(a) Payee name Office Max					City,	State,	Zip Code
	of this schedule)	1 ' '	•				
		Office	suppli	ies			
(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living e	xpense	
Candidate/Officeholder	name Offic	e sought			Office held		
(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Cre	edit Card Issue	r Paid		
\$205.89	12/21/2024						
PAYEE (a) Payee name (b) Payee address;				ress;	City,	State,	Zip Code
Office Max		5361 S	S. Broa	adway			
		Tyler,	TX 75	703			
(a) Category							
	of this schedule)	Printin	g				
Printing Expense							
(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	П	Check if Austin, TX,	officeholder living e	xpense	
	name Offic	e sought			Office held	<u>'</u>	
(a) Amount Charged	(b) Date of Charge	(c) Date	e(s) Cre	edit Card Issue	r Paid		
\$189.81	12/26/2024						
(a) Payee name	<u> </u>	(b) Pave	ee add	lress;	City,	State,	Zip Code
(1)		1 ' '			- 3,	,	
Optimum							
		Fort M	ill, SC	29707			
(a) Category							
		Interne	et serv	vice			
Office Overnead/Reni	iai Expense						
(c) Check if travel outside	of Texas. Complete Schedule T.	1		Check if Austin, TX.	officeholder living e	xpense	
`	<u> </u>	e sought			Office held		
		<b>3</b> ,					
	2 FILER NAME Hughes, D. Bryan ( Name of final see pi  (a) Amount Charged \$208.84  (a) Payee name Office Max  (a) Category (See Categories listed at the top Office Overhead/Rent)  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$205.89  (a) Payee name Office Max  (a) Category (See Categories listed at the top Printing Expense  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$189.81  (a) Payee name Optimum  (a) Category (See Categories listed at the top Office Overhead/Rent)  (b) Check if travel outside  Category (See Categories listed at the top Office Overhead/Rent)	2 FILER NAME Hughes, D. Bryan (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$208.84  (b) Date of Charge \$208.84  12/26/2024  (a) Payee name Office Max  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged \$205.89  12/21/2024  (a) Payee name Office Max  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office  (a) Amount Charged \$189.81  (b) Date of Charge \$189.81  12/26/2024  (a) Payee name Optimum  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Optimum	Piller NAME Hughes, D. Bryan (The Honorable)  Name of financial institution See previous  (a) Amount Charged \$208.84  (b) Date of Charge \$208.84  (c) Date  (d) Payee name Office Max  Tyler,  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Sought  (a) Payee name (b) Pay \$205.89  12/21/2024  (a) Payee name Office Max  Tyler,  (a) Category (see Categories listed at the top of this schedule) Printing Expense  (b) Date of Charge \$205.89  12/21/2024  (a) Payee name Office Max  Tyler,  (b) Des Sought  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (a) Category (see Categories listed at the top of this schedule) Printing Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (a) Amount Charged \$189.81  12/26/2024  (b) Date of Charge \$189.81  12/26/2024  (c) Date \$189.81  12/26/2024  (d) Payee name Optimum  Fort M  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T.	Piles Name Hughes, D. Bryan (The Honorable)  Name of financial institution See previous  (a) Amount Charged \$208.84  (b) Date of Charge \$208.84  (c) Date(s) Crarb  (d) Payee name Office Max  Tyler, TX 75  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Payee add  5631 S. Broodfice Sought  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Max  Tyler, TX 75  (a) Amount Charged \$205.89  12/21/2024  (b) Date of Charge \$205.89  (c) Date(s) Crarb  \$205.89  12/21/2024  (a) Payee name Office Max  Tyler, TX 75  (a) Category (See Categories listed at the top of this schedule) Printing Expense  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Sought  (a) Amount Charged Office Max  Tyler, TX 75  (b) Description Printing  (c) Description Printing  (d) Category (see Categories listed at the top of this schedule) Printing Expense  (e) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (a) Amount Charged S189.81  (b) Payee add 1423 Red V.  (c) Date(s) Crarb S189.81  (d) Payee name Optimum  Fort Mill, SC (d) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Hughes, D. Bryan (The Honorable)   Name of financial institution see previous	2 FILER NAME Hughes, D. Bryan (The Honorable)  Name of financial institution see previous  (a) Amount Charged \$208.84  12/26/2024  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (a) Payee name Office Max  (b) Payee address; City, 5631 S. Broadway  Tyler, TX 75703  (b) Description Office Supplies  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office Max  (a) Payee name Office Max  (b) Payee address; City, 5631 S. Broadway  Tyler, TX 75703  (c) Date(s) Credit Card Issuer Paid  (d) Description Office supplies  (e) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought  (b) Payee address; City, 5361 S. Broadway  Tyler, TX 75703  (c) Date(s) Credit Card Issuer Paid  (d) Payee name Office Max  Tyler, TX 75703  (e) Description Office Max  Tyler, TX 75703  (f) Description Office Max  Tyler, TX 75703  (g) Description Office Max  Tyler, TX 75703  (g) Description Office Max  Tyler, TX 75703  (g) Description Printing  (g) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought Office Sought Office Hold  (a) Amount Charged \$189.81  (b) Date of Charge \$189.81  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name Office sought Office Sought Office Hold  (a) Payee name Optimum  (b) Payee address; City, 1423 Red Ventures Dr.  Fort Mill, SC 29707  (b) Description Internet service  (c) Check if Austin, TX, officeholder living of the Schedule) Office Overhead/Rental Expense	2 FILER NAME Hughes, D. Bryan (The Honorable)  Name of financial institution see previous    State

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)
Sch: 30/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630	
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$73.53	12/18/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Rick's On The Squa	are	104 W. Erwin St.		
			Tyler, TX 75702-7227		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	b. 1.1	
X Political	Food/Beverage Exper		Meeting to discuss officeh	noider matters	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought			
expenditure to benefit C/OH		-			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$39.35	12/27/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	United States Post	Office, Azalea	2627 S. Broadway Ave.		
			Tyler, TX 75701-9998		
PURPOSE OF	(a) Category	of Alvin and a dulla	(b) Description		
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent	,	Postage		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid	
	\$114.95	12/28/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code
	Limited Ctates Deat	Office Apples	2627 S. Broadway Ave.		
	United States Post	Office, Azalea			
			Tyler, TX 75701-9998		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
X Political	Office Overhead/Rent	•	Postage		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held	
expenditure to benefit C/OH					

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Oniceriolae//Folitica		ruction Guide explains how	-	THEN (enter a categor	y not listed a	3000)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 31/32 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$306.24	12/26/2024				
7 PAYEE	(a) Payee name United States Post	Office, Azalea	(b) Payee address; 2627 S. Broadway Ave.	City,	State,	Zip Code
	(-) O-t		Tyler, TX 75701-9998			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
l <u> </u>	Office Overhead/Ren		Postage			
X Political						
Non-Political	l	of Texas. Complete Schedule T.		, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$501.50	12/27/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	United States Postal Service		2100 W. Martin Uther Kin	g Jr. Blvd.		
			Tyler, TX 75702			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Postage			
X Political	Office Overhead/Ren	tal Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$13.18	(b) Date of Charge 11/01/2024	(c) Date(s) Credit Card Issue 12/04/2024	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
			5050 Troup Hwy.			
	Walmart #01044					
			Tyler, TX 75707			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren		Office supplies			
X Political	Office Overfieau/Refi	ш шхрепас				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Candidate/Officeholder/Politica			nting Expense laries/Wages/Cont		THER (enter a category	y not listed at	oove)
	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 32/32 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD	Name of fina	ncial institution		OF UNITEMIZED			
ISSUER	see p	revious	EXPEND CHARGE	ITURES ED TO A CREDIT	<b> \$</b>		
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$163.46	12/30/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Mark&Graham.com	•	151 Union	St.			
	WalkaGianam.com	I					
				isco, CA 94111			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript Fundraisin				
l <u> </u>	Solicitation/Fundraisir		Fullulaisii	ig items			
X Political	<u> </u>		<u> </u>				
Non-Political	<u> </u>	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	<sup>-</sup> Paid		
	\$35.00	12/09/2024					
	<u></u>		<u></u>				
PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code
	Smith County Repu	ıhlican Women	PO Box 81	L75			
	Similar County Nept	iblican women					
DI IDDOCE OF	(a) Catagony		Tyler, TX (b) Descript	75711-8175			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Membersh				
X Political	Fees		Membersi	P			
Non-Political	(2) 🗖 (2) + (3) + (4)	<u></u>		70	<i></i>		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	<u>L</u> e sought	Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH	Canadate/Onicenolaei	Tiame One	c sought		Office field		
experientare to benefit eyer:							

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE **G**

## EXPENDITURE CATEGORIES FOR BOX 8(a) vertising Expense Event Expense Loan Repayment/Reimbur

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	F F C mmittee L	event Expense -ees -ood/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fultidiasing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 194/203			Bryan (The Honorable)			00051630
4	Date	5	Payee name				
	10/03/2024		Lone Star Va	alet			
6	Amount (\$)	7	Payee address	s; City; Sta	ite; Zip C	ode	
	\$10.00		1802 W. Bra	ker Ln.			
	Reimbursement from political contributions intended		Austin, TX 78	8758			
8	PURPOSE	(a)	Category (See	e Categories listed at the top of this	schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				Check if Austin, TX, officeholder living expense
	LAPENDITORE					Parking expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeho	older name		Office sought	Office held
	Date		Payee name				
	12/15/2024		Senate Ladie	es Club			
	Amount (\$)		Payee address	s; City; Sta	ite; Zip C	ode	
	\$2,750.00		PO Box 1206	68			
	X Reimbursement from political contributions intended		Austin, TX 7	8711			
	PURPOSE		Category (See	e Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				Check if Austin, TX, officeholder living expense
						Event expense.	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeho	older name		Office sought	Office held
	Date		Payee name				
	12/19/2024		Smith Count	y Republican Women			
	Amount (\$)		Payee address	s; City; Sta	ite; Zip C	ode	
	\$35.00		PO Box 8175	5			
	Reimbursement from political contributions intended		Tyler, TX 75	711-8175			
	PURPOSE		Category (See	e Categories listed at the top of this	schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				Check if Austin, TX, officeholder living expense
						Ticket	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeho	older name		Office sought	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/Politica 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:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 195/203	1	. Bryan (The Honorable)				00051630
4	Date	5 Payee name				<u> </u>	
ľ	12/19/2024		nty Republican Women				
_	Amount (\$)	7 Payee addr		e; Zip Co	ndo.		
ľ	\$600.00	PO Box 81	•	e, Zip Ct	ue		
		FO DOX 03	113				
	X Reimbursement from political contributions intended	Tyler, TX 7	75711-8175				
8	PURPOSE	(a) Category (	See Categories listed at the top of this so	chedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Award	s/Memorials Expense			Ch	eck if Austin, TX, officeholder living expense
					Contribution		
L							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
Г	Date	Payee name	e				
	08/24/2024	Texas You	ıng Republicans				
H	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$1,500.00	2604 Brigh	nt Rock Ln.				
	Reimbursement from						
	X political contributions intended	Conroe, T	X 77304				
H	PURPOSE	Category (	See Categories listed at the top of this so	chedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		s/Memorials Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITURE		·		Sponsorship		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held
L	C/OH						
	Date	Payee name	е				
	12/27/2024	United Sta	tes Post Office, Azalea				
Г	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode		
	\$3,606.05	2627 S. Br	oadway Ave.				
	Reimbursement from						
	X political contributions intended	Tyler, TX 7	75701-9998				
Г	PURPOSE	Category (	See Categories listed at the top of this so	chedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
	EXPENDITORE				Postage		
	expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held
L	C/OH						

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: ./8 Rpt: 196/203	
2	FILER NAME		3	Filer ID	(Ethics Commis	sion Filers)
	Hughes, D. E	Bryan (The Honorable)		00051	.630	
1	Date	5 Name of person from whom amount is received			8 Amount (\$)	
_	08/06/2024	Austin Bank			σ Amount (ψ)	ቀኃ ኃ60 ኃኃ
	06/06/2024					\$3,260.23
		6 Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703				
		7 Purpose for which amount is received	if politi	cal cont	ribution returned to	filer
		Interest income				
	Dete	Name of page of from whom are until a specified			A == = (ft)	
	Date	Name of person from whom amount is received			Amount (\$)	ФО ООЛ ОО
	11/06/2024	Austin Bank				\$3,301.32
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703				
		Purpose for which amount is received Check	if politi	cal cont	ribution returned to	filer
		Interest income				
					I	
	Date	Name of person from whom amount is received			Amount (\$)	
	12/06/2024	Austin Bank				\$1,090.08
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75703				
		Purpose for which amount is received Check	if politi	cal cont	ribution returned to	filer
		Interest income				
	5 .				I (a)	
	Date	Name of person from whom amount is received			Amount (\$)	
	07/03/2024	Citizens 1st Bank				\$552.70
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75701				
		Purpose for which amount is received Check	if politi	cal cont	ribution returned to	filer
		Interest income				
	Data	Name of a constant from whom a manufacture of and			A (d)	
	Date	Name of person from whom amount is received			Amount (\$)	<b>44</b> 000 44
	10/03/2024	Citizens 1st Bank				\$1,698.44
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75701				
		Purpose for which amount is received Check	if politi	cal cont	ribution returned to	filer
		Interest income				

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/8 Rpt: 197/203
2	FILER NAME		3	Filer II	O (Ethics Commission Filers)
	Hughes, D. I	Bryan (The Honorable)		00051	1630
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
-	07/30/2024	City National Bank			\$1,818.93
	0170072021				
		6 Address of person from whom amount is received; City; State; Zip Code			
		Mineola, TX 75773			
			politi	cal cont	tribution returned to filer
		Interest income			
	Date	Name of person from whom amount is received			Amount (\$)
	10/30/2024	City National Bank			\$1,860.69
		Address of person from whom amount is received; City; State; Zip Code			
		Mineola, TX 75773			
		Purpose for which amount is received Check if	politi	cal cont	tribution returned to filer
		Interest income			
H	Data	Name of move on from whom an account is upon itself			Amagust (th)
	Date	Name of person from whom amount is received			Amount (\$)
	11/29/2024	City National Bank			\$634.48 
		Address of person from whom amount is received; City; State; Zip Code			
		Mineola, TX 75773			
		Interest income	politi	cai cont	tribution returned to filer
		interest income			
	Date	Name of person from whom amount is received			Amount (\$)
	07/18/2024	Farmers Bank & Trust			\$1,100.98
		Address of person from whom amount is received; City; State; Zip Code			"
		Paris, TX 75460			
		Purpose for which amount is received	politi	cal cont	tribution returned to filer
		Interest income			
_	Date	Name of person from whom amount is received			Amount (\$)
	08/16/2024	Farmers Bank & Trust			\$1,142.57
	00/10/2021				
		Address of person from whom amount is received; City; State; Zip Code			
		Paris, TX 75460			
			m a 197	l: 1	Indiana waterway at the file
			politi	cai cont	tribution returned to filer
		Interest income			

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 3/8 Rpt: 198/203	
2	FILER NAME		3	Filer	ID (Ethics Commissio	n Filers)
	Hughes, D. I	Bryan (The Honorable)		0005	1630	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	09/18/2024	Farmers Bank & Trust				\$1,147.62
		6 Address of person from whom amount is received; City; State; Zip Code				. , -
		Address of person from whom amount is received, City, State, 2:p Code				
		Paris, TX 75460				
			oliti	cal cor	I ntribution returned to file	ar
		Interest income	JOILL	cai coi	inbution retarried to inc	,ı
					<u> </u>	
	Date	Name of person from whom amount is received			Amount (\$)	** ** = = *
	10/18/2024	Farmers Bank & Trust			]	\$1,115.54
		Address of person from whom amount is received; City; State; Zip Code				
		Paris, TX 75460				
			oliti	cal cor	ntribution returned to file	er
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/18/2024	Farmers Bank & Trust			;	\$1,157.66
		Address of person from whom amount is received; City; State; Zip Code				
		Paris, TX 75460				
			oliti	cal cor	ntribution returned to file	er
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/18/2024	Farmers Bank & Trust				\$1,125.28
		Address of person from whom amount is received; City; State; Zip Code				
		Paris, TX 75460				
		Purpose for which amount is received	oliti	cal cor	ntribution returned to file	er
		Interest income				
_	Date	Name of person from whom amount is received			Amount (\$)	
	12/31/2024	Hughes, Bryan				\$3,132.33
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Gity, State, 21p code				
		Tyler, TX 75707				
			oliti	cal cor	<u> </u>	er
		Mileage reimbursement		551		
-						

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 1/8 Rpt: 199/203	
2	FILER NAME		3	Filer ID	(Ethics Commiss	ion Filers)
	Hughes, D. I	Bryan (The Honorable)		00051	.630	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	07/31/2024	Southside Bank				\$0.43
	0.702,202.	6 Address of person from whom amount is received; City; State; Zip Code				40.10
		Address of person from whom amount is received, City, State, Zip Code				
		Tyler, TX 75710-1079				
						.,
			c if politic	cai conti	ribution returned to fi	iler
		Interest income			_	
	Date	Name of person from whom amount is received			Amount (\$)	
	08/31/2024	Southside Bank				\$0.43
		Address of person from whom amount is received; City; State; Zip Code			1	
		Tyler, TX 75710-1079				
		Purpose for which amount is received	if polition	cal conti	ribution returned to f	iler
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/11/2024	Southside Bank			γ πισαπ (φ)	\$2,971.91
						+=,0:=:0=
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75710-1079				
			if politic	cal conti	I ribution returned to fi	iler
		Interest income				
	Dete	Name of naveous frame whom amount is propried			Δ == 0 · · · = ± (Φ)	
	Date	Name of person from whom amount is received			Amount (\$)	<b>#0.01</b>
	09/30/2024	Southside Bank				\$0.31
		Address of person from whom amount is received; City; State; Zip Code				
		T. J. v. TV 75740 4070				
		Tyler, TX 75710-1079				
			if polition	cal conti	ribution returned to f	iler
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2024	Southside Bank				\$0.30
		Address of person from whom amount is received; City; State; Zip Code			1	
		Tyler, TX 75710-1079				
		Purpose for which amount is received	if polition	cal conti	ribution returned to f	iler
		Interest income				
		I				

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 5/8 Rpt: 200/203	
2	FILER NAME		3	Filer ID	(Ethics Commissi	on Filers)
	Hughes, D. I	Bryan (The Honorable)		00051	.630	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	11/30/2024	Southside Bank				\$0.29
		6 Address of person from whom amount is received; City; State; Zip Code				, , ,
		Address of person from whom amount is received, City, State, 21p Code				
		Tyler, TX 75710-1079				
		<b>—</b>	if politic	nal conti	ibution returned to fi	lor
		Interest income	проши	Jai Culli	ribution returned to fi	iei
		interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/11/2024	Southside Bank				\$2,894.16
		Address of person from whom amount is received; City; State; Zip Code		•••••	1	
		Tyler, TX 75710-1079				
		Purpose for which amount is received Check	if polition	cal conti	ribution returned to fi	ler
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	12/31/2024	Southside Bank			Amount (ψ)	\$0.31
	12/01/2024					Ψ0.01
		Address of person from whom amount is received; City; State; Zip Code				
		Tyler, TX 75710-1079				
			if politic	ral conti	I ribution returned to fi	lor
		Interest income	пропис	Jai Corili	indution returned to it	ici
_					1	
	Date	Name of person from whom amount is received			Amount (\$)	
	07/03/2024	Texas Bank and Trust				\$842.28
		Address of person from whom amount is received; City; State; Zip Code				
		Longview, TX 75606				
		Purpose for which amount is received	if polition	cal conti	ribution returned to fi	ler
		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2024	Texas Bank and Trust				\$639.18
		Address of person from whom amount is received; City; State; Zip Code			1	
		Address of person from whom amount is received, Oily, State, Elp Sode				
		Longview, TX 75606				
			if politic	cal conti	I ribution returned to fi	ler
		Interest income	ponul	المارين	auon retarried to II	

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /8 Rpt: 201/203	
2	FILER NAME		3	F	iler ID	(Ethics Commissi	on Filers)
	Hughes, D. I	Bryan (The Honorable)		0	0051	630	
4		5 Name of person from whom amount is received				8 Amount (\$)	
	09/02/2024	Texas Bank and Trust				(+)	\$682.65
	00,02,202	6 Address of person from whom amount is received; City; State; Zip Code					+002.00
		Address of person from whom amount is received, City, State, 2ip Code					
		Longview, TX 75606					
		<u> </u>					
			heck if polition	ca	l contri	ibution returned to fi	ler
		Interest income					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/30/2024	Texas Bank and Trust					\$547.80
		Address of person from whom amount is received; City; State; Zip Code		••••			
		, , ,					
		Longview, TX 75606					
		<u> </u>	hack if politic	ca	l contri	ibution returned to fi	lor
		Interest income	neck ii politik	ca	COILLI	ibation retained to ii	ici
	Date	Name of person from whom amount is received				Amount (\$)	
	10/03/2024	Texas Bank and Trust					\$858.42
		Address of person from whom amount is received; City; State; Zip Code		••••			
		Longview, TX 75606					
		Purpose for which amount is received	heck if polition	ca	l contri	ibution returned to fi	ler
		Interest income					
F	Date	Name of person from whom amount is received				Amount (\$)	
	10/31/2024	Texas Bank and Trust				γunount (φ)	\$559.00
	10/31/2024						Ψ559.00
		Address of person from whom amount is received; City; State; Zip Code					
		Longuignu TV 75606					
		Longview, TX 75606					
		_	heck if polition	ca	l contri	ibution returned to fi	ler
		Interest income					
	Date	Name of person from whom amount is received				Amount (\$)	
	12/01/2024	Texas Bank and Trust					\$527.13
		Address of person from whom amount is received; City; State; Zip Code		••••			
		Longview, TX 75606					
		<u> </u>	heck if politic	CO	l contri	ibution returned to fi	lor
		Interest income	HECK II HOIIII	ud	COILL	ibation returned to II	ICI
$\vdash$		Interest income					
1							

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 7/8 Rpt: 202/203	
2	FILER NAME		3	Filer II	C (Ethics Commission Filers)	
	Hughes, D. I	Bryan (The Honorable)	L630			
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	_
	12/31/2024	Texas Bank and Trust			\$501.77	,
	,					
		6 Address of person from whom amount is received; City; State; Zip Code				
		Longview, TX 75606				
		<u> </u>	f a liki		wile, stiene wet, weed to file.	_
İ		_	politi	cai cont	ribution returned to filer	
		Interest income				_
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2024	Texas Regional Bank			\$1,500.86	ì
		Address of person from whom amount is received; City; State; Zip Code			1	
İ						
İ		Austin, TX 78701				
İ		Purpose for which amount is received Check it	f politi	cal cont	ribution returned to filer	_
İ		Interest income				
_	Date	Name of person from whom amount is received			Amount (\$)	=
	08/30/2024	Texas Regional Bank			\$1,378.74	,
<u> </u>	00/30/2024				Ψ1,570.74	•
İ		Address of person from whom amount is received; City; State; Zip Code				
İ						
		Austin, TX 78701				
			f noliti	cal cont	ribution returned to filer	_
İ		Interest income	ροπι	cai com	indution returned to mer	
$\models$						_
	Date	Name of person from whom amount is received			Amount (\$)	
	09/30/2024	Texas Regional Bank			\$1,566.64	ŀ
İ		Address of person from whom amount is received; City; State; Zip Code				
İ						
İ						
İ		Austin, TX 78701				
		Purpose for which amount is received	f politi	cal cont	ribution returned to filer	
İ		Interest income				
	Date	Name of person from whom amount is received			Amount (\$)	=
	10/31/2024	Texas Regional Bank			\$1,667.03	3
İ		Address of person from whom amount is received; City; State; Zip Code	•••••			
İ		Address of person from whom amount is received, City, State, 21p Code				
İ						
		Austin, TX 78701				
		<u> </u>	f noliti	cal cont	ribution returned to filer	_
		Interest income	ροπι	cai cuill	Industrictuined to IIICI	
<u> — </u>		manage moonie				_

## INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 8/8 Rpt: 203/203 2 FILER NAME Filer ID (Ethics Commission Filers) Hughes, D. Bryan (The Honorable) 00051630 8 Amount (\$) Date 5 Name of person from whom amount is received 11/29/2024 Texas Regional Bank \$1,787.43 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest income Amount (\$) Name of person from whom amount is received Date 12/31/2024 Texas Regional Bank \$2,029.22 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78701 Purpose for which amount is received Check if political contribution returned to filer Interest income