# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commi 00051630		2 Total pages	filed: 186
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	D. Bryan			Date Received  ELECTRONIC	CALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Hughes				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 450				Receipt #	Amount
Change of Address	Mineola, TX 75773					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<del></del> -	
TREASURER NAME	Mr.	Steve				
	NICKNAME	LAST		SUFFIX		
	THORW WIL	Dement		301117		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 4595 Kinsey Dr.	) BOX PLEASE);	AP'	Γ/SUITE#; CITY	; S <sup>-</sup>	TATE; ZIP CODE
(Residence or Business)	Tyler, TX 75703					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHOI (903) 534-8000	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff		campaign treasurer fficeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		│ □G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I.		12 OFFICE SOUGH	T (if known)	
	State Senator District 1			State Senator D	District 1	
	1			ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 186

13 C / OH NAME	Hughes, D. Bryan (T	he Honorable)	<b>14</b> Filer ID 00051630	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informat	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
		COMMITTEE CAMPAIGN TREASURER ADDR	E33	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 119,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 210,895.12
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 2,977,080.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A RTING PERIOD	AS OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	companying report is to be reported by me
		The Hor	norable D. Bryan Hugh	es
		Signature	of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH **COVER SHEET PG 3**

					3 01 186
_	ER NAN ghes, [	ME D. Bryan (The Honorable)	<b>19</b> Filer ID 00051630	(Ethi	ics Commission Filers)
	HEDULI ME OF			SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	119,250.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	200,430.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	10,259.59
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	205.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	56,281.94

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/186	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		Bryan (The Honorable)	_			00051630	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 06/24/2025 Allen, U. Sidney 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,500.00		
_		Longview, TX 75604-4602	Į-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	City Council	man 		City of Longview TX			
	Date 06/27/2025	Full name of contributor American Pharmacies Texa Contributor address; City; Stat		)		Amount of Contribution (\$)	\$2,500.00
		Corpus Christi, TX 78401					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/30/2025	Full name of contributor  Babcock, Christopher J.  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75208					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Lawyer			Alliance for Corporate E	хc	ellence	
	Date 06/26/2025	Full name of contributor  Bennett, Joey  Contributor address; City; Stat  Austin, TX 78738	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions) rnmental Affairs Consultant		Employer (See Instructions Self employed	)		
	Date 06/28/2025	Full name of contributor  Bresnen, Steven & Amy  Contributor address; City; Stat  Austin, TX 78701	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorneys	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/186	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Hughes, D. I	Bryan (The Honorable)				00051630	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	<b>#F 000 00</b>
	06/30/2025	Brookshire, Bruce Garnett	tto. Zie Code				\$5,000.00
		6 Contributor address; City; Sta Tyler, TX 75701	ue, zip Code				
Q	Drincinal occu	pation / Job title (See Instructions)	la la	Employer (See Instructions	) 		
Ů	Real Estate	pation / 300 title (See mstructions)	ľ	Self employed	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	\		Amount of Contribution (\$)	
	06/25/2025	Cantella, Chad	out-or-state PAC (ID#	<i></i>		Amount of Continuation (4)	\$500.00
	00/20/2020	Contributor address; City; Sta	ite: Zip Code				4000.00
			, <u></u> .p				
		Austin, TX 78733					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Principal			Texas Star Alliance			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/25/2025	Clay, Ryan A.					\$1,000.00
		Contributor address; City; Sta	te; Zip Code				
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Attorney			Self employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/30/2025	Foley & Lardner LLP Texa	s Campaign Fund				\$2,500.00
		Contributor address; City; Sta	ıte; Zip Code				
		Dallac TV 75201 2240					
	Drincinal occu	Dallas , TX 75201-3340 pation / Job title (See Instructions)		Employer (See Instructions	<u>,                                      </u>		
	r micipai occu	pation / 300 title (See mstructions)		Employer (See manuchons	)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/28/2025	Funds Available for Involve	<del></del> -			ranount of Continuation (\$)	\$1,000.00
		Contributor address; City; Sta					,
		, , , , , , , , , , , , , , , , , , , ,	,				
		Athens, TX 75751					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/186	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 06/25/2025	Full name of contributor		7	Amount of Contribution (\$)	\$250.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Gulf States Toyota Inc. State PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$7,500.00
	Principal occu	Houston, TX 77077 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/25/2025	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 (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_Hillco 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 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Koebele, Stephen Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Law Office of Steve Koe		e	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/186	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,500.00
_	Dein sin al a sau	Austin, TX 78701	D. Farricon (Conclusion)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey PAC 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	)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Republican Women of Wood County PAC Contributor address; City; State; Zip Code Quitman, TX 78783-1437	)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Jennifer S.  Contributor address; City; State; Zip Code  Driftwood, TX 78619-4307			Amount of Contribution (\$)	\$2,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed	)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Marc A.  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$3,000.00
	Principal occu Partner	pation / Job title (See Instructions)	Employer (See Instructions Texas Lobby Partners	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/186		
2	FILER NAME	Bryan (The Honorable)		3	Filer ID (Ethics Commission 00051630	n Filers)	
4	Date 06/25/2025	<ul> <li>5 Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78701-2100					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Sampson Public Affairs LLC 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 06/25/2025	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 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texans United for A Conservative Majority Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/26/2025	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 (\$) \$	10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/186		
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		3	Filer ID (Ethics Commissi 00051630	on Filers)	
4	Date 06/26/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20,000.00	
_	<u> </u>	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Leads PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00	
	Dringinal occu	Austin, TX 78701-2132 pation / Job title (See Instructions)	Employer (See Instructions				
	- Fillelpai occu	pation 7 300 title (See Instructions)	Employer (See Instructions				
	Date 06/25/2025	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 (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 06/27/2025	Full name of contributor X out-of-state PAC (ID#: CT The Home Depot PAC  Contributor address; City; State; Zip Code  Washington, DC 20004	C00284885 )		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch: 7/7 R	S Schedule A1: Rpt: 10/186	
2	FILER NAME Hughes, D. I	Bryan (The Honorable)		<b>3</b> Filer ID (E 00051630	Ethics Commission	on Filers)
4	Date 06/25/2025	<ul> <li>Full name of contributor</li></ul>	)	<b>7</b> Amount of 0	Contribution (\$)	\$5,000.00
_		San Antonio, TX 78269		,		
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard W. Contributor address; City; State; Zip Code		Amount of (	Contribution (\$)	\$5,000.00
	Dringinal occu	Houston, TX 77027	Employer (See Instructions	)		
Principal occupation / Job title (See Instructions)  Chairman & Co-Owner  Employer (See Instructions  Weekley Development						
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ White, David Contributor address; City; State; Zip Code	)	Amount of (	Contribution (\$)	\$5,000.00
		Austin, TX 78746				
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Public Blueprint	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Whitley, David Contributor address; City; State; Zip Code  Austin, TX 78735	)	Amount of 0	Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self employed	)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ 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			

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/186 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hughes, D. Bryan (The Honorable) 00051630 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/25/2025 **HS Law PAC** \$250.00 Rent for room for 7 Contributor address; City; State; Zip Code fundraiser on 6/25/25 Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 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 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: 1/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/23/2025	7-Eleven
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.19	613 Congress Ave.
		Austin, TX 78701
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
		Gasonie
_	0 1: 0.11.7.7.1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	7-Eleven
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.63	613 Congress Ave.
		Austin, TX 78701
	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
		Gasonic
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/25/2025	AT&T Conference Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.75	1900 University Ave.
		Austin, TX 78705
	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
		Reimburse Matthew Murdoch for parking expense
	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

Event Expense

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)
Ĺ	Sch: 2/118 Rpt:	Hughes, D. Bryan (The Honorable)  00051630
4	Date	5 Payee name
	01/15/2025	Access Valet Parking
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code PO Box 41983  Austin, TX 78704
8	PURPOSE	(a) Continued (b) Description
٦	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
		Parking expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/10/2025	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  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Vehicle lease
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	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  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Vehicle lease
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)		
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
L	Sch: 3/118 Rpt:	Hughes, D	. Bryan (The Honorable)					00051630	
4	Date	5 Payee name	е						
	03/10/2025	Advancial	Federal Credit Union						
6	Amount (\$)	<b>7</b> Payee addr	ess; City; Stat	e; Zip C	ode				
	\$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 s	chedule)	(b)	Description			
	OF EXPENDITURE	Transporta	ation Equipment And Relate			=		de of Texas. Comp	
		Expense				Check if Austin, Vehicle lease		officeholder living	expense
						vernoie lease	•		
9	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	laht			Office he	ld .
_	expenditure to benefit C/O		necholder hame	Onice 300	ugiit			Office field	
	Date	Payee name	e						
L	04/10/2025	Advancial	Federal Credit Union						
	Amount (\$)	Payee addr	ess; City; Stat	e; Zip C	ode				
\$1,226.05   10000 N. Central Expy., Suite 1400									
		Dallas, TX	75231-2319						
	PURPOSE	(a) Category (	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	Transporta	ation Equipment And Relate			$\Box$		de of Texas. Comp	
		Expense				Check if Austin, Vehicle renta		officeholder living	expense
						vernote renta	.1		
$\vdash$	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office sou	laht			Office he	ld
	expenditure to benefit C/O			2.1100 300	agrit			Jinoc He	·•
-	Date	Dovos nom							
	Date 05/12/2025	Payee name	e Federal Credit Union						
				- 7!- C	a al -				
	Amount (\$)	Payee addr		e; Zip C	oae				
	\$1,226.05	TUUUU N. (	Central Expy., Suite 1400						
		Dallas, TX	75231-2319						
	PURPOSE	(a) Category	See Categories listed at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE		ation Equipment And Relate			Check if travel of		de of Texas. Comp	
	LAFLINDITORE	Expense				_		officeholder living	expense
						Vehicle lease	;		
	Commiste ONU Wife dies	Candidata (C)	£iaabaldau nama-	O#: 4	1			Off: 1	14
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ugnt			Office hel	iu

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense		ense ges/Contract Labor	Travel in Di Travel Out OTHER (er	
1	Total pages Schedule F1:		E . Bryan (The Hono	rahla)			3 Filer ID 000516	(Ethics Commission Filers)
Ļ	Sch: 4/118 Rpt:	_	• `	i abie)			1 000210	JU
4	Date	5 Payee name		20				
Ļ	06/10/2025		Federal Credit Unio					
6	Amount (\$)	7 Payee addr		•	Zip Cod	е		
	\$1,226.05	10000 N. (	Central Expy., Suite	: 1400				
		Dallas, TX	75231-2319					
8	PURPOSE OF		See Categories listed at the		dule) (	b) Description		
	EXPENDITURE		ition Equipment An	d Related			outside of Texas. n, TX, officeholder	Complete Schedule T.
		Expense				Vehicle lease		<u>9</u>
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	fice soug	ht	Offic	e held
H	Date	Payee name	<del></del>					
	02/26/2025	Amazon M	arketplace					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e		
	\$290.17	440 Terry	Ave. N.					
		Seattle, W	A 98109					
	PURPOSE	(a) Category (	See Categories listed at the	top of this sched	dule) (	b) Description		
	OF EXPENDITURE		rage Expense			<u> </u>	outside of Texas. n, TX, officeholder	Complete Schedule T.
						ш		or staff and guests at Capitol
						office		J
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Of	fice soug	ht	Offic	e held
	Date	Payee name	<del></del>					
	03/13/2025	Amazon M	arketplace					
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e		
	\$229.10	440 Terry	Ave. N.					
		Seattle, W	A 98109					
	PURPOSE	(a) Category (	See Categories listed at the	top of this sched	dule) (	b) Description		
	OF EXPENDITURE		rage Expense				outside of Texas. n, TX, officeholder	Complete Schedule T.
								or staff and guests at Capitol
						office		I I I I I I I I I I I I I I I I I I
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Of	fice soug	ht	Offic	e held
	expenditure to benefit C/O				3			

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Opnations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services								
					ide explains how to c	ompl	ete this form.				_
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/118 Rpt:		Hughes, D.	Bryan (The Hon	orable)				00051630		
4	Date	5	Payee name								
	03/14/2025		Amazon Ma	rketplace							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode					
	\$209.82		440 Terry A	ve. N.							
			_								
			Seattle, WA	98109							
Ļ	DUDDOCE	⊢				(h)					_
8	PURPOSE OF			e Categories listed at th	e top of this schedule)	(a)	Description  Check if travel	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		F000/Bevera	age Expense					officeholder living		
							$\Box$			taff and guests at Capito	ol
							office				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	<u>l</u> uaht			Office he	eld	_
	expenditure to benefit C/O					3					
_	Date	Г	Payee name								=
	04/01/2025	ı	Amazon Ma	rketnlace							
_		⊢	Payee addres		State; Zip C	odo					_
	Amount (\$)	ı	•	•	State, Zip C	oue					
	\$425.73		440 Terry A	ve. IV.							
			Seattle, WA	98109							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense		<u> </u>			plete Schedule T.	
							Equipment ar		officeholder living	g expense	
							Equipment ai	iiu .	зиррпез		
_	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name	Office so	uaht			Office he	eld.	_
	expenditure to benefit C/O		zarialaate/Onit	scholder name	Office 30	ugiit			Office In	Ciu	
_	<b>D</b> .	_	_								=
	Date		Payee name	1 - 1 - 1							
	03/31/2025		Amazon Ma	гкеtріасе 							
	Amount (\$)	ı	Payee addres	•	State; Zip C	ode					
	\$249.66		440 Terry A	ve. N.							
			Seattle, WA	98109							
	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this schedule)	(b)	Description				
	OF EXPENDITURE			age Expense						plete Schedule T.	
	EXI ENDITORE						_		officeholder living		
							office	εοπ	arinks for s	taff and guests at Capito	)I
_	Operation ONE VALUE II	<u>_</u>	2						0	-1.4	_
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offic	ceholder name	Office so	ught			Office h	ela	

### 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/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: 6/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	03/31/2025	Amazon Marketplace
6	Amount (\$) \$50.20	7 Payee address; City; State; Zip Code 440 Terry Ave. N.
		Seattle, WA 98109
8	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 Snacks and soft drinks for staff and guests at Capito office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/01/2025	Amazon Marketplace
	Amount (\$) \$49.78	Payee address; City; State; Zip Code 440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Equipment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2025	Amazon Marketplace
	Amount (\$) \$29.21	Payee address; City; State; Zip Code 440 Terry Ave. N.
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Supplies
	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 -

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: 7/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/21/2025	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$417.71	440 Terry Ave. N.
		Seattle, WA 98109
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
		Snacks and soft drinks for staff and guests at Capitol
		office
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	04/21/2025	Amazon Marketplace
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$) \$311.71	
	\$311.71	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  Snacks and soft drinks for staff and guests at Capitol
		office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
	05/02/2025	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.12	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  Snacks and soft drinks for staff and guests at Capitol
		office
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 EILED NAME	3	Filer ID	(Ethics Commission Filers)
_	Sch: 8/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630	(Ethics Commission Files)
4	Date	5 Payee name			
	05/19/2025	Amazon Marketplace			
6	Amount (\$) \$633.23	7 Payee address; City; State; Zip Code 440 Terry Ave. N.			
		,			
		Seattle, WA 98109			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desci			
	EXPENDITURE	1 000/Deverage Expense		side of Texas. Com X, officeholder living	
					staff and guests at
			itol office		san and gueste at
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	05/15/2025	Amazon Marketplace			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$94.14	440 Terry Ave. N.			
		Seattle, WA 98109			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desci	•		
	EXPENDITURE	1 000/Deverage Expense		side of Texas. Com X, officeholder living	
					aff and guests at Capitol
		office			3
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld
	Date	Payee name			
	01/09/2025	Amazon.com			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$31.38	PO Box 81226			
		Seattle, WA 98108-1226			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription		
	OF EXPENDITURE	1 000/Develage Expense		side of Texas. Com	
				X, officeholder living	
		office		it utiliks 101 St	aff and guests at Capitol
	Complete ONLY if direct	Candidate/Officeholder name Office sought		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 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	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: 9/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/09/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$525.92	PO Box 81226
		Seattle, WA 98108-1226
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  Snacks and soft drinks for staff and guests at Capitol
		office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/06/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.79	PO Box 81226
		Seattle, WA 98108-1226
	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
		Supplies
		Саррисс
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/13/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.74	PO Box 81226
	Ψ31.14	1 O BOX 01220
		Seattle, WA 98108-1226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Snacks and soft drinks for staff and guests at Capitol office
_	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	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/118 Rpt:		Hughes, D. Bryan (The Honorable)		00051630
4	Date	5	Payee name		
	01/10/2025		Amazon.com		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$30.26		PO Box 81226		
			Seattle, WA 98108-1226		
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 Supplies
					Supplies
9	Complete ONLY if direct	Щ	Candidate/Officeholder name Office sou	laht	Office held
	expenditure to benefit C/OI		Sandidate/Officeriolder Harrie	agiit	Cince Held
_	Date	$\overline{}$	Payee name		
	01/10/2025		Amazon.com		
	Amount (\$)	⊬	Payee address; City; State; Zip Co	odo	
	\$359.94		PO Box 81226	oue	
	φ339.94		FO BOX 61220		
			C NA 00100 1000		
		Ļ	Seattle, WA 98108-1226	1	
	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		Food/Beverage Expense		Check if dayer dustide of rexast Complete Scriedule 1.
					Snacks and soft drinks for staff and guests at Capitol
					office
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/OI	Н			
	Date	T	Payee name		
	01/27/2025		Amazon.com		
	Amount (\$)	T	Payee address; City; State; Zip Co	ode	
	\$353.94		PO Box 81226		
			Seattle, WA 98108-1226		
	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.
	EX. ENDITORE				Check if Austin, TX, officeholder living expense Snacks and soft drinks for staff and guests at Capitol
					office
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		Sandidate/Officeriolider Harrie Office sol	ugni	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 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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4	Date	5 Payee name		
	01/30/2025	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$436.20	PO Box 81226		
	1			
		Seattle, WA 98108-1226		
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  Snacks and soft drinks for staff and guests at Capitol
	!			office
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held
3	expenditure to benefit C/O		Jin	Office field
┝	Deta			
	Date	Payee name		
	01/29/2025	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$116.98	PO Box 81226		
	!			
	!	Seattle, WA 98108-1226		
	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 Supplies
	!			Supplies
L	Complete ONLY if direct	Candidate/Officeholder name Office soug	·hŧ	Office held
	Complete ONLY if direct expenditure to benefit C/OH	9	Jiii	Office field
┝				
	Date	Payee name		
	01/28/2025	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$195.70	PO Box 81226		
	!			
	!	Seattle, WA 98108-1226		
	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.
	EXPLINDITORL			Check if Austin, TX, officeholder living expense
	!			Snacks and soft drinks for staff and guests at Capitol office
_	Chilly if divers	0.5		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	jht	Office held
		·		

### 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

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Gui		Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Fil	ers)
	Sch: 12/118 Rpt:		Bryan (The Hono	orable)				00051630		
4	Date	5 Payee name								
	01/28/2025	Amazon.co	m							
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	ode					
	\$162.33	PO Box 81	226							
		Seattle, WA	A 98108-1226							
8	PURPOSE	(a) Category (S	see Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com		
						<b>—</b>		officeholder living	expense aff and guests at C	anitol
						office	JOIL	uning for 30	an and guests at C	αριτοι
9	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/O	1								
	Date	Payee name	;							
	01/28/2025	Amazon.co	m							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$114.76	PO Box 81	226							
		Seattle, W	A 98108-1226							
	PURPOSE	(a) Category (S	see Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living		
						ш			aff and guests at C	anitol
						office	,,,,	diffice for or	an ana gaosto at o	apitoi
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/O	+								
	Date	Payee name	;							
	02/07/2025	Amazon.co	m							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$181.56	PO Box 81	226							
		Seattle, W	A 98108-1226							
	PURPOSE OF		ee Categories listed at the	e top of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense					de of Texas. Comp officeholder living		
						ш			aff and guests at C	apitol
						office			· ·	•
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н								

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 13/118 Rpt:		Hughes, D.	Bryan (The F	lonorable)					00051630	
4	Date	5	Payee name								
	02/25/2025		Amazon.co	m							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode				
	\$3.18		PO Box 812	226							
			Seattle, WA	98108-1226							
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			age Expense		,		<b>=</b>		de of Texas. Comp	
	Za Enditone							ш		officeholder living	
								Snacks and s	SOft	urinks for st	aff and guests at Capitol
								Onice			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	e C	Office so	ught			Office he	eld
	Date		Payee name								
	02/25/2025		Amazon.co	m							
$\vdash$	Amount (\$)	$\vdash$	Payee addre		State.	Zip C	ode				
	\$320.19		PO Box 812		Siale,	2.p C	Juc				
	φ320.19		1 O DOX 012	-20							
		L	Seattle, WA	98108-1226							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental I				_		de of Texas. Comp	
									, TX,	officeholder living	expense
								Supplies			
_	0 1: 0:::::::::::::::::::::::::::::::::	<u> </u>	- P. L. 15				<u> </u>			0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	·	Office so	ught			Office he	eia
L		_									
	Date		Payee name								
	06/30/2025		Anedot, Inc								
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode				
	\$20.30		450 Laurel	St., Suite 210		•					
				_							
			Baton Roug	je, LA 70801							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees	9		,			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE							_		officeholder living	
								Processing fe	ee f	or credit car	d donation
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H									

### 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: 14/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	06/30/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.30	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
		1 Toccssing fee for create card donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
$\vdash$	Date	David and the second se
		Payee name
	06/30/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	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
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	06/26/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	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
		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 Event Expense Fees Food/Beverage Expense Contributions/ Donations Made By -

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: 15/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	06/25/2025	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$40.30	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		
		1 Toccssing fee for create eard donation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
<u> </u>	<u> </u>			
	Date	Payee name		
	06/25/2025	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.30	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		
		1 Toccssing fee for create eard donation		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			
	<b>D</b> .			
	Date	Payee name		
	04/16/2025	Bailey's Ace Hardware		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$81.78	Hwy. 80 East		
		Mineola, TX 75773		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense		
		Reimburse Isabel McGuffin for office supplies		
_	Operation ONE VIII II	Open Higher (Office health a group of the control o		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	- p			

### 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	te this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 16/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630	
4	Date	5 Payee name	•	
	01/06/2025	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.	
	EXI ENDITORE		Check if Austin, TX, officeholder living expense	
			Rent for Tyler district office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O		Office field	
_	Date			
	02/04/2025	Payee name Bergfeld Realty		
		,		
	Amount (\$) \$404.26	Payee address; City; State; Zip Code 110 N. College Ave. #218		
	Φ4U4.20	110 N. College Ave. #216		
		Tidos, TV 75702		
		Tyler, TX 75702		
	PURPOSE OF	(**************************************	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule 1.  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	1		
	Date	Payee name		
	03/04/2025	Bergfeld Realty		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$415.74	110 N. College Ave. #218		
		Tyler, TX 75702		
	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.	
	EXPENDITORE	1	Check if Austin, TX, officeholder living expense	
			Rent for Tyler district office	
	Complete ONU V if allow	Condidate (Office helder news	Office best	
	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 -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: 17/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/04/2025	Bergfeld Realty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$415.74	110 N. College Ave. #218
		Tyler, TX 75702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense  Cry Description  Cry Desc
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent for Tyler district officce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	Bergfeld Realty
	Amount (\$)	Payee address; City; State; Zip Code
	\$415.74	110 N. College Ave. #218
		Tyler, TX 75702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Rent for Tyler district office
	0 1 0 0 1 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	06/04/2025	Bergfeld Realty
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$415.74	Payee address; City; State; Zip Code 110 N. College Ave. #218
	\$415.74 PURPOSE	110 N. College Ave. #218
	\$415.74  PURPOSE OF	110 N. College Ave. #218  Tyler, TX 75702  (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.
	\$415.74 PURPOSE	Tyler, TX 75702  (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. Check if Austin, TX, officeholder living expense
	\$415.74  PURPOSE OF	110 N. College Ave. #218  Tyler, TX 75702  (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.
	\$415.74  PURPOSE  OF  EXPENDITURE	Tyler, TX 75702  (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.  Check if Austin, TX, officeholder living expense Rent for Tyler district office
	\$415.74  PURPOSE OF	Tyler, TX 75702  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name Office Sought  Office Sought  Office held
	\$415.74  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Tyler, TX 75702  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name Office Sought  Office Sought  Office held
	\$415.74  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Tyler, TX 75702  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name Office Sought  Office Sought  Office held
	\$415.74  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Tyler, TX 75702  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name Office sought  Office Sought  Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica		Legal Services			s/Contract Labor		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: 18/118 Rpt:	Hughes, D.	Bryan (The Honora	ıble)				00051630	
4	Date	5 Payee name							
	01/03/2025		nunications, LLC						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode				
	\$48,000.00	1014 W. Mil							
		Austin, TX 7	'8704						
8	PURPOSE		ee Categories listed at the top	of this schodule)	(b)	Description			
	OF	Consulting I		or this schedule)	(~)		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	g expense
						Political Cons	sulti	ing.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld
	experiulture to beliefit C/Oi	'							
	Date	Payee name							
	01/05/2025	Berry Comn	nunications, LLC						
	Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
	\$2,745.91	1014 W. Mil	ton St.						
		Austin, TX 7	'8704						
	PURPOSE	(a) Category (Se	ee Categories listed at the top	o of this schedule)	(b)	Description			
	OF EXPENDITURE		/Memorials Expens			<u></u>			plete Schedule T.
	-					Promotional if		officeholder living	g expense
						Tomodonam	tCII	13	
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht			Office he	əld
	expenditure to benefit C/OI			200 000	.9			000	
-	Date	Payee name							
	04/16/2025	Biscuit Hom	e						
	Amount (\$)	Payee addres		State; Zip Co	ndo				
	\$324.18	1614 Westh	. , ,	State, Zip Co	Jue				
	Ψ024.10	1014 WC30	cirier ra.						
		Houston, TX	/ 77006						
	DUDDOOF				4->				
	PURPOSE OF		ee Categories listed at the top		(D)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	GIIVAWarus	/Memorials Expens	е				officeholder living	
						Gifts			
				_					
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld
L	expenditure to benefit C/OI	<del></del>			_				

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how	Ü	lete this form.	
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)	
	Sch: 19/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630	
4	Date	5 Payee name		<b>'</b>	
	02/07/2025	Brazos Stamp and Engraving			
6	Amount (\$)	7 Payee address; City; State; Zip	Code		
l	\$372.60	1407 S. 31st St., Suite D			
		Temple, TX 76504			
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  Constituent gifts	
				Constituent girls	
9	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held	
ľ	expenditure to benefit C/O				
F	Date	Payee name			
	02/25/2025	Brazos Stamp and Engraving			
H	Amount (\$)	Payee address; City; State; Zig	Code		
	\$44.00	1407 S. 31st St., Suite D			
		Temple, TX 76504			
┝	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	
				Reimburse Matthew Murdoch for engraving expense.	
L					
	Complete ONLY if direct expenditure to benefit C/OI		sought	Office held	
┡					
	Date	Payee name			
L	06/30/2025	Brazos Stamp and Engraving			
	Amount (\$)	Payee address; City; State; Zip	Code		
	\$220.00	1407 S. 31st St., Suite D			
		Tamala TV 70504			
		Temple, TX 76504	1		
	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 Austin, TX, officeholder living expense	
				Reimburse Matthew Murdoch for engraving expense.	
Г	Complete ONLY if direct		sought	Office held	
	expenditure to benefit C/O	1			

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	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: 20/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	03/04/2025	Buc-ee's #59 Hillsboro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$62.63	165 US-77
		Hillsboro, TX 76645
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
		Gasonile
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/24/2025	Burton, Charlene
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 1152
		Mineola, TX 75773-1152
	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
		Bookkeeping services.
		Bookkooping ooi vidad.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Power name
	01/02/2025	Payee name Camp Political LLC
_		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$30,157.04	401 NE 46th St.
		Oklahoma City, OK 73105
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraising
		i unuraising
_	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 c	complete this form.		
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 21/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630		
4 Date	5 Payee name	-		
05/15/2025	Canva, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	Code		
\$119.99	200 E 6th Street			
	Austin, TX 78701			
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.		
EXI ENDITORE		Check if Austin, TX, officeholder living expense		
		Software		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/o		ought Office neid		
Data				
Date	Payee name			
05/14/2025	Capitol Gift Shop			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$1,190.75	1400 Congress Ave			
	Austin, TX 78701			
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		
		Constituent gifts		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/6	DH			
Date	Payee name			
03/31/2025	Capitol Grill			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$38.59				
	Austin, TX 78701			
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		
0 1. 0				
Complete ONLY if direct expenditure to benefit C/0	Candidate/Officeholder name Office so OH	ought Office held		
p = 1 = 2 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3				

### 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 Salarice Magnet/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 co	•	te this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 22/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4 Date	5 Payee name		<u>'</u>
01/24/2025	Cefco		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$72.37	1600 I-35		
	Belton, TX 76513		
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	Expense		Check if Austin, TX, officeholder living expense
			Gasoline
		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
05/20/2025	Cheryl's Lake Country Florist		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$451.38	102 E. Broad St.		
	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.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Funeral flowers
Complete ONLY if direct	Condidate/Officeholder name Office acu	l nabt	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	igni	Office held
	1		
Date	Payee name		
06/18/2025	Cheryl's Lake Country Florist		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$238.12	102 E. Broad St.		
	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 Funeral flowers
			1 unciai 110W613
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		igrit	Office field

#### 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: 23/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/27/2025	Chevron #0204861
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.75	331 E. Coke Rd.
		Winnsboro, TX 75491
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
		Gasonile
9	Compulate ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/04/2025	Chevron Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.29	400 S. Congress Ave.
		Austin, TX 78704
	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
		Gasonile
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/10/2025	Chevron Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.68	400 S. Congress Ave.
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense
		Gasoline
ldash	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{ld}}}}}}$		

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
Ļ		· · · · · · · · · · · · · · · · · · ·		
1	Total pages Schedule F1:			
	Sch: 24/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	05/20/2025	Chick-FIL-A Austin #02992		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$43.64	503 W. Martin Luther King Jr. Blvd.		
		Auctin TV 70701 1122		
		Austin, TX 78701-1123		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Food/Beverage Expense		
	-	Check if Austin, TX, officeholder living expense		
		Meeting to discuss officeholder matters		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	06/03/2025	Chick-FIL-A Austin #02992		
	Amount (\$)	Payee address; City; State; Zip Code		
	` ,			
	\$225.30	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		
	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/OI	1		
H	Date	Payee name		
	05/05/2025	Circle K Gas Station - Waco		
<u> </u>				
	Amount (\$)	Payee address; City; State; Zip Code		
	\$45.45	6312 I-35 N.		
		Waco, TX 76705		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment And Related		
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense		
		Gasoline		
L				
	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 complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	02/28/2025	Citgo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.04	717 E. 7th St.	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
		Expense	Check if Austin, TX, officeholder living expense
			ousselline
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		0.1100 1.010
_	Date	Payee name	
	01/17/2025	Citi Cards	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$198.46	PO Box 78045	
	Ψ130.40	1 0 Box 10040	
		Phoonix A 7 95062 9045	
		Phoenix, AZ 85062-8045	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' '   -	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
			Payment of campaign/officeholder expenses
		С	harged to credit card
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/16/2025	Citi Cards	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,048.46	PO Box 78045	
		Phoenix, AZ 85062-8045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Payment of campaign/officeholder expenses charged to credit card
	Complete ONLY if direct		Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H	Office field
1			

### 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	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: 26/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	02/03/2025	Citi Cards		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2,193.94	PO Box 78045		
		Phoenix, AZ 85062-8045		
8	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		
9	Complete ONLY if direct			
9	Complete ONLY if direct expenditure to benefit C/OH			
-	Date	Dove name		
	03/05/2025	Payee name		
		Citi Cards		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,421.84	\$2,421.84 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 sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date 04/03/2025	Payee name		
		Citi Cards		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,294.85	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 sought Office held		
	expenditure to benefit C/O			

### 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

	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: 27/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	05/12/2025	Citi Cards		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2,176.80	PO Box 78045		
		Phoonix A7 95062 9045		
Ļ		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 sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/24/2025	City Park Valet		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$15.00	800 W. 6th St.		
	,			
		A TV 70704		
		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		
		Parking		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	experientare to benefit or of			
	Date	Payee name		
	01/22/2025	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	Fees  Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		Parking		
	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 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: 28/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	02/21/2025	City of Austin Parking Meters		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$2.40	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.		
	LAPENDITORE	Check if Austin, TX, officeholder living expense		
		Parking		
_	0 1 0 0 1 1 1 1 1			
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/20/2025	City of Austin Parking Meters		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2.40	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		
		raiking		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
	Data	Para and a second		
	Date 03/03/2025	Payee name City of Austin Parking Meters		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$3.40	PO Box 1088		
		Austin, TX 78767-1088		
	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		
		Parking		
	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 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:	<u> </u>
	Sch: 29/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/28/2025	City of Austin Parking Meters
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.90	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Gree	
	Date	Payee name
	04/03/2025	Clayton Spangler Photographic Design
	Amount (\$)	Payee address; City; State; Zip Code
	\$549.00	823 Quarrier St.
		Charleston, WV 25301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Photography.
	Opening the ONII Wife discort	Open Highest Office health and a second to the second to t
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.48	1601 Trapelo Rd., Ste. 329
		Waltham, MA 02451-7357
	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.
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	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 Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gi nmittee Le	vent Expense ses sood/Beverage Expense ift/Awards/Memorials Expen egal Services he Instruction Guide e	nse	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Total names Calcadula F1.	1					p. 0.0 t	1_	Ellar ID	(Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 30/118 Rpt:	2		ryan (The Honoral	ole)			3	Filer ID 00051630	(Ethics Commission Filers)
4	Date	5	Payee name					_		
	02/03/2025		Constant Con	ntact						
6	Amount (\$)	7	Payee address	; City;	State;	Zip Cod	e			
	\$165.48		1601 Trapelo Waltham, MA	·						
Ļ	DUDD005	_				1.				
8	PURPOSE OF EXPENDITURE	(a)		Categories listed at the top ead/Rental Expens		dule) (		ı, TX	de of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Office	eholder name	Off	fice sougl	nt		Office he	eld
	Date		Payee name							
	03/03/2025		Constant Con	ntact						
	Amount (\$)		Payee address	•	State;	Zip Cod	е			
	\$165.48		1601 Trapelo	Rd., Ste. 329						
			Waltham, MA			1.				
	PURPOSE OF EXPENDITURE	(a)		Categories listed at the top ead/Rental Expens		dule) (	<b>=</b>	ı, TX	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	eholder name	Off	fice sougl	nt		Office he	eld
	Date		Payee name							
	04/02/2025		Constant Con	ntact						
	Amount (\$) \$165.48		Payee address 1601 Trapelo		State;	Zip Cod	е			
			Waltham, MA	02451-7357						
	PURPOSE OF EXPENDITURE	(a)		Categories listed at the top ead/Rental Expens		dule) (	ш	ı, TX	de of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Office	eholder name	Off	fice soug	nt		Office he	eld
	Forms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0 cdce8hb6									

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

Printing Expense Salaries/Wages/Contract Labor 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: 31/118 Rpt: Hughes, D. Bryan (The Honorable) 00051630 4 Date Payee name 05/02/2025 **Constant Contact** 6 Amount (\$) 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 Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$165.48 1601 Trapelo Rd., Ste. 329 Waltham, MA 02451-7357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/02/2025 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$165.48 1601 Trapelo Rd., Ste. 329 Waltham, MA 02451-7357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service** 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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 32/118 Rpt:	Hughes, D. Bryan (The Honorable)  6 The File of Commission Files)  00051630
4	Date	5 Payee name
	03/24/2025	DeWoody, Reece
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 12255 CR 412  Tyler, TX 75704
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.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2025	DeWoody, Reece
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	12255 CR 412
	DUDDOCT	Tyler, TX 75704
	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.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	DeWoody, Reece
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 12255 CR 412
		Tyler, TX 75704
	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.
	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 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: 33/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	06/30/2025	DeWoody, Reece
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	12255 CR 412
		Tyler, TX 75704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Salary.
		Salary.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	02/07/2025	Doordash Sweetwaters Coffee & Tea
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.62	316 W. 12th St.
		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
		weeting to discuss officeriolider matters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	D-4-	
	Date	Payee name
	06/12/2025	El Patio Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.45	2938 Guadalupe St.
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

### 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.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 34/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/03/2025	FedEx
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.11	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
		i sataga
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	01/27/2025	Payee name FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.10	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
		1 ostage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/19/2025	FedEx
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.84	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
	Operation ONLY if direct	Our distance (Office health an array of the constitution of the co
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 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: 35/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	04/02/2025	FedEx	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$258.70	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Postage	
		. Some	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
J	expenditure to benefit C/O	the state of the s	
_	Date	Davies warms	
	04/29/2025	Payee name FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.25 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	
		1 Ustage	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	06/18/2025	FedEx	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.29	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	
	Operation ONLY if direct	Our distance (Office health as marries and Office health	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/24/2025	Fetii, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$114.99	3701 Brazos
		Austin, TX 78701
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
		Taxi service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	Fetii, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	3701 Brazos
		Austin, TX 78701
	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
		Taxi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	- · · · · · · · · · · · · · · · · · · ·
	Date	Dayso name
	02/20/2025	Payee name Fetii, Inc.
	Amount (\$) \$64.37	Payee address; City; State; Zip Code 3701 Brazos
	Ψ04.37	3701 1010203
		Austin, TX 78701
	DUDDOCE	
	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
		Taxi service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/O	1

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 37/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630	
4	Date	5 Payee name		
	03/24/2025	Gibson, Emma		
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 530 St. Marys Rd. Rosanky, TX 78953		
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·		
0	OF EXPENDITURE	Calarics, Wages, Contract East	outside of Texas. Complete Schedule T. TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	04/30/2025	Gibson, Emma		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.00	530 St. Marys Rd.		
		Rosanky, TX 78953		
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Eabor	outside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held	
Т	Date	Payee name		
	05/28/2025	Gibson, Emma		
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 530 St. Marys Rd.		
		Rosanky, TX 78953		
	PURPOSE OF EXPENDITURE	Salaries/ Wages/Contract Eabor	outside of Texas. Complete Schedule T. TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF	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 Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

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: 38/118 Rpt: Hughes, D. Bryan (The Honorable) 00051630 4 Date Payee name 06/30/2025 Gibson, Emma 6 Amount (\$) Payee address; State; Zip Code \$100.00 530 St. Marys Rd. Rosanky, TX 78953 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. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Salary. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/06/2025 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 Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2025 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 Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email service** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 39/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630		
4	Date	5 Payee name			
	03/05/2025	Google Adwords Support			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$122.80	1600 Amphitheatre Pkwy.			
		,			
		Mountain View, CA 94043			
8	PURPOSE				
0	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Chiec Gverneda/Neritai Expense	TX, officeholder living expense		
		Email service			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	1			
	Date	Payee name			
	04/07/2025	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		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin,	TX, officeholder living expense		
		Email service			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	05/05/2025	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 Overficad/Nertial Experise	outside of Texas. Complete Schedule T.		
		Email service	TX, officeholder living expense		
		Littali Service			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O		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

C	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
<b>1</b> To	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)			
	Sch: 40/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
<b>4</b> Da	ate	5 Payee name				
06	6/05/2025	Google Adwords Support				
<b>6</b> Ar	mount (\$)	7 Payee address; City; State; Zip Code				
	\$122.80	1600 Amphitheatre Pkwy.				
		Mountain View, CA 94043				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
Е	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Email service				
<b>9</b> Co	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	rpenditure to benefit C/OI					
		<del></del>				
	ate	Payee name				
04	4/14/2025	Grammarly, Inc.				
Ar	mount (\$)	Payee address; City; State; Zip Code				
	\$144.00	548 Market St., #35410				
		San Francisco, CA 94104				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
E	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Software				
		Contrare				
C	omplote ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
		<del></del>				
	ate	Payee name				
01	1/02/2025	Griswold, Candice				
Ar	mount (\$)	Payee address; City; State; Zip Code				
	\$3,599.00	20 Pine St., Apt. 1012				
		New York, NY 10005				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
E	OF EXPENDITURE	Office Overhead/Rental Expense				
_		X Check if Austin, TX, officeholder living expense				
		Austin apartment rent				
	omplete <u>ONLY</u> if direct openditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
0,1	5.45.1.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
_	Total marca Cabadula F1.					
1	Total pages Schedule F1:					
	Sch: 41/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	02/03/2025	Griswold, Candice				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3,599.00	20 Pine St., Apt. 1012				
		New York, NY 10005				
Ļ						
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.    X   Check if Austin, TX, officeholder living expense				
		Rent for Austin apartment				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
ľ	expenditure to benefit C/OI					
L						
	Date	Payee name				
	03/03/2025	Griswold, Candice				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,599.00	20 Pine St., Apt. 1012				
		New York, NY 10005				
_	PURPOSE	I				
	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	X Check if Austin, TX, officeholder living expense				
		Austin apartment rent				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
-	Date	Payee name				
	04/02/2025	Griswold, Candice				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3,599.00	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	Office Overhead/Rental Expense				
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense				
		Rent for Austin apartment				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
L	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

	Candidate/Officeholder/Politica		nmittee	Gitt/Awards/Memorial Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict i category not listed	d above)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 42/118 Rpt:		Hughes, D.	Bryan (The Ho	norable)					00051630		
4	Date	5	Payee name									
	05/02/2025		Griswold, C	andice								
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
Ŭ	\$3,599.00		20 Pine St.,	•	Otato,	Z.p 00	uo					
	40,000.00		,	, ipi: ====								
			Now Vorle	IV 1000E								
		⊢	New York, N			-						
8	PURPOSE OF	(a)		e Categories listed at		dule)	(b)	Description	<b>.</b>	df-T O		
	EXPENDITURE		Office Overl	nead/Rental Ex	pense			<u> </u>		officeholder living	plete Schedule T. a expense	
								Rent for Austi			5 - p	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date	Г	Payee name									
	06/02/2025		Griswold, C	andice								
	Amount (\$)	$\vdash$	Payee addres		State:	Zip Co	de					
	\$3,599.00		20 Pine St.,		Otato,	Z.p 00	uo					
	ψ0,030.00		201 1110 01.,	7 pt. 1012								
			New York, N	IV 10005								
	DUDDOOF	⊢				1	(I-)					
	PURPOSE OF	(a)		e Categories listed at		dule)	(D)	Description  Check if travel (	nutei	de of Teyes Com	nplete Schedule T.	
	EXPENDITURE		Office Overi	nead/Rental Ex	pense			<b>—</b>		officeholder living		
								Rent for Austi	in a	apartment		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/18/2025		H-E-B #425									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$19.16		1000 E. 41s	t St.								
			Austin, TX 7	8751								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this scher	dule)	(b)	Description				
	OF	` `		age Expense	and top of and contex	au.o,			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living		
								Meeting to dis	scu	ss officehol	der matters	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office he	eld	
	- p											

### 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: 43/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	01/10/2025	H-E-B Online					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$144.09	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	Fees 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					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/O						
	Date	Payee name					
	02/14/2025	H-E-B Online					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$203.23	646 S. Flores St.					
		San Antonio, TX 78204					
	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					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
_	Data	Davies same					
	Date 03/03/2025	Payee name H-E-B Online					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$111.15	646 S. Flores St.					
		San Antonio, TX 78204					
	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					
		ividetiling to discuss office fronte matters					
_	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 Comr

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 (enter a category not listed above)

	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: 44/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	04/10/2025	H-E-B Online					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$183.78	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					
		Meeting to discuss officeriolider matters					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/OH						
_	Date	Davies same					
		Payee name					
	05/09/2025	H-E-B Online					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$150.77	646 S. Flores St.					
		San Antonio, TX 78204					
	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 direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
_	Data						
	Date	Payee name					
	05/07/2025	H-E-B Online					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$108.74	646 S. Flores St.					
		San Antonio, TX 78204					
	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					
		Meeting to discuss officeriolider matters					
$\vdash$	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 -

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: 45/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	04/14/2025	HEB Food-Drugs #12/091				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$59.30	2508 E. Riverside Dr.				
		Austin, TX 78741				
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				
		mosting to allocate emotine matters				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Payee name				
	05/14/2025	HEB Now Favor Deli				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$66.27	2110 W. Slaughter Lane				
	Ψ00.21	ZIIO W. Slaughter Lune				
		Austin, TX 78748				
	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				
		Wiccumg to discuss officeriolider matters				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH						
-	Date	Payee name				
	05/23/2025	HEB Now Favor Deli				
	Amount (\$) \$79.11	Payee address; City; State; Zip Code 2110 W. Slaughter Lane				
	\$19.11	2110 W. Slaughter Lane				
		Austin, TX 78748				
	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				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	oxponiation to some or or i					

### SCHEDULE F1

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

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

**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
TTHER (output a colorograph and listed above)

	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: 46/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	01/09/2025	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	Office Overhead/Rental Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Insurance for Tyler district office				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/Oi	1				
	Date	Payee name				
	02/10/2025	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 travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Insurance for Tyler district office				
		insurance for Tyler district office				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	Data	David and a second a second and				
	Date	Payee name				
	03/10/2025	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 travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Insurance for Tyler district office				
	Complete ONLY if alias -t	Condidate/Officeholder name Office pought				
	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 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	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: 47/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	04/09/2025	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	Office Overhead/Rental Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Insurance for Tyler district office				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialture to beliefft C/Oi					
	Date	Payee name				
	05/09/2025	Hochheim Prairie Insurance				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$111.16	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 travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Insurance for Tyler district office				
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_	Data					
	Date	Payee name				
	06/09/2025	Hochheim Prairie Insurance				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$142.67	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 travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense				
		Insurance for Tyler district office				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 48/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630		
4	Date	5 Payee name			
	01/15/2025	Hughes, Bryan			
6	Amount (\$) \$4,001.05	7 Payee address; City; State; Zip Code P.O. Box 450  Mineola, TX 75773			
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ent of Schule G expenses		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/14/2025	Hughes, Bryan			
Г	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,000.00	P.O. Box 450			
		Mineola, TX 75773			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Ursement of Schedule G expenses		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	03/19/2025	Hyatt House Austin Downtown			
	Amount (\$) \$147.18	Payee address; City; State; Zip Code 901 Neches St.			
		Austin, TX 78701			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T.  TX, officeholder living expense  eece DeWoody for Lodging		
	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 By Candidate/Officeholder/Political Committee

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a contrary not listed above)

	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: 49/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	04/28/2025	Itsy, Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$212.72	117 Adams St.					
		Brooklyn, NY 11201					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Gift/Awards/Memorials Expense					
		Gifts					
		Since Since					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
	Date	Payee name					
	01/07/2025	Juan In A Million					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$240.74	2300 E. Cesar Chavez St.					
		Austin, TX 78702					
	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					
		Wicoling to disouss officeriolider matters					
_	Complete ONLV if direct	Candidata/Officeholder name Office cought Office hold					
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
L							
	Date	Payee name					
	06/10/2025	Juan In A Million					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$48.47	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.					
		Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters					
		ivideding to discuss officeriolider matters					
	0 1 0 0 1 1 1 1						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					

### 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/Magne/Contract Labor

	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: 50/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	04/16/2025	Katie Kime Inc.					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$541.03	3006 Longhorn Blvd #110					
		Austin, TX 78758					
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					
		Gifts					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
L	experientare to benefit 6/6	<u> </u>					
	Date	Payee name					
	01/09/2025	Lyft					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.75	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					
		Tak convice					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
⊨	Data						
	Date	Payee name					
	01/09/2025	Lyft					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$23.22	548 Market 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.					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Taxi service					
$\vdash$	0 1, 2, 2, 2, 2, 2						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
<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 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	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 51/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630			
4	Date	5 Payee name	<u> </u>			
l	01/07/2025	Lyft				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$21.18	548 Market St.				
l						
l		San Francisco, CA 94104				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description			
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
l			Check if Austin, TX, officeholder living expense  Taxi service			
l			TUNI SCIVICE			
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held			
ľ	expenditure to benefit C/OI		e inde nota			
⊨	Date	Payee name				
l	01/07/2025	Lyft				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
l	\$11.82	548 Market St.				
l	Ψ11.02	5-5 Market St.				
l		San Francisco, CA 94104				
┝	PURPOSE		) Decembring			
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	F663	Check if Austin, TX, officeholder living expense			
l			Taxi service			
L						
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held			
L	experience to benefit Gree					
l	Date	Payee name				
L	01/15/2025	Lyft				
l	Amount (\$)	Payee address; City; State; Zip Code				
l	\$8.18	548 Market St.				
l						
		San Francisco, CA 94104				
l	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description			
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
l			Taxi service			
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t 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/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: 52/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/13/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.20	548 Market St.
		San Francisco, CA 94104
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  Taxi service
		TAN SCIVICE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/13/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	548 Market 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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Taxi service
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
┡		
	Date	Payee name
	01/10/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.80	548 Market 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.
		Check if Austin, TX, officeholder living expense
		Taxi service
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Salarice Magnes/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: 53/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/10/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$21.10	548 Market St.
	Ψ21.10	o to market ou
		San Francisco, CA 94104
8	PURPOSE	(4) - 1 - 1
ľ	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
		Taxi service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/28/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.00	548 Market 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.
		Check if Austin, TX, officeholder living expense  Taxi service
		TAXI SCIVICE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	01/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.58	548 Market 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.
		Check if Austin, TX, officeholder living expense  Taxi service
		I AXI SCIVICE
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

Polling Expense Travel in Distri Printing Expense Travel Out of E Salaries/Wages/Contract Labor OTHER (enter

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: 54/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630	
4	Date	5 Payee name	•	
	01/27/2025	Lyft		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$11.55	548 Market St.		
		San Francisco, CA 94104		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	l ' '   —	vel outside of Texas. Complete Schedule T.	
	EXPENDITORE		stin, TX, officeholder living expense	
		Taxi servic	e	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Office field	
_	<u> </u>			
	Date	Payee name		
	01/21/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$30.01	548 Market St.		
		San Francisco, CA 94104		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	1003	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Taxi servic		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	Н		
	Date	Payee name		
	01/21/2025	Lyft		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$23.90	548 Market St.		
		San Francisco, CA 94104		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		vel outside of Texas. Complete Schedule T.	
	EXPENDITURE	I	stin, TX, officeholder living expense	
		Taxi servic	е	
L	Operation ON IV III	On didn't Off a halden name	Office health	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held	
L				

### SCHEDULE F1

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

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54	<u>.</u>	
1	Total pages Schedule F1:		
	Sch: 55/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	01/17/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.46	548 Market St.	
		San Francisco, CA 94104	
8	PURPOSE		
O	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	
		Taxi service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
$\vdash$	Date	Payas name	
	01/30/2025	Payee name	
		Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.85	548 Market 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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Taxi service	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	experientare to benefit or of		
	Date	Payee name	
	01/30/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.67	548 Market St.	
		San Francisco, CA 94104	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (D) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Taxi service	
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C  The Instruction Guide explains how to complete	
_	T-t-1 O-bt-1- E1.	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 56/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	Payee name	
	02/14/2025	Lyft	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.96	548 Market St.	
		Can Francisco CA 04104	
		San Francisco, CA 94104	
8	PURPOSE OF	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  Caxi Service
			axi service
_	0 1: 0 1: 0		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/20/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.79	548 Market St.	
		San Francisco, CA 94104	
	DUDD005		
	PURPOSE OF	, (	Description  Check if travel outside of Touce, Complete Schodule T
	EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Taxi service
	Complete ONLY if direct	L Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Sandidate/Officeriolaer flame	Office Hold
	Date	Payee name	
	03/04/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.21	548 Market St.	
		San Francisco, CA 94104	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Т	Taxi 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

	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: 57/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	03/04/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.02	548 Market St.
		San Francisco, CA 94104
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
		Taxi service
		Tak convice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	03/03/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.42	548 Market 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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Taxi service
L	Operation ONE V if dispose	Outside to 10th as health as a second to the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/28/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.29	548 Market 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.
		Check if Austin, TX, officeholder living expense  Taxi service
		I axi service
$\vdash$	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
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: 58/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/28/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.89	548 Market St.
		San Francisco, CA 94104
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  Taxi service
		TUNI SCIVICE
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.99	548 Market 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.
		Check if Austin, TX, officeholder living expense  Taxi service
		Taxi service
L	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.99	548 Market St.
		San Francisco, CA 94104
1	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
1		Taxi service
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superiord to borient 0/01	•

### 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

Mount of the Control of the Control

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 59/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	03/10/2025	Lyft	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.78	548 Market St.	
		San Francisco, CA 94104	
8	PURPOSE		
o	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fees	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Taxi service	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/20/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.48	548 Market St.	
		San Francisco, CA 94104	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE		TX, officeholder living expense
		Taxi service	
	Commiste ONII V if diseast	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/19/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.54	548 Market St.	
		San Francisco, CA 94104	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Taxi service	TX, officerolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	ndidate/Officeholder/Politica Card Payment	The Instruction Guide explains how to co	-	es/Contract Labor OTHER (enter a category not listed above)
1 Total p	pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch	h: 60/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4 Date		5 Payee name		•
05/07/	/2025	Lyft		
6 Amour	nt (\$)	7 Payee address; City; State; Zip Co	de	
	\$16.00	548 Market St.		
		San Francisco, CA 94104		
8 PU	IRPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
EXPE	ENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Taxi service
	ete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
expend	diture to benefit C/O	Н		
Date		Payee name		
06/03/	/2025	Lyft		
Amour	nt (\$)	Payee address; City; State; Zip Co	de	
	\$16.79	548 Market St.		
		San Francisco, CA 94104		
PU	IRPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
EXPE	OF ENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Taxi service
	ete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	t Office held
expend	diture to benefit C/O	H		
Date		Payee name		
01/27/	/2025	McGuffin, Isabel		
Amour	nt (\$)	Payee address; City; State; Zip Co	de	
	\$100.00	227 Molly Lane		
		Mineola, TX 75773		
PU	IRPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
EXPE	ENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Salary
	ete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	t Office held
expend	diture to benefit C/O	Н		

### 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	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: 61/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/26/2025	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Salary
		Sulary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	·	
	Date	Payee name
	03/26/2025	McGuffin, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	227 Molly Lane
		Mineola, TX 75773
	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
	Commission ONII V if alignent	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	04/28/2025	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, TX, officeholder living expense  Salary
		Salary
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awar ee Legal Ser	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILE	ER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 62/118 Rpt:	Hug	ghes, D. Bryan	(The Honorable	)				00051630		
4	Date	5 Pav	ree name					Ш			
	05/27/2025	,	Guffin, Isabel								
6	Amount (\$)			City;	State; Zip Co	ode		_			
	\$100.00	ľ	7 Molly Lane	·,	2.00, Zip O						
	<del></del>		,								
		Min	neola, TX 75773	3							
8	PURPOSE					(h)	Description				
	OF		egory (See Categor aries/Wages/Co	ories listed at the top of the	nis schedule)	(5)	_ `	outsio	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	Jan	a. 100, vvages/C	Simuot Euboi			=		officeholder living		
							Salary				
L											
9	Complete ONLY if direct expenditure to benefit C/OF		lidate/Officeholde	er name	Office sou	ught			Office he	eld	
_	Date	Pav	ree name					_			
	06/26/2025	1	Guffin, Isabel								
_	Amount (\$)			City;	State; Zip Co	ode					
	\$100.00	ľ	227 Molly Lane								
	Ψ100.00	1	ony Lanc								
		Min	oola TV 7577	)							
_	DUDDOOS		neola, TX 75773			<i>(</i> 1-)					
	PURPOSE OF			ries listed at the top of the	his schedule)	(a)	Description  Check if travel of	nuteir	de of Texas. Com	alete Schedule T	
	EXPENDITURE	Sal	aries/Wages/Co	ontract Labor			<b>=</b>		officeholder living		
							Salary				
	Complete ONLY if direct		lidate/Officeholde	er name	Office sou	ıght			Office he	ıld	
	expenditure to benefit C/OF	1									
	Date	Pav	ree name								
	04/18/2025	1 1	Madre's Restau	ırant							
	Amount (\$)	Pay	ree address;	City;	State; Zip Co	ode					
	\$25.49	l *	1 Manor Rd.								
			-								
		Aus	stin, TX 78722								
	PURPOSE					(b)	Docorintian				
	OF		egory (See Categor od/Beverage Ex	ries listed at the top of the	his schedule)	(0)	Description Check if travel of	outsio	de of Texas. Com	olete Schedule T.	
	EXPENDITURE	FUL	Jui Develage E)	Aperise					officeholder living		
							Meeting to dis	scu	ss officehold	der matters	
	Complete ONLY if direct		lidate/Officeholde	er name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OF	4									

### 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 Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	05/08/2025	Mi Madre's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.73	2201 Manor Rd.
		Austin, TX 78722
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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	Mi Madre's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.81	2201 Manor Rd.
	\$43.81	2201 Marior Ru.
		Austin, TX 78722
	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
		Meeting to discuss officeholder matters
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Or	
	Date	Payee name
	06/02/2025	Mi Madre's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.14	2201 Manor Rd.
	Ψ-3.1-	2201 Marior Na.
		Austin, TX 78722
	DUDDOCE	I
	PURPOSE 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	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder matters
$\vdash$	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
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

	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: 64/118 Rpt:	Hughes, D. Bryan (The Honorable)  00051630
4	Date	5 Payee name
	06/30/2025	Mi Madre's Restaurant
6	Amount (\$) \$40.56	7 Payee address; City; State; Zip Code 2201 Manor Rd.  Austin, TX 78722
8	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
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Microsoft (Dallas)
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.25	91 Main St., 8th Floor
	BUBBOSE	Dallas, TX 75202
	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	Check if Austin, TX, officeholder living expense
		Software
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	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
	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

	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: 65/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630							
4	Date	5 Payee name							
	03/10/2025	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Solfware							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/09/2025	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 held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	05/09/2025	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							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
L	expenditure to benefit C/OI	1							

### 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 Commit

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: 66/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	06/10/2025	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Software
		Soliware
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/05/2025	Mineola Civic Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1150 N. Newsome
		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 Austin, TX, officeholder living expense Sponsorship of Republican Women Event.
		Sponsorship of Republican Women Event.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name Minagle Flower Chan
	01/27/2025	Mineola Flower Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.00	114 W. Broad St.
		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 Austin, TX, officeholder living expense  Funeral flowers
		i unclai nowers
_	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calcadula F1.	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:	
	Sch: 67/118 Rpt:	
4	Date	5 Payee name
	03/12/2025	Mineola Flower Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$614.99	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
	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/OI	1
	Date	Payee name
	01/15/2025	Minol USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.76	15280 Addison Rd., #100
		Addison, TX 75001
	DUDDOOF	I man
	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
		Austin apartment utilities
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/12/2025	Minol USA
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.78	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 utilities
	Complete ONLY if alice -t	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

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	l Cor		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 68/118 Rpt:		Hughes, D.	Bryan (The Honora	ble)					00051630	
4	Date	5	Payee name								
	03/14/2025		Minol USA								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$260.56		15280 Addi	son Rd., #100							
			Addison, TX	K 75001							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top	of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` `	Fees	ce dategories listed at the top	01 1113 30110	oddie)	` `		outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITORE							_		officeholder living	
								Utilities for Au	ıstı	n apartment	
Ļ						•	<u> </u>				
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	0	office sou	ight			Office he	eld
	Date		Payee name								
	04/10/2025		Minol USA								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$284.78		15280 Addi	son Rd., #100							
			Addison, T	K 75001							
	PURPOSE OF	(a)		ee Categories listed at the top	of this sche	edule)	(b)	Description			
	EXPENDITURE		Fees					ш		de of Texas. Comp officeholder living	
								Utilities for Au			
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ı ıght			Office he	eld
	expenditure to benefit C/OH	Н									
	Date		Payee name								
	05/13/2025		Minol USA								
	Amount (\$)		Payee addre	ss; City;	State:	Zip Co	ode				
	\$385.59			son Rd., #100	,	•					
			Addison, T	K 75001					_		
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the top	of this sche	edule)	(b)	Description			
	EXPENDITURE		Fees					_		de of Texas. Comp officeholder living	
								Check if Austin, Utilities for Au			
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	L ight			Office he	eld
	expenditure to benefit C/Oh				J		J			00.110	

### 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

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: 69/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	06/16/2025	Minol USA
6	Amount (\$) \$378.63	7 Payee address; City; State; Zip Code 15280 Addison Rd., #100
		Addison, TX 75001
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  X Check if Austin, TX, officeholder living expense  Utilities for Austin apartment
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	03/06/2025	Murdoch, Matthew
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 2901 Olympia Dr.
		Temple, TX 76502
	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  Campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/18/2025	Murdoch, Matthew
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 2901 Olympia Dr.
		Temple, TX 76502
	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  Campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### 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 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: 70/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630							
4	Date	5 Payee name							
	05/15/2025	Optimum							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$390.33	1423 Red Ventures Dr.							
		Fort Mill, SC 29707							
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/O								
	Date	Payee name							
	03/13/2025	Origin Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$4.73	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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Bank fee							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Ol								
	Date	Davida nama							
	04/14/2025	Payee name Origin Bank							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$12.88	PO Box 450							
	Ψ12.00	1 0 80% 430							
		Mineola, TX 75773							
	PURPOSE	To.							
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Bank fee							
	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 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: 71/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	-
	05/13/2025	Origin Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.86	PO Box 450	
		Mineola, TX 75773	
8	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Bank fee
_	0 1: 0.11.7.7.1.		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	06/12/2025	Origin Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.15	PO Box 450	
		Mineola, 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 fee
			Saint lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	06/02/2025	P Terry's Burger Stand #22	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$182.28	517 W. Martin Luther King Jr. Blvd.	
	Ψ102.20	off W. Martin Edition King on Biva.	
		Austin, TX 78701	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/beverage Expense	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/OI	1	

### SCHEDULE F1

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

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

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

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: 72/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630				
4	Date	5 Payee name				
	01/13/2025	Pinthouse Pizza				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$281.34	4236 S. Lamar Blvd.				
		Austin, TX 78704				
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				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	H				
	Date	Payee name				
	01/06/2025	Primal Fundraising				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$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				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	H				
	Date	Payee name				
	02/12/2025	Primal Fundraising				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4,595.16	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				
		T unditioning expense				
	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

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 Exp Legal Services The Instruction Guide	ense P S	`	ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:			able)			3 Filer ID	(Ethics Commission Filers)
L	Sch: 73/118 Rpt:		D. Bryan (The Honora	abie)			00051630	
4	Date	5 Payee name						
	02/13/2025	Primal Fur						
6	Amount (\$)	7 Payee addr		State; 2	Zip Code	9		
	\$23,010.89	5706 E. M	ockingbird Lane					
		Dallas, TX	75206					
8	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedu	<sub>ule)</sub> (i	Description		
	OF EXPENDITURE	Solicitation	n/Fundraising Expen	se		=	outside of Texas. Cor	
						Fundraising.	n, TX, officeholder livir	ig expense
						J		
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Offi	ice sough	nt	Office h	neld
H	Date	Payee nam						
	04/10/2025	_	nds Water Service					
	Amount (\$)	Payee addr		State; 2	Zip Code	<u> </u>		
	\$18.65	900 Long Ridge Rd., Bldg. 2						
	10		<u> </u>					
		Stamford,						
	PURPOSE OF		See Categories listed at the to	p of this schedu	<sub>ule)</sub> (i	Description  Check if travel	outside of Texas. Cor	mnlete Schedule T
	EXPENDITURE	⊢ood/Beve	erage Expense			<u> </u>	n, TX, officeholder livir	
						Water for Ca	pitol office	
L								
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Offi	ice sough	nt	Office h	neld
	Date	Payee nam	e					
	04/28/2025	Primo Brai	nds Water Service					
	Amount (\$)	Payee addr	ess; City;	State; 2	Zip Code	9		
	\$184.53	900 Long	Ridge Rd., Bldg. 2					
		Stamford,	CT 06902					
	PURPOSE	(a) Category (	See Categories listed at the to	p of this schedu	<sub>ule)</sub> (i	) Description		
	OF EXPENDITURE		erage Expense			ш	outside of Texas. Cor	
						Water for Ca	n, TX, officeholder livir pitol office	ig expense
	Complete ONLY if direct	Candidate/Ot	fficeholder name	Offi	ice sough	nt	Office h	neld
	expenditure to benefit C/O				9			

### 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: 74/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	05/12/2025	Primo Brands Water Service		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$18.65	900 Long Ridge Rd., Bldg. 2		
		Stamford, CT 06902		
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		
		water for Capitor office		
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	05/22/2025	Primo Brands Water Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$121.57	900 Long Ridge Rd., Bldg. 2		
		Stamford, CT 06902		
	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		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	06/16/2025	Primo Brands Water Service		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$140.22	900 Long Ridge Rd., Bldg. 2		
		Stamford, CT 06902		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Food/Beverage Expense		
		Check if Austin, TX, officeholder living expense		
		Water for Capitol office		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	oxponditure to periorit or or i			
1				

### 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

	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: 75/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	06/02/2025	Raising Cane's #140		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$48.88	415 W. Martin Luther King Jr. Blvd.		
		Austin, TX 78701		
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	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/27/2025	Raising Cane's #140		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$42.89	415 W. Martin Luther King Jr. Blvd.		
		Austin, TX 78701		
	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		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experialture to beliefit C/Oi			
	Date	Payee name		
	01/10/2025	Ready Refresh by Nestle		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$119.60	PO Box 856680		
		Louisville, KY 40285-6680		
	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.		
	LAFENDITORE	Check if Austin, TX, officeholder living expense		
		Water for Capitol office		
	0 1. 0			
	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 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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 76/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4	Date	5 Payee name		
	01/23/2025	Ready Refresh by Nestle		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$81.79	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
				Water for Supreor office
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
9	expenditure to benefit C/O		Jiit	Office field
_	Date			
	Date	Payee name		
	01/16/2025	Ready Refresh by Nestle		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$101.26	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
	Commiste ONLY if dispet	Condidate/Office helder name		Office held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office souç H	gnt	Office held
	·			
	Date	Payee name		
	02/18/2025	Ready Refresh by Nestle		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$200.04	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
	0 1: 0 1: 0			000
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	gnt	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 ittee 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: 77/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/10/2025	Ready Refresh by Nestle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$163.78	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 Austin, TX, officeholder living expense  Water for Capitol office
		water for Capitor office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	02/26/2025	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.69	PO Box 856680
	Ψ100.09	1 O Box 030000
		Louisville, KY 40285-6680
	PURPOSE	
	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/O	
	Date	Payee name
	02/24/2025	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.14	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 Suprior office
	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 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	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: 78/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630		
4	Date	5 Payee name		
	03/03/2025	Ready Refresh by Nestle		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$61.14	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		
_	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	•			
	Date	Payee name		
	03/13/2025	Ready Refresh by Nestle		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$73.79	PO Box 856680		
		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		
		Water for Capitol office		
		Trace for Supremental		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
$\vdash$	Date	Power name		
	03/24/2025	Payee name Ready Refresh by Nestle		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$247.32	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  Water for Capitol office		
		vvaici ioi Capitoi oinice		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

### 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	
1	Total names Schodule F1:	
	Total pages Schedule F1: Sch: 79/118 Rpt:	Hughes, D. Bryan (The Honorable)  Gentles Commission Filers)  00051630
4	Date	5 Payee name
	03/21/2025	Ready Refresh by Nestle
6	Amount (\$) \$186.69	7 Payee address; City; State; Zip Code PO Box 856680  Louisville, KY 40285-6680
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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  Water for Capitol office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.14	PO Box 856680
	DUDDOG	Louisville, KY 40285-6680
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toxas, Complete Schedule T
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Water for Capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/14/2025	Ready Refresh by Nestle
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.14	PO Box 856680
		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
		Water for Capitol office
		Water for Suprior Since
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 80/118 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630
4	Date 04/10/2025	5 Payee name Ready Refresh by Nestle
6	Amount (\$) \$79.79	7 Payee address; City; State; Zip Code PO Box 856680
8	PURPOSE OF EXPENDITURE	Louisville, KY 40285-6680  (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 Water for Capitol office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/28/2025	Payee name Ready Refresh by Nestle
	Amount (\$) \$67.14	Payee address; City; State; Zip Code PO Box 856680  Louisville, KY 40285-6680
	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  Water for Capitol office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/25/2025	Payee name Ready Refresh by Nestle
	Amount (\$) \$238.83	Payee address; City; State; Zip Code PO Box 856680
		Louisville, KY 40285-6680
	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  Water for Capitol office
	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 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: 81/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	04/21/2025	Ready Refresh by Nestle	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.26	PO Box 856680	
		Louisville, KY 40285-6680	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		vv	/ater for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Davisa nama	
	05/09/2025	Payee name Ready Refresh by Nestle	
	Amount (\$) \$73.79	Payee address; City; State; Zip Code PO Box 856680	
	\$13.19	PO BOX 830080	
		1. 1. 10. 4005 0000	
		Louisville, KY 40285-6680	
	PURPOSE OF		escription
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			/ater for Capitol office
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	-1	
	Date	Payee name	
	06/09/2025	Ready Refresh by Nestle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$240.00	PO Box 856680	
		Louisville, KY 40285-6680	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (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
		W	/ater for Capitol office
	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 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: 82/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/27/2025	Ryan Data & Research
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	PO Box 202675
		Austin, TX 78720-2675
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Research.
		Research.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Dete	
	Date	Payee name
	01/07/2025	Senate Purchasing
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.50	1100 Congress Ave.
		Austin, TX 78701
	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  Flags
		Thag of the second of the seco
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/02/2025	Senate Purchasing
H	Amount (\$)	Payee address; City; State; Zip Code
	\$222.50	1100 Congress Ave.
	Ψ222.00	1100 Oongress / We.
		Austin, TX 78701
	PURPOSE	
	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
		Flags
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1 

### SCHEDULE F1

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

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

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

Credit Card Pay	ment // ment	The Instruction Guide explains how	-	lete this form.	OTHER (enter a	a category not listed above)
1 Total pages S	Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 83/1	118 Rpt:	Hughes, D. Bryan (The Honorable)			00051630	
4 Date		5 Payee name		•		
01/16/2025		Senate Purchasing				
6 Amount (\$)		7 Payee address; City; State; Zip	Code			
	\$48.34	1100 Congress Ave.				
		Austin, TX 78701				
8 PURPOS	E	(a) Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description		
OF EXPENDITU	JRE	Gift/Awards/Memorials Expense		ш	tside of Texas. Con	
				Gavel	X, officeholder livin	g expense
				Curo.		
9 Complete ON	ILY if direct	Candidate/Officeholder name Office	sought	t	Office h	eld
expenditure to			J			
Date		Payee name				
02/20/2025		Senate Purchasing				
Amount (\$)		Payee address; City; State; Zip	Code			
.,	\$400.50	1100 Congress Ave.				
		Austin, TX 78701				
PURPOS		(a) Category (See Categories listed at the top of this schedule)	(b)	) Description		
OF EXPENDITU	IDE	Gift/Awards/Memorials Expense	` '	_	tside of Texas. Con	nplete Schedule T.
EXPENDITO	JKE	·		ш	X, officeholder livin	g expense
				Flags		
Complete ON	II V if direct	Candidate/Officeholder name Office	e sought	<u> </u>	Office h	old
expenditure to			, sought	•	Office fi	Ciu
Date		Davida nama				
05/12/2025		Payee name Senate Purchasing				
Amount (\$)		Payee address; City; State; Zip	. Codo			
Amount (\$)	\$222.50	1100 Congress Ave.	Coue			
	ΨΖΖΖ.30	1100 Congress Ave.				
		Austin, TX 78701				
PURPOS				) Decemention		
OF	_	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b)	Description Check if travel ou	itside of Texas. Con	nplete Schedule T.
EXPENDITU	JRE	Gill/Awards/Memorials Expense		<b>=</b>	X, officeholder livin	
				Flags		
Complete ON expenditure to			e sought	t	Office h	eld
cyberialiaie (	o perient 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: 84/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	04/14/2025	Senate Purchasing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$289.50	1100 Congress Ave.	
		Austin, TX 78701	
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	
		Flags	
Ļ	Operation ONLY if allowed	Out til det (Office helden some	_
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H	
			_
	Date	Payee name	
	05/12/2025	Shell Oil Station - Mineola	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.98	115 N. Pacific	
		Mineola, TX 75773	
	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	
		Gasuille	
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
_			
	Date	Payee name	
	01/31/2025	Southside Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	PO Box 1079	
		Tyler, TX 75710-1079	
	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	
		Service charge.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to benefit 6/01		

### 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

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: 85/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/28/2025	Southside Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 1079
		Tyler, TX 75710-1079
8	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
		Service charge.
		Convict that go.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Date	Davies name
	03/30/2025	Payee name Southside Bank
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 1079
		Tyler, TX 75710-1079
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service charge.
		Convict sharger
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H	Date	Payee name
	04/30/2025	Southside Bank
L	Amount (\$)	
	\$10.00	Payee address; City; State; Zip Code PO Box 1079
	Ψ10.00	LO POY 1019
		Tules, TV 75740 4070
		Tyler, TX 75710-1079
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service charge.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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

**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: 86/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	05/31/2025	Southside Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 1079
		Tyler, TX 75710-1079
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service charge.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	06/30/2025	Southside Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 1079
		Tyler, TX 75710-1079
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Service charge.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	01/13/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	PO Box 12068
	, ,	
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Caucus Meals.
		Caucus Meals.
	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 C

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 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: 87/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	01/25/2025	Spaw Senate Account
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Coffee funds for committees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/30/2025	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	PO Box 12068
	φ105.00	FO BOX 12000
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Ceremonial Gift.
		Ceremoniai Giit.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/07/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.90	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.
	-	X Check if Austin, TX, officeholder living expense Internet service for Austin apartment
		internet service 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 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: 88/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/07/2025	Spectrum
6	` ,	7 Payee address; City; State; Zip Code
	\$138.45	400 Washington Blvd.
		Stamford, CT 06902
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.    X   Check if Austin, TX, officeholder living expense
		Internet service for Austin apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/07/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.45	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.
		\times \t
		internet service for Alacan aparament
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/07/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.45	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.
		\times \t
		internet service 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 Credit Card Payment

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 89/118 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00051630
4	Date 05/07/2025	5 Payee name Spectrum	
6	Amount (\$) \$138.45	7 Payee address; City; State; Zip Code 400 Washington Blvd. Stamford, CT 06902	
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. . TX, officeholder living expense ce for Austin apartment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/09/2025	Payee name Spectrum	
	Amount (\$) \$138.45	Payee address; City; State; Zip Code 400 Washington Blvd.  Stamford, CT 06902	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ce for Austin apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/04/2025	Payee name State Preservation Board	
	Amount (\$) \$95.00	Payee address; City; State; Zip Code 201 E. 14th St., Suite 95	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Only Wards/Wellionals Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense Flag
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/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: 90/118 Rpt:	Hughes, D. Bryan (The Honorable)	
4	Date	5 Payee name	
	03/06/2025	Stephen F. Austin Hotel	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$25.00	701 Congress Ave.	
		Austin, TX 78701	
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	
		Parking expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF	Н	
	Date	Payee name	=
	02/25/2025	TDCJ	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$441.66	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.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OH	н	
	Date	Payee name	=
	05/01/2025	TDCJ	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$866.00	PO Box 4013	
	4000.00		
		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 Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Charity Donation Items.	
		Charly Bonation terms.	
	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 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: 91/118 Rpt:	Hughes, D. Bryan (The Honorable)
4	Date	5 Payee name
	04/07/2025	Teal House Coffee & Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$209.73	2304 S. Congress Ave.
		Austin, TX 78704
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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	н
	Date	Payee name
	03/24/2025	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.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
	Date	Payee name
	04/30/2025	Terry, Cody
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	10909 Sea Hero Lane
		Austin, TX 78748
	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	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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 92/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	<u>'</u>
l	05/28/2025	Terry, Cody	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$100.00	10909 Sea Hero Lane	
l			
l		Austin, TX 78748	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense  Salary.
l			Salary.
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	06/30/2025	Terry, Cody	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$100.00	10909 Sea Hero Lane	
l	,		
		Austin, TX 78748	
⊢	PURPOSE		Description
l	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	, and the second	Check if Austin, TX, officeholder living expense
l			Salary.
L	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
l	expenditure to benefit C/OI	•	. Office field
⊨	Date	Davisa sama	
l	02/24/2025	Payee name Texas Chili Parlor	
L	Amount (\$)	Payee address; City; State; Zip Code	
l	\$45.62	1409 Lavaca	
l	Ψ 10.02	1100 Lavada	
l		Austin, TX 78707	
⊢	PURPOSE		) Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 665	Check if Austin, TX, officeholder living expense
l			Meeting to discuss officeholder matters
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	Office held
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a estonomy not listed above)

	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: 93/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	03/06/2025	Texas Chili Parlor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.59	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
		modulig to discuss sincerious makers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/07/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.10	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
		Meeting to discuss officeriolider matters
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/26/2025	Texas Chili Parlor
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.85	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
	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 Committ

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: 94/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4 Date	5 Payee name
06/20/2025	Texas Chili Parlor
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$86.72	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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
5.	<u> </u>
Date	Payee name
05/05/2025	Texas Senate
Amount (\$)	Payee address; City; State; Zip Code
\$290.04	PO Box 12068
	Austin, TX 78711-2068
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
	Gavels
	Savolo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name  Toyog Worldows Commission
04/29/2025	Texas Workforce Commission
Amount (\$)	Payee address; City; State; Zip Code
\$7.46	101 E. 15th Street
	Austin, TX 78778
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll taxes
Operation Children	Our distance (Office health as marries and office as well to
Complete <u>ONLY</u> 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 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

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

	Credit Card Payment	The Instruction Guide explains how to co	ompl	olete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
	Sch: 95/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630	
4	Date	5 Payee name			
	01/27/2025	Thompson, Burwell			
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	?	
	\$100.00	2604 Zach Scott St.			
		Austin, TX 78723			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description	
	OF	Salaries/Wages/Contract Labor	`´	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				Salary	
_			Ļ		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	office held	
	Date	Payee name			
	02/26/2025	Thompson, Burwell			
	Amount (\$)	Payee address; City; State; Zip Co	ode	•	
	\$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 Austin TV, officeholder hing avenue.	
				Check if Austin, TX, officeholder living expense  Salary	
				Galary	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	office held	
	expenditure to benefit C/O	<del>1</del>	J		
	Date	Payee name			_
	03/26/2025	Thompson, Burwell			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	\$100.00	2604 Zach Scott St.	Juc	•	
	¥200.00	2001 2001 2001			
		Austin, TX 78723			
	DUDDOCE		(6)		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor	(a)	<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>	
	EXPENDITURE	Salaties/wages/Contract Labor		Check if Austin, TX, officeholder living expense	
				Salary	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	nt Office held	
	expenditure to benefit C/O	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/Officeholder/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: 96/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/28/2025	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 Austin, TX, officeholder living expense Salary
		Salaty
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
	Date	Dayso name
	05/27/2025	Payee name Thompson, Burwell
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 2604 Zach Scott St.
	φ100.00	2004 Zach Scott St.
		Auglia TV 70702
		Austin, TX 78723
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	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	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	06/26/2025	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.
		Check if Austin, TX, officeholder living expense Salary
		Salaly
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_		

### 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: 97/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	02/18/2025	Tiff's Treats on Shoal Creek	
6	Amount (\$) \$79.24	7 Payee address; City; State; Zip Code 8900 Shoal Creek Blvd.	
	Φ19.24	6900 Siloai Creek Bivu.	
		Austin, TX 78757-6889	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	LAI LIIDII OIL	Check if Austin, TX, officeholder living expense  Meeting to discuss officeholder matters	
		moouning to discuss officials matters	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/21/2025	Tiff's Treats on Shoal Creek	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$44.97	8900 Shoal Creek Blvd.	
		Austin, TX 78757-6889	
	PURPOSE		
	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	
		Meeting to discuss officeholder matters	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/17/2025	Tiff's Treats on Shoal Creek	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.99	8900 Shoal Creek Blvd.	
		Austin, TX 78757-6889	
	PURPOSE	1	
	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	
		Meeting to discuss officeholder matters	
-	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 Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wage	es/Contract Labor OTHER (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 98/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630		
4 Date	5 Payee name	<u> </u>		
04/17/2025	Tiff's Treats on Shoal Creek			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$59.39	8900 Shoal Creek Blvd.			
	Austin, TX 78757-6889			
8 PURPOSE	1	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held		
experioration to benefit C/O/1				
Date	Payee name			
05/08/2025	Tiff's Treats on Shoal Creek			
Amount (\$)	Payee address; City; State; Zip Code			
\$59.39	8900 Shoal Creek Blvd.			
	Austin, TX 78757-6889			
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 sought	Office held		
expenditure to benefit C/OH				
Date	Dayon nama			
05/19/2025	Payee name Trudy's Hallmark Store			
Amount (\$)	Payee address; City; State; Zip Code			
\$9.47	2901 S. Capital of Texas Hwy.			
Ψ3.41	2301 3. Ouphai of Texas Tiwy.			
	Austin, TX 78746			
DUDDOGE		N=		
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		
		Stationery		
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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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: 99/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	05/20/2025	Trudy's Hallmark Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.66	2901 S. Capital of Texas Hwy.
		Austin, TX 78746
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Stationery
		Stationery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
	Date	Payee name
	01/09/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.67	1455 Market St., 4th Floor
		San Francisco, CA 94103
	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
		Tax service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	01/06/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.78	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.
		Check if Austin, TX, officeholder living expense
		Taxi service
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

**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 Expe Legal Services The Instruction Guide	nse Printir Salari	_	se s/Contract Labor				
1	Total pages Schedule F1:						l	Filer ID	(Ethics Commission Filers	s)
	Sch: 100/118 Rpt:	Hughes, D	. Bryan (The Honora	ble)				00051630		
4	Date	5 Payee name	e							
L	01/06/2025	Uber								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code					
	\$22.99	1455 Mark	et St., 4th Floor							
		0	: OA 04400							
_	DUDDOCE		isco, CA 94103		n.s					
8	PURPOSE OF	,	See Categories listed at the top	of this schedule)	(a)	Description  Check if travel of	outsid	de of Texas Com	plete Schedule T.	
	EXPENDITURE	Fees				=		officeholder living		
						Taxi service				
L										
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office	sought			Office he	eld	
Т	Date	Payee name	e							
	01/15/2025	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$21.82	1455 Mark	et St., 4th Floor							
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category (	See Categories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<b>=</b>			plete Schedule T.	
						Taxi service	, 1 Å,	officeholder living	, слрепъе	
	Complete ONLY if direct		ficeholder name	Office	sought			Office he	eld	
	expenditure to benefit C/O	<del></del>								
	Date	Payee name	e							
	01/27/2025	Uber					_			
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code					
	\$17.52	1455 Mark	et St., 4th Floor							
		San Franc	isco, CA 94103							
	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees							plete Schedule T.	
						Taxi service	, 1X,	officeholder living	у ехрепse	
	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office	l sought			Office he	eld	
	expenditure to benefit C/O				5 -					

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 101/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	<u> </u>
	01/30/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.52	1455 Market St., 4th Floor	
		San Francisco, CA 94103	
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
			Taxi service
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	02/19/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.15	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.
			Check if Austin, TX, officeholder living expense  Taxi service
			Tax Service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
	Date	Payee name	
	02/14/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.65	1455 Market St., 4th Floor	
	Ψ11.00	Tioo Markot Cu, Turrioon	
		San Francisco, CA 94103	
L	DUDDOCE		N. Donastinton
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
			Taxi service
L			
	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 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	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: 102/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630			
4	Date	5 Payee name			
	02/26/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$5.91	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
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			
		Taxi service			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experientare to beriefit Great				
	Date	Payee name			
	02/25/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$17.46	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.  Check if Austin, TX, officeholder living expense			
		Taxi service			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	02/20/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.00	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
	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				

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	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: 103/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/19/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.30	1455 Market St., 4th Floor
		San Francisco, CA 94103
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
		Taxi service
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.96	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.
		Check if Austin, TX, officeholder living expense
		Taxi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.98	1455 Market St., 4th Floor
		San Francisco, CA 94103
	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
		133. 557.135
	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 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/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: 104/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	02/27/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	1455 Market St., 4th Floor
		San Francisco, CA 94103
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
		Taxi service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.62	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.  Check if Austin, TX, officeholder living expense
		Taxi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	03/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.44	1455 Market St., 4th Floor
		San Francisco, CA 94103
	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	1

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	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: 105/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630			
4	Date	5 Payee name			
	03/14/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$13.93	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
8	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			
		Taxi service			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/14/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$13.87	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
_	PURPOSE	<u> </u>			
	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			
		Taxi service			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1			
	Date	Payee name			
	03/14/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.00	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
	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			
		Taxi service			
	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)
se Event Expense Loan Repayment/Reimbu

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

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: 106/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630			
4	Date	5 Payee name			
	03/26/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.99	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
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  Taxi service			
		Taxi Service			
Ļ					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialitate to beliefit of of	'			
	Date	Payee name			
	03/26/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.99	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.			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		Taxi service			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	03/26/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$8.91	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.			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
		Taxi service			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experioritale to benefit O/OFI				
l					

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Contributions/ Donations Made By -

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

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: 107/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630			
4	Date	5 Payee name			
	03/20/2025	Uber			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$25.37	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
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  Taxi service			
		Taxi service			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_					
	Date	Payee name			
	03/19/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.93	1455 Market St., 4th Floor			
		San Francisco, CA 94103			
	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			
		Tak convice			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Data				
	Date	Payee name			
	03/19/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$7.28	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.			
		Check if Austin, TX, officeholder living expense			
		Taxi service			
	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			
	·				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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: 108/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/07/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.35	1455 Market St., 4th Floor
		San Francisco, CA 94103
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  Taxi service
		Taxi service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	04/07/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	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.
		Check if Austin, TX, officeholder living expense  Taxi service
		Taxi Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	03/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.92	1455 Market St., 4th Floor
		San Francisco, CA 94103
	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
1		TUAL SCIVICE
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

#### SCHEDULE F1

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

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

	ndidate/Officeholder/Politica Card Payment	The Instruction Guide explains how to cor	-	tet this form.
	pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch	n: 109/118 Rpt:	Hughes, D. Bryan (The Honorable)		00051630
4 Date		5 Payee name		
04/11	./2025	Uber		
6 Amour	nt (\$) \$16.41	7 Payee address; City; State; Zip Coo 1455 Market St., 4th Floor San Francisco, CA 94103	de	
8 PU	JRPOSE	<u> </u>	(b)	Description
	OF ENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Taxi Service
	lete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office sou(	ght	Office held
Date		Payee name		
04/11	./2025	Uber		
Amour	nt (\$) \$15.63	Payee address; City; State; Zip Coo 1455 Market St., 4th Floor	de	
		San Francisco, CA 94103		
	JRPOSE OF ENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi service
	lete <u>ONLY</u> if direct diture to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
Date		Payee name		
04/28	3/2025	Uber		
Amour	nt (\$) \$20.96	Payee address; City; State; Zip Coo 1455 Market St., 4th Floor	de	
		San Francisco, CA 94103		
	JRPOSE OF ENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi service
	lete <u>ONLY</u> if direct diture to benefit C/O	L L Candidate/Officeholder name Office soug H	ght	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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/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: 110/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/28/2025	Uber
6	Amount (\$) \$7.66	7 Payee address; City; State; Zip Code 1455 Market St., 4th Floor
		San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/09/2025	Uber
	Amount (\$) \$19.31	Payee address; City; State; Zip Code 1455 Market St., 4th Floor
		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/05/2025	Payee name Uber
	Amount (\$) \$25.69	Payee address; City; State; Zip Code 1455 Market St., 4th Floor
		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Taxi service
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### 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 C

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/Political Committee 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:		
	Sch: 111/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630	
4	Date	5 Payee name	
	05/02/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14.94	1455 Market St., 4th Floor	
		San Francisco, CA 94103	
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	
		Taxi service	
Ļ	Operation ONE V. C. F.	On the Coffee had been as a second of the Coffee ha	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	ĺ
			_
	Date	Payee name	
	05/19/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.94	1455 Market St., 4th Floor	
		San Francisco, CA 94103	
	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	
		Taxi service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
	Date	Payee name	
L	05/16/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.95	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.	ſ
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Taxi service	ĺ
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	capenditule to belieff 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

	Credit Card Payment	The Instruction Guide explains how to compl	e this form.	
1	Total pages Schedule F1: Sch: 112/118 Rpt:	FILER NAME     Hughes, D. Bryan (The Honorable)	3 Filer ID 00051630	(Ethics Commission Filers)
4	Date 06/02/2025	5 Payee name Uber	<u> </u>	
6	Amount (\$) \$16.51	7 Payee address; City; State; Zip Code 1455 Market St., 4th Floor San Francisco, CA 94103		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Co  Check if Austin, TX, officeholder livin  Taxi service	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office I	neld
	Date 06/02/2025	Payee name Uber		
	Amount (\$) \$10.99	Payee address; City; State; Zip Code 1455 Market St., 4th Floor San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Co  Check if Austin, TX, officeholder livin  Taxi service	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office I	neld
	Date 06/13/2025	Payee name Uber		
	Amount (\$) \$14.92	Payee address; City; State; Zip Code 1455 Market St., 4th Floor		
		San Francisco, CA 94103		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Texas. Co  Check if Austin, TX, officeholder livit  Taxi service	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office I	neld

#### 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: 113/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	06/13/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.51	1455 Market St., 4th Floor
		San Francisco, CA 94103
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  Taxi service
		Taxi Scivice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	06/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.99	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Taxi service
L	Commiste ONII V if diseast	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
┕		
	Date	Payee name
	06/10/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.99	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Taxi service
L	Commission ONU V. M. alling	Condidate/Officeholder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

## 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

	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: 114/118 Rpt:	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	06/03/2025	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$16.95	1455 Market St., 4th Floor	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	el outside of Texas. Complete Schedule T.
		Taxi service	tin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/03/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.99	1455 Market St., 4th Floor	
	*****		
		San Francisco, CA 94103	
	PURPOSE	(a) a	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if trav	el outside of Texas. Complete Schedule T.
	EXPENDITURE	1003	tin, TX, officeholder living expense
		Taxi service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/20/2025	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.99	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	1 663	el outside of Texas. Complete Schedule T.
		Check if Aus	tin, TX, officeholder living expense
		Taxi Service	<del>-</del>
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
l			

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
Ļ		The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 115/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	02/03/2025	United States Postal Service Mineola					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$10.62	630 E. Broad St.					
		Mineola, TX 75773					
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					
		Postage					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	04/01/2025	United States Postal Service Mineola					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$31.65	630 E. Broad St.					
		Mineola, TX 75773					
	PURPOSE	1					
	OF						
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Postage					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	1					
	Date	Payee name					
	06/18/2025	United States Postal Service Mineola					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$60.00	630 E. Broad St.					
	φυυ.υυ	000 E. Broud St.					
		Minagle TV 75770					
		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 Six months rental of P.O. Box in Mineola					
		SIX IIIUIILIIS TETILAI OI P.O. BOX III WIIITEOIA					
	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 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: 116/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630					
4	Date	5 Payee name					
	06/24/2025	United States Treasury, Ogden					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$10.62	Ogden					
		Ogden, UT 84102-0039					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Check if Austin, TX, officeholder living expense					
		Payroll taxes					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/29/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$36.67	Internal Revenue Service					
		PO Box 932000					
		Louisville, KY 40293-2000					
	PURPOSE	1					
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	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					
	expenditure to benefit C/OI	4					
_	Date	Payee name					
	01/29/2025	United States Treasury					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$198.80	Internal Revenue Service					
	Ψ190.00						
		PO Box 932100					
		Louisville, KY 40293-2100					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Check if Austin, TX, officeholder living expense					
		Payroll taxes					
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete <u>ONLY</u> 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 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 Schodule F1:						
	Total pages Schedule F1: Sch: 117/118 Rpt:	2 FILER NAME Hughes, D. Bryan (The Honorable)  3 Filer ID (Ethics Commission Filers) 00051630					
4	Date	5 Payee name					
	04/25/2025	United States Treasury					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$248.50	Internal Revenue Service					
		PO Box 932100					
		Louisville, KY 40293-2100					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
		Check if Austin, TX, officeholder living expense Payroll Taxes					
		rayiuii taxes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/Oł						
	Date	Payee name					
	03/14/2025	Valero					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$66.93	900 N. I-35					
		Austin 78701 Namibia					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toxas, Complete Schedule Toxas, Comp					
EXPENDITURE		Transportation Equipment And Related Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Gasoline					
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H					
F	Date	Payee name					
	05/19/2025	Walmart #01253 (Austin)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$38.80	710 E. Ben White Blvd.					
	, 100						
		Austin, TX 78704					
	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					
		Supplies					
		Сарриос					
	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 Salarias/Manas/Contract Labor

l	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: 118/118 Rpt:	Hughes, D. Bryan (The Honorable) 00051630
4	Date	5 Payee name
	04/16/2025	William Paul Floral Design
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.10	1403 Lavaca St.
		Austin, TX 78701
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  Funeral flowers
		Fulleral flowers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
$\vdash$	Data	T 5
	Date	Payee name
	02/25/2025	X
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.00	865 FM 1209, Bldg. 2
		Bastrop, TX 78602
	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 a subscription
		Remburse Matthew Murdoch for a subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

## 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 Commission Filers)			
Sch: 1/46 Rpt:	Hughes, D. Bryan (	The Honorable)	00051630				
4 CREDIT CARD ISSUER		ncial institution Cards	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$48.71	(b) Date of Charge 01/03/2025	(c) Date(s) Credit Card Issue 02/03/2025	er Paid			
7 PAYEE	(a) Payee name  AT&T (S. Broadway	y)	(b) Payee address; 8922 S. Broadway	City, Sta	ite, Zip Code		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Tyler, TX 75703 (b) Description Office equipment				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$37.48	(b) Date of Charge 01/03/2025	(c) Date(s) Credit Card Issue 02/03/2025	er Paid			
PAYEE (a) Payee name  Country Cooking Cafe		(b) Payee address; 13333 US 79 Henderson, TX 75652	City, Sta	ite, Zip Code			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting to discuss officer	nolder 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 \$14.56	(b) Date of Charge 01/10/2025	(c) Date(s) Credit Card Issue 02/03/2025	er Paid			
PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	,	ate, Zip Code		
PURPOSE OF EXPENDITURE    X   Political	IDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Telephone Service				
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		, officeholder living expense			
Complete ONLY if direct candidate/Officeholder name office sought office held expenditure to benefit C/OH				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 Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 2/46 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	r Paid			
	\$68.54	01/12/2025	02/03/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Office Depot (S. La	mar)	2102 S. Lamar				
	( ) 2 :		Austin, TX 78704				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Stationery				
X Political	Office Overhead/Rent		Stationery				
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	(a) Amazunt Chavarad	(h) Data of Chause	(a) Data(a) Gradit Cand Januar	r Deid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuel 02/03/2025	r Paid			
	\$24.90	01/13/2025	02/03/2020				
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Paper Source		524 North Lamar Blvd				
			No 105				
DUDDOGE OF	(a) Catagoni		Austin, TX 78703				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description  Mailing supplies				
X Political			Walling Supplies				
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	1 · · · —		re sought Office held				
expenditure to benefit C/OH	Carialadio, Ciniconolaci	That To The Tolland	o oodgiit	Cinco neid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$134.12	01/26/2025	02/03/2025				
	, -						
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	AT&T Mobility		211 S. Akard				
	AT&T WODING						
DUDDOS 05	(a) Cataman		Dallas, TX 75202				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Telephone service				
X Political	Office Overhead/Rent	tal Expense	Telephone service				
Non-Political	(a) Chapter to the control of the co	of Toyon, Complete Selected, T	D objective access and	office helder living a sure server			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	officeholder living expense Office held			
expenditure to benefit C/OH	Sandidato/Omocnolider	Office	o ooag.ii	Cindo Hold			

## 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	3 Filer ID (Ethics Commission Filers)		
Sch: 3/46 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	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid			
	\$16.24	01/29/2025	02/03/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Indeed Tower		200 W. 6th St.				
			Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Fees	or this ostrodule)	Parking expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living exper	nse		
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 Issu	uer Paid			
	\$71.45	01/28/2025	02/03/2025				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Mark and Graham	Co.	3250 Van Ness Ave.				
			San Francisco, CA 9410	09			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE 	1	(See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Gifts.			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	nse		
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 Issu 03/04/2025	uer Paid			
	\$81.40	02/03/2025	03/04/2023				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1601 Guadalupe St.				
	Clay Pit Restaurant	į					
			Austin, TX 78701				
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
EXPENDITURE	Food/Beverage Exper		Meeting to discuss offic	eholder matters			
X Political							
Non-Political	`	of Texas. Complete Schedule T.	<u> </u>	TX, officeholder living exper	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
<del> </del>							

## 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

1 Total pages Schedule F4: Sch: '4/46 Rpt: Hughes, D. Bryan (The Honorable)  4 CREDIT CARD SSUER  Name of financial institution see previous  See previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (SPENDITURES) CHARGED TO A CREDIT CARD (C) Date of Charge 02/06/2025  7 PAYEE  (a) Amount Charged (b) Date of Charge 02/06/2025  (a) Payee name (b) Payee address; City, State, 701 Brazos St.  Next Level Parking  Austin, TX 78701  8 PURPOSE OF EXPENDITURE   Political (c) Check if travel outside of Texas. Complete Schedule) Parking expense  PAYMENT  (a) Amount Charged (b) Date of Charge Office sought Office held  (c) Candidate/Officeholder name Office sought Od/02/2025  PAYEE  (a) Payee name (b) Date of Charge Office Sught Office held  (c) Candidate/Officeholder name Office Sught Office Sught Office held  PAYMENT  (a) Amount Charged (b) Date of Charge Office Sught Office Sught Office held  (c) Date(s) Credit Card Issuer Paid Od/02/2025  PAYEE  (a) Payee name (b) Payee address; City, State, 1455 Market St., 4th Floor San Francisco, CA 94103  PURPOSE OF EXPENDITURE   PURPOSE OF EXPENDITURE (See Categories Islated at the top of this schedule) Field  POBLICAL TO TAKE THE PAYED (See Categories Islated at the top of this schedule) T. Candidate Service Field Taxis Service  PURPOSE OF EXPENDITURE   POBLICIAL (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sought Office held  POBLICAL TAXISTORY (C) Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sought Office held  Complete QNLY if direct Candidate/Officeholder name Office Sought Office held  Complete QNLY if direct Candidate/Officeholder name Office Sought Office held	Zip Code
A CREDIT CARD ISSUER	Zip Code
SSUER  See previous  EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged \$28.68  (b) Date of Charge 02/06/2025  (c) Date(s) Credit Card Issuer Paid 03/04/2025  (b) Payee address; City, State, 701 Brazos St.  Next Level Parking  Rependiture (a) Category (See Categories listed at the top of this schedule) PAYMENT  (a) Amount Charged (b) Date of Charge (b) Payee address; City, State, 701 Brazos St.  Austin, TX 78701  (b) Description Parking expense  (c) Description Parking expense  (d) Description Parking expense  Candidate/Officeholder name Office sought  Office held  Candidate/Officeholder name Office sought  Office held  PAYMENT  (a) Amount Charged \$16.71  (b) Date of Charge 03/07/2025  (c) Date(s) Credit Card Issuer Paid 04/02/2025  PAYEE  (a) Payee name (b) Payee address; City, State, 1455 Market St., 4th Floor  San Francisco, CA 94103  (b) Description Taxi Service  PURPOSE OF EXPENDITURE    Purpose OF EXPENDITURE   Categories listed at the top of this schedule)	Zip Code
\$28.68  02/06/2025  03/04/2025  7 PAYEE	Zip Code
\$28.68   O2/06/2025    7 PAYEE   (a) Payee name   (b) Payee address; City, State, 701 Brazos St.	Zip Code
Next Level Parking    Next Level Parking   Rustin, TX 78701	Zip Code
Next Level Parking	
B PURPOSE OF EXPENDITURE   (a) Category (See Categories listed at the top of this schedule)   Fees   Parking expense	
EXPENDITURE    X   Political   Fees   Parking expense	
Fees    Yarking expense   Complete	
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$16.71  (b) Date of Charge O3/07/2025  (c) Date(s) Credit Card Issuer Paid O4/02/2025  PAYEE  (a) Payee name  (b) Payee address; City, State, 1455 Market St., 4th Floor  Uber  San Francisco, CA 94103  PURPOSE OF EXPENDITURE    X Political	
expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$16.71  (b) Date of Charge 04/02/2025  (c) Date(s) Credit Card Issuer Paid 04/02/2025  PAYEE  (a) Payee name  (b) Payee address; City, State, 1455 Market St., 4th Floor  Uber  San Francisco, CA 94103  PURPOSE OF EXPENDITURE  X Political  Non-Political  (c) Date(s) Credit Card Issuer Paid 04/02/2025  (b) Payee address; City, State, 1455 Market St., 4th Floor  San Francisco, CA 94103  (b) Description  Taxi service  Check if Austin, TX, officeholder living expense	
PAYMENT  (a) Amount Charged \$16.71  (b) Date of Charge 04/02/2025  (c) Date(s) Credit Card Issuer Paid 04/02/2025  PAYEE  (a) Payee name (b) Payee address; City, State, 1455 Market St., 4th Floor San Francisco, CA 94103  PURPOSE OF EXPENDITURE  X Political Non-Political  (c) Date(s) Credit Card Issuer Paid 04/02/2025  (b) Payee address; City, State, 1455 Market St., 4th Floor San Francisco, CA 94103  (b) Description Taxi service	
PAYEE  (a) Payee name Uber  (b) Payee address; City, State, 1455 Market St., 4th Floor  San Francisco, CA 94103  PURPOSE OF EXPENDITURE  X Political Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Uber  Uber  1455 Market St., 4th Floor  San Francisco, CA 94103  PURPOSE OF EXPENDITURE  X Political Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Uber  San Francisco, CA 94103  PURPOSE OF EXPENDITURE  X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	Zip Code
PURPOSE OF EXPENDITURE    X   Political     Calcegory   (see Categories listed at the top of this schedule)   Fees     Taxi service     Taxi service     Calcegories listed at the top of this schedule   Taxi service     Taxi service     Calcegories listed at the top of this schedule   Taxi service     Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service     Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service     Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule   Taxi service   Calcegories listed at the top of this schedule	
EXPENDITURE  (See Categories listed at the top of this schedule) Fees  Taxi service  Tourise  Taxi service  (C) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
(c) Constitution and a state of the state of	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged \$30.57 (b) Date of Charge 02/03/2025 (c) Date(s) Credit Card Issuer Paid 02/03/2025	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
Paperless Post 115 Broadway	
New York, NY 10006	
PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)  Expenditure (see Categories listed at the top of this schedule)	
Office Overhead/Rental Expense	
X Political	
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 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 thi	s form.	(• •	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 5/46 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 \$13.80	(b) Date of Charge 02/07/2025	(c) Date(s) C 03/04/2025	redit Card Issuer	r Paid		
7 PAYEE	(a) Payee name  Capitol Grill		(b) Payee ad 1400 Cong	ress Ave.	City,	State,	Zip Code
			Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  Meeting to	on discuss officeh	older matters		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<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 \$33.35	(b) Date of Charge 02/12/2025	(c) Date(s) C 03/04/2025	redit Card Issuei	Paid		
PAYEE	(a) Payee name PMC Paid Parking (	on 3rd	(b) Payee ad 247 West 3 Austin, TX	rd St.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Parking exp	on			
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 \$189.81	(b) Date of Charge 02/26/2025	(c) Date(s) C 03/04/2025	redit Card Issuei	r Paid		
PAYEE	(a) Payee name Optimum		(b) Payee ad PO Box 70 Philadelphi	•	City, 450	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description  Cable servi				
Non-Political	(1)	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

		is form.						
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 6/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$390.00	(b) Date of Charge 03/02/2025	(c) Date(s) ( 04/02/202	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name Westin Hotel		(b) Payee at 12720 Met	rit Dr.	City,	State,	Zip Code
L		( ) -		Dallas, TX				
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descripti	ion			
	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		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$66.57	(b) Date of Charge 03/02/2025	(c) Date(s) ( 04/02/202	Credit Card Issuer 5	Paid		
	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
		Uber 1455 Mai		1455 Mark	et St., 4th Floor			
				San Franc	isco, CA 94103			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Taxi servic				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
е	xpenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$20.99	(b) Date of Charge 03/02/2025	(c) Date(s) ( 04/02/202	Credit Card Issuer 5	Paid		
	Parking.Com 700 S		(b) Payee at 700 San January Austin, TX	acinto	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees		of this schedule)	(b) Description Parking expense				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete <u>ONLY</u> 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 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: 7/46 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 \$14.56	(b) Date of Charge 03/03/2025	(c) Date(s) 04/02/20	Credit Card Issuei 25	Paid		
7	PAYEE	(a) Payee name OOMA, Inc.			address; anor Ave., Suite 2 le, CA 94085	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip				
	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	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 01/04/2025	(c) Date(s) 02/03/20	Credit Card Issuei 25	Paid		
	PAYEE	(a) Payee name  HP Instant Ink					State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Ink subso				
	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 \$22.91	(b) Date of Charge 01/09/2025	(c) Date(s) 02/03/20	Credit Card Issuei 25	Paid		
	PAYEE	(a) Payee name Onstar Services		(b) Payee PO Box 1 Warren,		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descrip Cell phor	otion ne service.			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Ę	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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 Inst	ruction Guide explains how	to complete the	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 8/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged \$86.03	(b) Date of Charge 01/10/2025	(c) Date(s) 02/03/202	Credit Card Issuei 25	r Paid		
7 PAYEE	(a) Payee name  The Capital Grille		(b) Payee a 117 W. 4th	h St.	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descript Meeting to	ion o discuss officeh	older matters		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
<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 \$18.97	(b) Date of Charge 01/12/2025	(c) Date(s) 02/03/202	Credit Card Issuei 25	r Paid		
PAYEE	(a) Payee name Office Depot Tyler		(b) Payee a 4329 Old Tyler, TX	Bullard Rd	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Printing Expense	of this schedule)	(b) Descript Printing	iion			
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 \$31.04	(b) Date of Charge 01/11/2025	(c) Date(s) 02/03/202	Credit Card Issuei 25	r Paid		
PAYEE	(a) Payee name OOMA, Inc.			ddress; nor Ave., Suite 2 e, CA 94085	City, 200	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political  Non-Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone service				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Oncor ii Auguit, 1A,	officeholder living exp	0.100	

## 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

	is form.						
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/46 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 \$133.25	(b) Date of Charge 01/21/2025	(c) Date(s) ( 02/03/202	Credit Card Issuer 5	Paid		
7 PAYEE	(a) Payee name  Aloft Austin Downto	own	(b) Payee at 109 E. 7th	St.	City,	State,	Zip Code
0. DUDDOOF OF	(a) Catagony		Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descripti Meeting 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	
<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 \$189.81	(b) Date of Charge 01/26/2025	(c) Date(s) ( 02/03/202	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name Optimum		(b) Payee at 1423 Red Fort Mill, S	Ventures Dr.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descripti	on			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	. Г	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 \$415.75	(b) Date of Charge 02/02/2025	(c) Date(s) 0 03/04/202	Credit Card Issuer 5	· Paid		
PAYEE	(a) Payee name  Quince Restaurant		(b) Payee at 3825 Lake Austin, TX	Austin Blvd.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descripti Meeting to	on discuss officeh	older matters		
Non-Political	(1)	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		
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 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: 10/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged \$14.56	(b) Date of Charge 02/03/2025	(c) Date(s) 03/04/20	) Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name OOMA, Inc.			address; anor Ave., Suite 2 le, CA 94085	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri				
	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	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$7.21	(b) Date of Charge 02/06/2025	(c) Date(s) 03/04/20	) Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name  Next Level Parking		(b) Payee 701 Braz Austin, T	os St.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description (b) Parking (c)	otion			
	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 \$25.40	(b) Date of Charge 02/08/2025	(c) Date(s) 03/04/20	) Credit Card Issuer 25	· Paid		
	PAYEE	(a) Payee name  Premium Parking o	n Walter	(b) Payee address; 2111 Walter Seaholm Dr. Austin, TX 78703		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Parking 6				
L	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		
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

l		The Inst	to complete thi	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
l	Sch: 11/46 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 \$30.54	(b) Date of Charge 03/11/2025	(c) Date(s) C 04/02/2025	Credit Card Issuer 5	Paid		
7	PAYEE	(a) Payee name  HP Instant Ink		Reading R	st es Valley Park [ G6 1PT United		State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Telephone				
L	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		
	PAYMENT	(a) Amount Charged \$22.66	(b) Date of Charge 02/09/2025	(c) Date(s) C 03/04/2025	Credit Card Issuer 5	<sup>•</sup> Paid		
	PAYEE	(a) Payee name Onstar Services		(b) Payee ac PO Box 10 Warren, M		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell phone	on			
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
ε	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$542.59	(b) Date of Charge 02/10/2025	(c) Date(s) C 03/04/2025	Credit Card Issuer 5	· Paid		
	PAYEE	(a) Payee name (b) Payee address; 302 E. 5th St.  Austin, TX 78701		St.	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	*	(b) Description  Meeting to	on discuss officeh	older matters		
L	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.					
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	v to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Comr	nission Filers)
Sch: 12/46 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 \$30.54	(b) Date of Charge 02/11/2025	(c) Date(s) Credit Card Issue 03/04/2025	r Paid	
7 PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; 525 Almanor Ave., Suite 2 Sunnyvale, CA 94085	City, State 200	e, Zip Code
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(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 Offic	ce sought	Office held	
PAYMENT	(a) Amount Charged \$489.06	(b) Date of Charge 02/24/2025	(c) Date(s) Credit Card Issue 03/04/2025	er Paid	
PAYEE	(a) Payee name  IKEA Round Rock		(b) Payee address; 1 IKEA Way  Round Rock, TX 78664	City, State	e, Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description Book Cases		
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 Offic	ce sought	Office held	
PAYMENT	(a) Amount Charged \$67.92	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid	
PAYEE	(a) Payee name Westin Hotel		(b) Payee address; 12720 Merit Dr. Dallas, TX 75251	City, State	e, Zip Code
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meeting to discuss officel	nolder matters	
Non-Political	`	of Texas. Complete Schedule T.		, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held	

#### SCHEDULE F4

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

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

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

Candidate/Officeholder/Politica	-	ices Sal ruction Guide explains how		THER (enter a category	not listed at	oove)		
1. Total marca Cabadula E4.		detion Guide explains now	to complete this form.	2 Files ID (Ethios	Commiss	nion Filoro)		
1 Total pages Schedule F4:		Th - 11		3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 13/46 Rpt:	Hughes, D. Bryan (	<u> </u>	T	00051630				
4 CREDIT CARD ISSUER	Name of finai	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	<b>\$</b>				
ISSUER	see pi	revious	CHARGED TO A CREDIT	Ψ				
			CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$262.00	03/05/2025	04/02/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1423 Red Ventures Dr.					
	Optimum							
			Fort Mill, SC 29707					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Cable service					
X Political	Office Overflead/Nem	ат шхрепве						
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		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				
	\$10.00	03/06/2025	04/02/2025					
	Ψ10.00	00/00/2020						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
(a) rayee name			406 Broadway	•		·		
	Bird							
			Santa Monica, CA 90401					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Vehicle rental					
X Political	Transportation Equipr Expense	neni Anu Reialeu						
Non-Political	— <del>—</del>	of Texas. Complete Schedule T.	Check if Austin, TX.	officeholder living expe	nse			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	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				
	\$12.76	03/07/2025	04/02/2025					
	φ12.70	03/01/2023						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	(a) i a) se mame		1400 Congress Ave.	G.1.5,	Otato,	p		
	Capitol Grill		2 100 Congress 7 (ve.					
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top		Meeting to discuss officeh	older matters				
X Political	Food/Beverage Expe	nse	_					
Non-Political	(c) Chook if traval autoid	of Texas. Complete Schedule T.	Chack if Assating TV	officeholder living even	neo			
	(c) Check if travel outside Candidate/Officeholder		e sought	Office held	1126			
Complete ONLY if direct expenditure to benefit C/OH	Janaiaato, Jintendidei	Tidillo Offici	o oougiit	Office field				
S.portalitato to bollolit 0/011								
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#### 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 Commis	sion Filers)
	Sch: 14/46 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 \$15.09	(b) Date of Charge 03/07/2025	(c) Date(s) 04/02/20	) Credit Card Issuei 125	Paid		
7	PAYEE	(a) Payee name Uber			address; rket St., 4th Floor ncisco, CA 94103		State,	Zip Code
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip	ption			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$15.67	(b) Date of Charge 03/07/2025	(c) Date(s) 04/02/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name  Capitol Cafe		(b) Payee 1001 Co Austin, T	ngress Ave.	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descri		older matters		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$5.40	(b) Date of Charge 03/08/2025	(c) Date(s) 04/02/20	) Credit Card Issuei 125	Paid		
	PAYEE	(a) Payee name  HP Instant Ink					State,	Zip Code
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	tal Expense	(b) Descri				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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 Inst	is form.					
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 15/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$10.67	03/12/2025	04/02/202	5			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Adobe Inc.		San Jose				
					CA 95113			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
	X Political	Office Overhead/Rent		Software				
	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		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' ' ' ' '	Credit Card Issuer	Paid		
		\$24.90	03/18/2025	04/02/202	5			
	PAYEE	E (a) Payee name (b) Payee address;		City,	State,	Zip Code		
		Premium Parking on Congress		1800 Cong	gress Ave.			
				Austin, TX	78701			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descript Parking	ion			
	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	Candidate/Officeholder	name Office	sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	. , ,	Credit Card Issuer	Paid		
		\$38.98	03/13/2025	04/02/202	5			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Matropolio Douking		211 Walte	r Seaholm			
		Metropolis Parking						
				Austin, TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	ion			
	X Political	Fees	or this serieutie)	Parking				
	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 (Ethics Comm	ission Filers)
Sch: 16/46 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 \$156.44	(b) Date of Charge 03/17/2025	(c) Date(s) Credit Card Issue 04/02/2025		
7 PAYEE	(a) Payee name  Aloft Hotel		(b) Payee address; 109 E. 7th St. Austin, TX 78701	City, State	, Zip Code
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Exper		Meeting to discuss officeh	nolder matters	
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 Offic	e sought	Office held	
PAYMENT	(a) Amount Charged \$13.65	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid	
PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code
	Uber		1455 Market St., 4th Floo		
	( ) 5 :		San Francisco, CA 94103	<u> </u>	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi 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		e sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged \$134.19	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid	
PAYEE	(a) Payee name  AT&T Mobility		(b) Payee address; 211 S. Akard Dallas, TX 75202	City, 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 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 (Et	3 Filer ID (Ethics Commission Filers)		
	Sch: 17/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZ IDITURES GED TO A CRE	\$			
6	PAYMENT	(a) Amount Charged \$21.75	(b) Date of Charge 03/28/2025	(c) Date(s) Credit Card Issuer Paid 04/02/2025					
7	PAYEE	(a) Payee name  Uber		(b) Payee address; City, State, Zip Cod 1455 Market St., 4th Floor San Francisco, CA 94103			Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip	otion	100			
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, or			ı, TX, officeholder living e	xpense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 03/29/2025	(c) Date(s) 04/02/20	) Credit Card Is 25	suer Paid			
	PAYEE	(a) Payee name  Laz Parking on Rio Grande		(b) Payee 1900 Ric Austin, T	Grande St.	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin	ı, TX, officeholder living e	officeholder living expense		
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$17.48	(b) Date of Charge 03/31/2025	(c) Date(s) 04/02/20	) Credit Card Is 25	suer Paid			
	PAYEE	(a) Payee name  Uber			address; rket St., 4th F ncisco, CA 94:		State,	Zip Code	
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	,	(b) Descrip Taxi serv	rice				
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin	, TX, officeholder living e	xpense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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 Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		sion Filers)
Sch: 18/46 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 \$22.72	(b) Date of Charge 04/05/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	Paid		
7 PAYEE	(a) Payee name  Capitol Grill			Payee address; City, State, Zip Code 00 Congress Ave. stin, TX 78701			Zip Code
8 PURPOSE OF	(a) Category		(b) Descrip				
EXPENDITURE  X Political	(See Categories listed at the top Food/Beverage Expe			to discuss officeh	older matters		
Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, o			officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH			1				
PAYMENT	(a) Amount Charged \$15.11	(b) Date of Charge 04/01/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	<sup>-</sup> Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Uber		1455 Market 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 Taxi serv				
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		e sought		Office held		
expenditure to benefit C/OH			1				
PAYMENT	(a) Amount Charged \$14.56	(b) Date of Charge 04/03/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	Paid		
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	OOMA, Inc.		525 Almanor Ave., Suite 200				
			Sunnyva	le, CA 94085			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Telephone service				
Non-Political	(a) Chook if traval outside	of Toyas Campleta Sahadula T		Chook if Asseting TV	officeholder living a	onso	
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.  name Office	e sought	CHECK II AUSUII, TX,	officeholder living exp	CIISE	
expenditure to benefit C/OH	Sandado/Oniconolder	That is a state of the state of	Jougni		Jinoc Helu		
	•						

#### 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: 19/46 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 04/08/2025	(c) Date(s) Credit Card Issue 05/11/2025	r Paid		
7 PAYEE  8 PURPOSE OF	(a) Payee name  HP Instant Ink  (a) Category		(b) Payee address; Earley West 300 Thames Valley Park Reading RG6 1PT United (b) Description		State,	Zip Code
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Ink subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, officeholder living expe	ense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$22.91	(b) Date of Charge 04/09/2025	(c) Date(s) Credit Card Issue 05/11/2025	r Paid		
PAYEE	Onstar Services		(b) Payee address; PO Box 1027 Warren, MI 48090-1027	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Cell phone service.			
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 \$10.67	(b) Date of Charge 04/12/2025	(c) Date(s) Credit Card Issue 05/11/2025	r 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  Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin, TX, e sought	officeholder living expo	ense	

## 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: 20/46 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	r Paid		
	\$22.15	04/15/2025	05/11/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Uber		1455 Market St., 4th Floo	r		
			San Francisco, CA 94103	3		
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)  Tayl, carvico					
X Political	Fees	of this scriedule)	Taxi service			
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 Offic	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		
	\$32.68	04/15/2025	05/11/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Uber		1455 Market St., 4th Floor			
			San Francisco, CA 94103	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi service			
X Political						
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 Offic	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		
	\$461.52	04/15/2025	05/11/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	The Chatiers we Chan	-1: -	975 Weiland Road			
	The Stationery Stud	dio	Unit 250			
			Buffalo Grove, IL 60089			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description			
	Office Overhead/Ren		Stationery			
X Political		•				
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.		, 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 (Ethics Commission Filers)		
Sch: 21/46 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 05/11/2025	r Paid		
	\$41.88	04/16/2025				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Phoebe's Diner - Do	owntown	408 W. 11th St.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting to discuss officeholds					
X Political	Food/Beverage Expe		loider 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			Office held		
expenditure to benefit C/OH		T	1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 05/11/2025	r Paid		
	\$116.86	04/16/2025	03/11/2023			
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
	Millennium Floral Designers		232 Great Oaks Blvd.			
			LaVernia, TX 78121-4677	7		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
l <u> </u>	Gift/Awards/Memorial		Funeral flowers			
X Political						
Non-Political	· · · —	of Texas. Complete Schedule T.	<b>L</b>	officeholder living expense		
Complete <u>ONLY</u> 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 Issue	r Paid		
	\$15.45	04/30/2025	05/11/2025			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Brothers Valet		11505 Oak Knoll Dr			
			Austin, TX 78759			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking expense.			
X Political	1 003					
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 Offic	e sought	Office held		
expenditure to benefit C/OH						
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	nis form.	(	.,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 22/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	\$134.19	04/30/2025	05/11/202	25			
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	AT&T Mobility		211 S. Ak	ard			
			Dallas, TX	75202			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top		Telephone	e service			
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
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		
	\$22.91	06/09/2025					
PAYEE	(a) Payee name	ayee name (b) Payee address;		City,	State,	Zip Code	
	Onstar Services		PO Box 10	027			
			Warren, M	11 48090-1027			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top		Cell phone service.				
X Political	Office Overhead/Rent	tai Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
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		
	\$104.85	06/10/2025					
PAYEE	(a) Payee name	I .	(b) Payee a	ddress;	City,	State,	Zip Code
			1601 W. 3	8th St.	•		·
	Teddy's Restaurant	İ					
			Austin, TX	78731			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	(See Categories listed at the top		Meeting to	discuss officeh	older matters		
X Political	Food/Beverage Expe	nse					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
·	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 Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
Sch: 23/46 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	r Paid		
	\$10.67	06/12/2025				
7 PAYEE	(a) Payee name		(b) Payee address; San Jose CA	City, St	ate, Zip Code	
	Adobe Inc.					
			San Jose, CA 95113			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Software			
X Political	onice overnead/iveni	tai Experise				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of			officeholder living expense		
9 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	r Paid		
	\$65.88	06/12/2025				
PAYEE	(a) Payee name	L	(b) Payee address;	City, St	ate, Zip Code	
	Roaring Fork Resta	urant	701 Congress Ave.			
			Austin, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description			
EXPENDITURE  X Political	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 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	r Paid		
	\$94.18	06/13/2025				
PAYEE	(a) Payee name	ı	(b) Payee address;	City, St	ate, Zip Code	
			2300 E. Cesar Chavez St			
	Juan In A Million					
			Austin, TX 78702			
PURPOSE OF	(a) Category	-f.4b-i	(b) Description			
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe	•	Meeting to discuss officeh	older matters		
X Political						
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 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 Comm	ission Filers)		
Sch: 24/46 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	r Paid			
	\$98.98	06/17/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Embassy Suites Park City Area		13131 North Central Expressway				
			Dallas, TX 75243				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Travel Out of District	of this scriedale)	Lodging				
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	() (	T (1) = 1 ( 5)	1()=:()=:!:=:!:				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$12.00	06/27/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code		
	Premier Parking on	5th	120 E. 5th St.				
			Austin, TX 78701				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Parking expense				
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	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	r Paid			
	\$154.99	06/29/2025					
PAYEE	(a) Payee name	ı	(b) Payee address;	City, State	, Zip Code		
			2500 Bagby Ave.				
	Home2 Suites Wac	0					
			Waco, TX 76706-3302				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
l <u> </u>	Travel Out of District	of this scriedule)	Lodging				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	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 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 (Ethi	cs Commiss	sion Filers)
Sch: 25/46 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	<b> </b> \$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	ssuer Paid		
	\$35.98	04/23/2025	05/11/2025			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Stephen F. Austin F	itephen F. Austin Hotel 701 Congress				
			Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)  Monting to discuss officehold			fiachalder metters		
X Political	Food/Beverage Exper	,	Meeting to discuss of	ncenoider matters		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living exp	oense	
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 Is	ssuer Paid		
	\$15.45	04/24/2025	05/11/2025			
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Brothers Valet	others Valet				
			Austin, TX 78759			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking expense.			
X Political	1 003					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	in, 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	(c) Date(s) Credit Card Is	ssuer Paid		
	\$23.97	04/26/2025	05/11/2025			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	0		1400 Congress Ave.			
	Capitol Grill		-			
			Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	e		
l <u> </u>	Food/Beverage Exper	,	Meeting to discuss of	liceholder matters		
X Political						
Non-Political	- · · -	of Texas. Complete Schedule T.	<u> </u>	in, TX, officeholder living exp	ense	
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 Insti	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: 26/46 Rpt:	Hughes, D. Bryan (	The Honorable)		00051630		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITE EXPENDITURES CHARGED TO A C	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid		
	\$16.87	05/02/2025				
7 PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code	
	Uber	Uber 1455 Market St., 4th Floor		:h Floor		
			San Francisco, CA	94103		
8 PURPOSE OF	(a) Category	601	(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi service			
X Political						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if A	austin, TX, officeholder living	expense	
9 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 Car	d Issuer Paid		
	\$15.00	05/02/2025				
PAYEE	(a) Payee name	L	(b) Payee address;	City,	State,	Zip Code
	Access Valet Parkir	ng	PO Box 41983			
			Austin, TX 78704			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking expense			
X Political	1 000					
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 Car	d Issuer Paid		
	\$39.05	05/03/2025				
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code
			1455 Market St., 41	th Floor		
	Uber					
			San Francisco, CA	94103		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi service			
X Political	300					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	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 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 (Ethic	s Commiss	sion Filers)
Sch: 27/46 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	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$32.60	05/03/2025					
7 PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
	Uber		1455 Mark	et St., 4th Floor			
				sco, CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Fees	or this stricture)	Taxi service	е			
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	r name Offic	e sought		Office held		
expenditure to benefit C/OH		-					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$17.52	05/03/2025					
PAYEE	(a) Payee name		(b) Payee address; City,			State,	Zip Code
	Uber		1455 Market St., 4th Floor				
				sco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi service				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	r name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$103.60	05/06/2025					
PAYEE	(a) Payee name	•	(b) Payee ad	ldress;	City,	State,	Zip Code
	Alaft Hatal		109 E. 7th	St.			
	Aloft Hotel						
			Austin, TX	78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
_	Food/Beverage Expe		Meeting to	discuss officeh	older matters		
X Political							
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r 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 Instruction Guide explains how to complete this form.											
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)				
	Sch: 28/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
		\$21.65	05/09/2025									
7	PAYEE	(a) Payee name  Wellington Parking		(b) Payee a 1007 S. C	ongress	City,	State,	Zip Code				
Ļ		( ) 0 :		Austin, TX								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript								
		Fees	,	Parking ex	xpense							
	X Political											
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.									
	9 Complete ONLY if direct Candidate/Officeholder name Offi expenditure to benefit C/OH			e sought		Office held						
<u>е</u>	PAYMENT	(a) Amount Charged	(b) Date of Charge	(a) Data(a)	Cradit Card Issue	r Doid						
	PATMENT	(a) Amount Charged	1	(c) Date(s)	Credit Card Issue	i Paiu						
		\$11.98 	05/09/2025									
	PAYEE	(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code				
		Uber		1455 Marl	ket St., 4th Floor	r						
				San Franc	cisco, CA 94103							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descript								
	X Political											
L	Non-Political	( )	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living exp	ense					
e	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid						
		\$22.91	05/09/2025									
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code				
				PO Box 1	027							
		Onstar Services										
L				Warren, M	/II 48090-1027							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion							
	Office Overhead/Rental Expense		,	Software								
	X Political											
_	Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX,	officeholder living exp	ense					
е	Complete ONLY if direct xpenditure 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 Commis	sion Filers)	
	Sch: 29/46 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	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$10.67	05/12/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Adobe Inc.		San Jose	e CA				
					e, CA 95113				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Rent		Software					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
9	· —				Office held				
е	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$42.97	05/17/2025						
	PAYEE (a) Payee name		•	(b) Payee	address;	City,	State,	Zip Code	
		AirGarage		2115 S. I	_amar Blvd.				
				Austin, T	X 78704				
	PURPOSE OF	(a) Category	of Abic colored (In)	(b) Description					
	EXPENDITURE	(See Categories listed at the top	or this schedule)	Parking 6	expense				
	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
е	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 Issue	r Paid			
		\$14.77	05/20/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Libor		1455 Ma	rket St., 4th Floor	r			
		Uber							
L		(-) O-t		1	ncisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Fees	•	I an selv	TICC .				
	District Delivery					<i>"</i>			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct Candidate/Officeholder name Office sou				SUllaht	Check if Austin, TX,	officeholder living exp	ense		
۱ ,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolider	name Office	Jougiii		Office Held			
F	,								

## 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

l	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
l	Sch: 30/46 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	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid					
		\$200.52	05/26/2025								
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
		Optimum		1423 Red	Ventures Dr.						
L				Fort Mill, S							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti							
		Office Overhead/Ren		Cable serv	rice						
	X Political										
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
				e sought		Office held					
-	expenditure to benefit C/OH			1// - ///							
				(c) Date(s) C	Credit Card Issue	r Paid					
	\$20.20 05/27/2025										
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code			
		Uber		1455 Mark	et St., 4th Floor	r					
				San Franci	isco, CA 94103						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Taxi servic							
l	X Political	Fees									
	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					
E	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid					
		\$21.00	06/02/2025								
Г	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code			
		0		1400 Cong	gress Ave.						
		Capitol Grill									
L				Austin, TX							
	PURPOSE OF	(a) Category	of this echodulo)	(b) Descripti							
	EXPENDITURE (See Categories listed at the top of this schedule)  Food/Beverage Expense			Meeting to discuss officeholder matters							
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule				rlle T. Check if Austin, TX, officeholder living expense					
Г	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 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 (Eth	ics Commiss	sion Filers)					
Sch: 31/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630							
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid							
	\$14.62	06/03/2025										
7 PAYEE	(a) Payee name OOMA, Inc.		(b) Payee address; City, State, Zip Code 525 Almanor Ave., Suite 200									
				e, CA 94085								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript									
<u></u>	Office Overhead/Rent		Telephone	e service								
X Political												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense									
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							
	\$32.47	06/03/2025										
PAYEE	PAYEE (a) Payee name			address;	City,	State,	Zip Code					
	Rick's On The Squa	are	104 W. Er	win St.								
			Tyler, TX	75702-7227								
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE  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.	Γ	Check if Austin, TX,	officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held							
expenditure to benefit C/OH												
PAYMENT	(a) Amount Charged \$509.93	(b) Date of Charge 06/04/2025	(c) Date(s)	Credit Card Issue	r Paid							
PAYEE	(a) Payee name	<u>I</u>	(b) Payee a	address;	City,	State,	Zip Code					
			1111 W. 6	Sth St.								
	Aris Restaurant											
			Austin, TX	( 78703								
PURPOSE OF	(a) Category		(b) Descript									
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			o discuss officeh	nolder matters							
X Political	X Political Pood/Beverage Expense											
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule				officeholder living ex	pense						
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 Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)							
Sch: 32/46 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							
	\$25.55	06/05/2025									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code							
	U.S. Postal Service	)	823 Congress Ave., Suite	e 150							
			Austin, TX 78701								
8 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							
9 Complete ONLY if direct	·			Office held							
expenditure to benefit C/OH	·										
PAYMENT	\$21.66 03/18/2025		er Paid								
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code							
	PMC Paid Parking	on Congress	200 Congress Ave.								
			Austin, TX 78701								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Parking								
X Political			<u> </u>								
Non-Political	<u> </u>	of Texas. Complete Schedule T.									
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held							
PAYMENT	(a) Amount Charged \$27.81	(b) Date of Charge 03/22/2025	(c) Date(s) Credit Card Issue 04/02/2025	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code							
	Premium Parking o	n Congress	1800 Congress Ave.								
			Austin, TX 78701								
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
EXPENDITURE	Fees	oi una scriedule)	Parking								
X Political											
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		, 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 thi	is form.	(	,	,
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 33/46 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 \$24.90	(b) Date of Charge 03/22/2025	(c) Date(s) C 04/02/2025	Credit Card Issue 5	Paid		
7 PAYEE	(a) Payee name Premium Parking o	n Nueces	(b) Payee ac	es St.	City,	State,	Zip Code
	( ) 0 :		Austin, TX				
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description  Parking	on			
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					Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$151.55	(b) Date of Charge 03/22/2025	(c) Date(s) C 04/02/2025	Credit Card Issuei 5	<sup>*</sup> Paid		
PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code		
	IKEA Round Rock		1 IKEA Wa	ay			
			Round Roo	ck, TX 78664			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Shelving	on			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	<del>-</del>	Office held		
PAYMENT	(a) Amount Charged \$382.18	(b) Date of Charge 03/24/2025	(c) Date(s) C 04/02/2025	Credit Card Issuer 5	Paid		
PAYEE	(a) Payee name  Ten Ten Restauran	t	(b) Payee ac 501 W. 6th Austin, TX	St.	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description  Meeting to	on 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 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 Instruction Guide explains how to complete this form.											
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)						
Sch: 34/46 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 \$231.26	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid							
7 PAYEE	(a) Payee name  Mi Madre's Restaur	rant	(b) Payee address; 2201 Manor Rd.	City, State,	Zip Code						
	() 0 :		Austin, TX 78722								
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(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 expense							
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							
PAYMENT	(a) Amount Charged \$15.50	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code						
	Uber		1455 Market St., 4th Floo								
	() 0 :		San Francisco, CA 94103	3							
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi 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		e sought	Office held							
PAYMENT	(a) Amount Charged \$20.50	(b) Date of Charge 03/26/2025	(c) Date(s) Credit Card Issue 04/02/2025	r Paid							
PAYEE	PAYEE (a) Payee name  Uber		(b) Payee address; 1455 Market St., 4th Floo San Francisco, CA 94103		Zip Code						
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi 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 Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
	Sch: 35/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$22.01	(b) Date of Charge 03/27/2025	(c) Date(s) ( 04/02/202	Credit Card Issuer 5	Paid					
7	PAYEE	(a) Payee name Uber			et St., 4th Floor	City,	State,	Zip Code			
Ļ	DUDDOOF 05	(a) Cataman		San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti Taxi servic							
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense					
9				e sought		Office held					
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$18.08	(b) Date of Charge 04/08/2025	(c) Date(s) ( 05/11/202	Credit Card Issuer 5	<sup>r</sup> Paid					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code			
		Uber		1455 Mark	et St., 4th Floor	-					
				San Franc	isco, CA 94103						
	PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descripti							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	F	Check if Austin TX	officeholder living exp	ionso				
	Complete ONLY if direct	Candidate/Officeholder		e sought	Check ii Addin, 1X,	Office held	icrisc				
е	expenditure to benefit C/OH										
	PAYMENT	(a) Amount Charged \$24.73	(b) Date of Charge 04/10/2025	(c) Date(s) ( 05/11/202	Credit Card Issuer 5	Paid					
	PAYEE (a) Payee name  Uber			cet St., 4th Floor		State,	Zip Code				
L					isco, CA 94103						
	PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees		(b) Descripti Taxi servic								
	Division Deliving				Chook if Asserting Tri	officeholder II:	ones				
E	Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	•	e sought	Crieck if Austin, TX,	officeholder living exp	ense				
<b>—</b>		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	cs Commiss	sion Filers)	
Sch: 36/46 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 \$30.54	(b) Date of Charge 04/11/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	Paid			
7 PAYEE	(a) Payee name OOMA, Inc.			address; anor Ave., Suite 2 le, CA 94085	City, State, Zip Code 200			
8 PURPOSE OF	(a) Category		(b) Descrip	otion				
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Telephor	ne service				
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	( )	I (1) = 1 ( 5)	1//-//	- " ! -				
PAYMENT	(a) Amount Charged \$16.95	(b) Date of Charge 04/15/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	Paid			
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
	Uber		1455 Ma	rket St., 4th Floor				
				icisco, CA 94103				
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Taxi serv					
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		e sought	eneskur tastiii, irk	Office held	0.100		
PAYMENT	(a) Amount Charged \$18.03	(b) Date of Charge 04/16/2025	(c) Date(s) 05/11/20	Credit Card Issuer 25	Paid			
PAYEE	(a) Payee name Uber			rket St., 4th Floor	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip Taxi serv					
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	Complete ONLY if direct Candidate/Officeholder name Of				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 (Ethic	s Commiss	sion Filers)			
	Sch: 37/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged \$16.83	(b) Date of Charge 04/18/2025	(c) Date(s) 05/11/202	Credit Card Issuer 25	Paid					
7	PAYEE	(a) Payee name Uber			ket St., 4th Floor	City,	State,	Zip Code			
L		( ) 5 :		San Francisco, CA 94103							
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descript Taxi servi							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
	expenditure to benefit C/OH			e sought		Office held					
	PAYMENT	(a) Amount Charged \$69.40	(b) Date of Charge 04/19/2025	(c) Date(s) 05/11/202	Credit Card Issuer 25	Paid					
	PAYEE (a) Payee name			(b) Payee a	address;	City,	State,	Zip Code			
		Texas Chili Parlor		1409 Lava							
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Descript		older matters					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	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 \$8.65	(b) Date of Charge 04/28/2025	(c) Date(s) 05/11/202	Credit Card Issuer 25	Paid					
	PAYEE (a) Payee name  FedEx Office Austin		(b) Payee a 327 Cong Austin, TX	ress Ave.	City,	State,	Zip Code				
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)  Printing Expense		of this schedule)	(b) Descript Printing	tion						
L	Non-Political (c) Check if travel outside of Texas. Complete Schedule			ule T. Check if Austin, TX, officeholder living expense							
e	(c) onest in that is calculated in some complete contraction in			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

Candidate/Oniceriolae//Folitica	· ·	ruction Guide explains how	to complete th		TTIEN (enter a categor	y not listed ai	bove)
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 38/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$14.56	05/03/2025					
7 PAYEE	(a) Payee name OOMA, Inc.		(b) Payee a 525 Almai	ddress; nor Ave., Suite 2	City, 200	State,	Zip Code
				e, CA 94085			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descript				
l <u> </u>	Office Overhead/Rent	•	Telephone	e service			
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					Office held		
expenditure to benefit C/OH							
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s)	Credit Card Issue	r Paid		
\$5.40 05/09/2025							
PAYEE	(a) Payee name	l	(b) Payee a	ıddress;	City,	State,	Zip Code
			Earley We	est			
	HP Instant Ink		300 Tham	ies Valley Park I	Dr.		
			Reading RG6 1PT United Kingdom				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		(b) Descript				
X Political	Office Overhead/Rent	tai 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	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	r Paid		
	\$28.95	05/10/2025					
PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ıddress;	City,	State,	Zip Code
			1400 Con	gress Ave.			
	Capitol Grill						
			Austin, TX	78701			
PURPOSE OF	(a) Category		(b) Descript				
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense			discuss officeh	older matters		
X Political	X Political Podd/Beverage 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	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 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 (Ethi	cs Commis	sion Filers)				
Sch: 39/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid						
	\$108.62	05/11/2025									
7 PAYEE	(a) Payee name  Hampton Inn Waco		(b) Payee at 4259 N. I-3	•	City,	State,	Zip Code				
			Waco, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description								
l <u> </u>	Travel Out of District	of this schedule)	Lodging								
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 Office	e sought		Office held						
expenditure to benefit C/OH			_								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid						
	\$30.54	05/11/2025									
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	OOMA, Inc.		525 Alman	or Ave., Suite 2	200						
			Sunnyvale	, CA 94085							
PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE	(See Categories listed at the top		Telephone service								
X Political	Office Overhead/Ren	iai Experise									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	<u>'</u> Г	Check if Austin, TX,	, officeholder living exp	ense					
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) C	Credit Card Issue	r Paid						
	\$26.45	05/17/2025									
PAYEE	(a) Payee name	I .	(b) Payee ac	ddress;	City,	State,	Zip Code				
			1400 Cong	gress Ave.			·				
	Capitol Grill		`	,							
			Austin, TX	78701							
PURPOSE OF	(a) Category		(b) Descripti								
EXPENDITURE				discuss officel	nolder matters						
X Political Food/Beverage Expense											
Non-Political	of Texas. Complete Schedule T.	. г	Check if Austin, TX	, officeholder living exp	ense						
Complete ONLY if direct	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 Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
Sch: 40/46 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	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$12.61	05/17/2025					
7 PAYEE	(a) Payee name Uber		(b) Payee 1455 Ma	address; rket St., 4th Floo	City, r	State,	Zip Code
			+	cisco, CA 94103	3		
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Taxi serv				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	kpense	
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		
	\$21.36	05/20/2025					
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Uber		1455 Mai	rket St., 4th Floo	r		
				cisco, CA 94103	3		
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Taxi serv				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	, officeholder living ex	kpense	
Complete ONLY if direct	Candidate/Officeholder	·	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		
	\$139.25	05/26/2025					
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	ATOT Mobility		211 S. Al	kard			
	AT&T Mobility						
			Dallas, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
l <u> </u>	Office Overhead/Ren	•	releption	ne service			
X Political							
Non-Political	`	of Texas. Complete Schedule T.	o cought	Check if Austin, TX	, officeholder living ex	kpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
experience to beliefit 6/011							

## 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: 41/46 Rpt:	Hughes, D. Bryan (	(The Honorable)			00051630			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	Paid			
	\$40.58	05/27/2025						
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	Tiny Boxwoods Re	staurant	1500 W. 3					
			Austin, TX 78703					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti		alder mettere			
X Political	Food/Beverage Expe	*	Meeting to	discuss officeh	loider 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	Candidate/Officeholder	r 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			
	\$7.99	06/01/2025						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Uber		1455 Mark	et St., 4th Floor	ſ			
				isco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Taxi service					
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	Candidate/Officeholder	r 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			
	\$7.75	06/03/2025						
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code	
	Line		One Sanso	ource St.				
	Lime							
				isco, CA 94104				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descripti					
Transportation Equipment And Related								
X Political	Expense							
Non-Political	`	of Texas. Complete Schedule T.						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	r 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 Instr	ruction Guide explains how	to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 42/46 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
	\$12.52	06/05/2025		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Uber		1455 Market St., 4th Floo	or
			San Francisco, CA 94103	3
8 PURPOSE OF	(a) Category	of this cobodule)	(b) Description	
EXPENDITURE  X Political	(See Categories listed at the top	or this scriedule)	Taxi service	
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	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
	\$22.71	06/06/2025		
PAYEE	(a) Payee name	L	(b) Payee address;	City, State, Zip Code
	Walmart #01253 (A	ustin)	710 E. Ben White Blvd.	
			Austin, TX 78704	
PURPOSE OF	(a) Category	<b>6</b> 11: 1 1 1 1	(b) Description	
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent	,	Office equipment	
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
	\$30.65	06/11/2025		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			525 Almanor Ave., Suite	200
	OOMA, Inc.			
			Sunnyvale, CA 94085	
PURPOSE OF	(a) Category (See Categories listed at the top	of this cobodule)	(b) Description	
EXPENDITURE  X Political	Office Overhead/Rent		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	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 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 (Ethio	cs Commiss	sion Filers)	
	Sch: 43/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid			
		\$5.94	06/14/2025						
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		HP Instant Ink		Earley West					
l		HP IIISIAIII IIIK		300 Thames Valley Park D					
L				Reading R	G6 1PT United	Kingdom			
8	PURPOSE OF	(a) Category		(b) Descripti	on				
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Ink subscr	iption				
l	X Political	onice overneau/iveni	ai Expense						
l	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				Office held				
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$19.80	06/14/2025						
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
				111 W. 6th	n St.				
		Eli Valet Services							
				Austin, TX	78701				
	PURPOSE OF	(a) Category		(b) Descripti	ion				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Parking ex	pense				
	X Political	1 1 6 6 3							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid			
		\$56.38	06/16/2025						
Г	PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code	
				113 E. Erv	vin St.				
l		Don Juan on the So	quare						
l				Tyler, TX 7	75702				
Г	PURPOSE OF	(a) Category		(b) Descripti	ion				
l	EXPENDITURE (See Categories listed at the top of this schedule)		Meeting to discuss officeholder matters						
	X Political Food/Beverage Expense								
	Non-Political	(c) Check if travel outside	(c) Check if travel outside of Texas. Complete Schedule T.			officeholder living exp	ense		
Г	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

l		The Inst	ruction Guide explains how	to complete th	is form.					
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 44/46 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	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$73.46	06/18/2025							
7	PAYEE	(a) Payee name		(b) Payee ad		City,	State,	Zip Code		
		Roaring Fork Resta	urant	701 Congr						
L				Austin, TX						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti						
		Food/Beverage Exper		Meeting to	discuss officeh	iolder matters				
	X Political									
	Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct				Office held					
-	expenditure to benefit C/OH	() (	T (1) = 1 ( 1)	1,,,,,,,						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$50.00	06/25/2025							
	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code		
		American Bank of (	Commerce	610 W. 5th	St.					
				Austin, TX						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Parking ex						
	X Political	Fees								
	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				
E	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
		\$139.25	06/26/2025							
T	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
		A T O T A A . L . L . L . L		211 S. Aka	ard					
		AT&T Mobility								
L				Dallas, TX						
	PURPOSE OF EXPENDITURE	(a) Category (b) Description (See Categories listed at the top of this schedule)  Tolombono convices								
	X Political	Office Overhead/Rent	*	Telephone service						
1	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, 1			Check if Austin, TX,	officeholder living exp	ense			
Г	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 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: 45/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630						
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid						
	\$82.66	06/27/2025									
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Uptown Restaurant	t	1200 E. 6t								
0. PUPPOSE OF	(a) Catagon		Austin, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description  Meeting to	discuss campa	ign matters						
X Political	μ.										
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	e sought		Office held						
expenditure to benefit C/OH		T	T								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid						
	\$114.23	05/08/2025									
PAYEE	(a) Payee name	ayee name (b) Payee address;			City,	State,	Zip Code				
	William Paul Floral	Design	1403 Lava	ca St.							
			Austin, TX	78701							
PURPOSE OF	(a) Category		(b) Descripti	ion							
EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial		Funeral flo	wers							
X Political											
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held						
expenditure to benefit C/OH		I	1								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	r Paid						
	\$500.12	04/21/2025									
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
	Manile and Oneleans	0-	3250 Van	Ness Ave.							
	Mark and Graham	C0.									
				isco, CA 94109							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti	on							
l <u> </u>	Gift/Awards/Memorial		Gifts								
X Political				_							
Non-Political	(7)	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						
experiulture to beliefft 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 th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)
	Sch: 46/46 Rpt:	Hughes, D. Bryan (	The Honorable)			00051630		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issuer	Paid		
		\$22.93	05/03/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Uber		1455 Mark	ket St., 4th Floor	-		
			San Francisco, CA 94103					
8	PURPOSE OF	(a) Category		(b) Descripti	ion			
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Taxi servic	ce			
	X Political							
	Non-Political	(C) Check if travel outside				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	(c) Date(s) (	Credit Card Issuer	Paid		
		\$87.18	05/10/2025					
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		William Paul Floral	Design	1403 Lava	ıca St.			
				Austin, TX	78701			
	PURPOSE OF	(a) Category		(b) Descripti	ion			
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	•	Funeral flo	wers			
	X Political	One/ wards/wemonal	3 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	Candidate/Officeholder	name Office	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		
		\$580.22	04/21/2025					
H	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
l				3250 Van	Ness Ave.			
l		Mark and Graham (	Co.					
l				San Franc	isco, CA 94109			
	PURPOSE OF	(a) Category		(b) Descripti	ion			
	EXPENDITURE	(See Categories listed at the top Gift/Awards/Memorial	· · · · · · · · · · · · · · · · · · ·	Gifts				
	X Political	Sily/ wai as/ivicinonal	о широпос					
	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							

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportati Travel in Dis Travel Out o	
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 1/4 Rpt: 176/186	l		Bryan (The Honorable)			ľ	0005163	,
4	Date	5	Payee name						
	05/01/2025	/	Access Vale	et Parking					
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode			
	\$25.00		PO Box 419	983					
	Reimbursement from political contributions intended	,	Austin, TX 7	78704					
8	PURPOSE	(a) (	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	С	heck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				С	heck if Austin,	, TX, officeholder living expense
	EXI ENDITORE					Parking expense			
9	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate/Officeh	nolder name		Office sought			Office held
	Date	ı	Payee name						
	02/17/2025		Brothers Va	let on Brazos					
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode			
	\$10.00	;	301 Brazos						
	Reimbursement from political contributions intended	,	Austin, TX 7	78701					
	PURPOSE	(	Category (Se	ee Categories listed at the top of this sch	edule)	Description	С	heck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				С	heck if Austin,	, TX, officeholder living expense
						Parking expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate/Officeh	nolder name		Office sought			Office held
	Date		Payee name						
	03/05/2025	l	Brothers Va	let on Brazos					
	Amount (\$)	I	Payee addres	ss; City; State;	Zip Co	ode			
	\$25.00	;	301 Brazos						
	Reimbursement from								
	X political contributions intended	,	Austin, TX 7	78701					
	PURPOSE	(	Category (Se	ee Categories listed at the top of this sch	edule)	Description	С	heck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Fees				С	heck if Austin,	, TX, officeholder living expense
						Parking expense			
L									
	Complete ONLY if direct expenditure to benefit C/OH	Cand	didate/Officeh	nolder name		Office sought			Office held

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	-	Travel in Dis Travel Out o		
	oroun oura raymon		The Instruction Guide explains h	now to co	emplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	Filer ID	(Ethics Commission Filers)	)
	Sch: 2/4 Rpt: 177/186	Hughes, D.	Bryan (The Honorable)				0005163	30	
4	Date	5 Payee name							
	04/29/2025		alet on Brazos						
6	Amount (\$)	<b>7</b> Payee addre	ss; City; State;	Zip Co	ode				
	\$25.00	301 Brazos							
	Reimbursement from								
	X political contributions intended	Austin, TX	78701						
8	PURPOSE		ee Categories listed at the top of this sche	odulo)	(b) Description	Che	ock if travel o	outside of Texas. Complete Schedule	ъ Т
0	OF	Fees	ee Categories listed at trie top of triis scrie	edule)	(b) Description	_		, TX, officeholder living expense	. 1.
	EXPENDITURE	rees			Parking expense	_			
					T arming expense				
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit	our and actor of moo	noider riame		omoo oougin			Omoo noid	
	C/OH								
	Date	Payee name							
	04/02/2025	Laz Parking	on Rio Grande						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$30.00	1900 Rio G	rande St.						
	Reimbursement from								
	X political contributions intended	Austin, TX	78701						
	PURPOSE		ee Categories listed at the top of this sche	adula)	Description	Che	ck if travel o	outside of Texas. Complete Schedule	э Т.
	OF	Fees	ee categories listed at the top of this serie	duic)				, TX, officeholder living expense	
	EXPENDITURE	1 000			Parking expense	<del>-</del>			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH				_				
	C/OH								
	Date	Payee name							
	05/29/2025	The Loren I	Hotel						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				
	\$20.00	1211 W. Ri	verside Dr.						
	Reimbursement from								
	X political contributions intended	Austin, TX	78704						
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule	e T.
	OF EXPENDITURE	Fees				Che	ck if Austin,	, TX, officeholder living expense	
	EXPENDITURE				Parking expense	<del>)</del>			
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
_	G, G1 1								

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to committee	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 178/186	Hughes, D. Bryan (The Honorable)	00051630
4	Date	5 Payee name	
	03/12/2025	Towne Park	
6	Amount (\$)	7 Payee address; City; State; Zip C	ode
	\$10.00	200 Brazos St.	
	Reimbursement from political contributions		
	X political contributions intended	Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Parking expense
_	Commission ONII V if aligner	Condidate/Officeholder name	Office country Office hold
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
	Date	Payee name	
	03/11/2025	Towne Park	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$30.00	200 Brazos St.	
	Reimbursement from		
	X political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
			Parking expense
	0 1: 0.11.4.7.1.		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		
	Date	Payee name	
	06/10/2025	Towne Park	
	Amount (\$)	Payee address; City; State; Zip C	ode
	\$10.00	200 Brazos St.	
	Reimbursement from political contributions		
	x political contributions intended	Austin, TX 78701	
	PURPOSE	Category (See 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
			Parking expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
	expenditure to benefit	Candidate/Officeholder name	Office sought Office held
	C/OH		

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 179/186 Hughes, D. Bryan (The Honorable) 00051630 Date Payee name 05/30/2025 University of Texas 6 Amount (\$) Payee address; State; Zip Code \$20.00 2100 San Jacinto Blvd. Reimbursement from political contributions intended Х Austin, TX 78712 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Parking expense Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

<u> </u>								
	The Instru	cti	on Guide explains how to complete this form.		1		pages Schedule K: 1/7 Rpt: 180/186	
2	FILER NAME				3	Filer I	D (Ethics Commiss	ion Filers)
	Hughes, D. E	Bry	an (The Honorable)			0005	1630	
4	Date	_	Name of person from whom amount is received		_		8 Amount (\$)	
	02/06/2025		Austin Bank				,	\$1,936.81
			Address of person from whom amount is received; City; State; Zip Code					, =, · · · · ·
		ľ	Address of person from whom amount is received, City, State, 2ip Code	5				
			Tyler, TX 75703					
		7	Purpose for which amount is received	Check if no	oliti	cal cor		iler
		ľ	Interest income	_ Oncor ii p	Onti	cai coi	icibation retarried to i	
⊨		H					1	
	Date		Name of person from whom amount is received				Amount (\$)	<b>ФО 000 47</b>
	05/06/2025	ļ	Austin Bank					\$2,800.47
			Address of person from whom amount is received; City; State; Zip Code	е				
			Tylor TV 7E702					
		L	Tyler, TX 75703	7				•••
			Purpose for which amount is received	Check if p	oliti	cal cor	ntribution returned to f	iler
			Interest income					
	Date		Name of person from whom amount is received				Amount (\$)	
	01/03/2025		Citizens 1st Bank					\$1,709.19
		ļ	Address of person from whom amount is received; City; State; Zip Code	9				
		L	Tyler, TX 75701					
			Purpose for which amount is received	Check if p	oliti	cal cor	tribution returned to f	iler
			Interest income					
	Date		Name of person from whom amount is received				Amount (\$)	
	04/03/2025		Citizens 1st Bank					\$1,682.62
		ļ	Address of person from whom amount is received; City; State; Zip Code	e				
			Tyler, TX 75701					
			Purpose for which amount is received	Check if p	oliti	cal cor	ntribution returned to f	iler
			Interest income					
F	Date	T	Name of person from whom amount is received				Amount (\$)	
	02/28/2025		City National Bank					\$1,168.08
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			Mineola, TX 75773					
		T	Purpose for which amount is received	Check if p	oliti	cal cor	ntribution returned to f	iler
			Interest income					
Н		1						

	The Instru	cti	on Guide explains how to complete this form.	1		otal pages Schedule K: ch: 2/7 Rpt: 181/186	
2	FILER NAME					ler ID (Ethics Commission Filers)	
	Hughes, D. I	Bry	an (The Honorable)		000	0051630	
4	Date 05/28/2025	6	Name of person from whom amount is received  City National Bank  Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) 	5
			Mineola, TX 75773				
		7	Purpose for which amount is received	eck if polition	cal c	contribution returned to filer	
			Interest income				
	Date	İ	Name of person from whom amount is received			Amount (\$)	_
	01/17/2025		Farmers Bank & Trust			\$836.6	9
		ļ	Address of person from whom amount is received; City; State; Zip Code	•••••			
			Davis TV 75400				
		L	Paris, TX 75460	1 - 16 1141 -	1 .		
			Purpose for which amount is received  Interest income	еск іі ронис	cai c	contribution returned to filer	
	Data					Amount (¢)	_
	Date 02/18/2025		Name of person from whom amount is received Farmers Bank & Trust			Amount (\$) \$839.3	5
	02/10/2020	ļ	Address of person from whom amount is received; City; State; Zip Code				
			Address of person from whom amount is received, Gity, State, 2:p Gode				
			Paris, TX 75460				
			<del></del>	eck if polition	cal c	contribution returned to filer	
			Interest income				
	Date		Name of person from whom amount is received			Amount (\$)	
	03/18/2025	ļ	Farmers Bank & Trust			\$760.5	3
			Address of person from whom amount is received; City; State; Zip Code				
			Paris, TX 75460				
		Г	Purpose for which amount is received	eck if polition	cal c	contribution returned to filer	_
			Interest income				
	Date	İ	Name of person from whom amount is received			Amount (\$)	_
	04/18/2025		Farmers Bank & Trust			\$844.4	2
		ļ	Address of person from whom amount is received; City; State; Zip Code	•••••			
			Davia TV 75400				
		$\vdash$	Paris, TX 75460	nole if m = !!!!	ng! :	contribution returned to file.	
			Purpose for which amount is received  Interest income	eck if politio	Jai C	contribution returned to filer	
		<u> </u>	more occurrent				4

	The Instru	ages Schedule K: 1/7 Rpt: 182/186			
2	FILER NAME		3		•
_		Bryan (The Honorable)	00051	,	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
7	05/16/2025	Farmers Bank & Trust			\$819.79
	03/10/2023				Ψ013.79
		6 Address of person from whom amount is received; City; State; Zip Code			
		Paris, TX 75460			
			f naliti	aal aanti	ribution returned to filer
		Interest income	politi	cai conti	ribution returned to filer
		interest income			
	Date	Name of person from whom amount is received			Amount (\$)
	06/18/2025	Farmers Bank & Trust			\$849.71
		Address of person from whom amount is received; City; State; Zip Code			
		Paris, TX 75460			
		Purpose for which amount is received	f politi	cal conti	ribution returned to filer
		Interest income			
	Date	Name of person from whom amount is received			Amount (\$)
	01/31/2025	Southside Bank			\$0.15
		Address of person from whom amount is received; City; State; Zip Code			
		Tyler, TX 75710-1079			
		Purpose for which amount is received	f politi	cal conti	ribution returned to filer
		Interest income			
	Date	Name of person from whom amount is received			Amount (\$)
	02/28/2025	Southside Bank			\$0.05
		Address of person from whom amount is received; City; State; Zip Code	•••••		
		Tyler, TX 75710-1079			
		Purpose for which amount is received Check it	f politi	cal conti	ribution returned to filer
		Interest income			
_	Date	Name of person from whom amount is received			Amount (\$)
	03/11/2025	Southside Bank			\$2,893.75
		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			
			f politi	cal conti	Iribution returned to filer
		Interest income	,		

	The Instru	cti	on Guide explains how to complete this form.		1			ages Schedule K: /7 Rpt: 183/186	
2	FILER NAME				3	Fil	er ID	(Ethics Commiss	sion Filers)
	Hughes, D. I	Bry	an (The Honorable)			00	0516	630	
4	Date 03/31/2025	ļ	Name of person from whom amount is received Southside Bank Address of person from whom amount is received; City; State; Zip Code					8 Amount (\$)	\$0.05
			Tyler, TX 75710-1079						
		7	Purpose for which amount is received Interest income	Check if po	olitio	cal	contri	ibution returned to	filer
	Date	Ī	Name of person from whom amount is received					Amount (\$)	
	04/30/2025		Southside Bank						\$0.05
		Address of person from whom amount is received; City; State; Zip Code							
			Tyler, TX 75710-1079						
		H	Purpose for which amount is received	Check if no	alitic	ral	contri	ibution returned to	filer
			Interest income	] Check ii pe	JIILIK	cai	COILLI	ibution retained to	ilici
	Date	Ī	Name of person from whom amount is received					Amount (\$)	
	05/31/2025		Southside Bank						\$0.04
			Address of person from whom amount is received; City; State; Zip Code						
			Tyler, TX 75710-1079						
		Г	Purpose for which amount is received	Check if po	olitio	cal	contri	ibution returned to	filer
		L	Interest income						
	Date		Name of person from whom amount is received					Amount (\$)	
	06/11/2025	ļ	Southside Bank						\$2,718.33
			Address of person from whom amount is received; City; State; Zip Code						
			Tyler, TX 75710-1079						
		$\vdash$	Purpose for which amount is received	Check if no	alitio	cal	contri	ibution returned to	filer
			Interest income	_ Check ii pe	JIILIK	cai	COILLI	ibution returned to	ilici
	Date	Ī	Name of person from whom amount is received					Amount (\$)	
	01/03/2025	<u> </u>	Texas Bank and Trust				]		\$865.46
			Address of person from whom amount is received; City; State; Zip Code						
			Longview, TX 75606						
		$\vdash$	Purpose for which amount is received	Check if no	olitio	cal	<u> </u>	ibution returned to	filer
			Interest income						-
		•							

	The Instru	cti	on Guide explains how to complete this form.	1		al pages Schedule K: n: 5/7 Rpt: 184/186
2				r ID (Ethics Commission Filers)		
	Hughes, D. I	Bry	51630			
4	Date 02/02/2025	6	Name of person from whom amount is received  Texas Bank and Trust  Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$) \$553.39
			Longview, TX 75606			
		7	Purpose for which amount is received Chec Interest income	ck if polition	cal co	ontribution returned to filer
	Date	Т	Name of person from whom amount is received			Amount (\$)
	03/02/2025		Texas Bank and Trust			\$470.90
			Address of person from whom amount is received; City; State; Zip Code			
			Longview, TX 75606			
		$\vdash$		ck if politic	cal co	
			Interest income	on a point	Jul. 01	
	Date	Ī	Name of person from whom amount is received			Amount (\$)
	03/31/2025		Texas Bank and Trust			\$488.86
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Longview, TX 75606			
			<del></del>	ck if polition	cal co	ontribution returned to filer
		上	Interest income			
	Date		Name of person from whom amount is received			Amount (\$)
	04/03/2025	ļ	Texas Bank and Trust			\$787.92
			Address of person from whom amount is received; City; State; Zip Code			
		L	Longview, TX 75606			
			<del></del>	ck if polition	cal co	ontribution returned to filer
		Ļ	Interest income			1
	Date		Name of person from whom amount is received			Amount (\$)
	04/30/2025	ļ	Texas Bank and Trust			\$506.94
			Address of person from whom amount is received; City; State; Zip Code			
			Longview, TX 75606			
			Purpose for which amount is received	ck if polition	cal co	ontribution returned to filer
			Interest income			

	The Instruction Guide explains how to complete this form.				ages Schedule K: 6/7 Rpt: 185/186	
2	FILER NAME 3 File			Filer ID	(Ethics Commission Filers)	
	Hughes, D. I	Вry	.630			
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	06/01/2025		Texas Bank and Trust			\$538.36
		6	Address of person from whom amount is received; City; State; Zip Code			
			Longview, TX 75606			
		7	Purpose for which amount is received Check	if politi	cal cont	ribution returned to filer
			Interest income			
=	Date	<u> </u>	Name of person from whom amount is received			Amount (\$)
	06/30/2025		Texas Bank and Trust			\$487.33
	00/00/2020	ļ	Address of person from whom amount is received; City; State; Zip Code			
			Address of person from whom amount is received, City, State, 2ip Code			
			Longview, TX 75606			
		Г	Purpose for which amount is received Check	if politi	cal cont	ribution returned to filer
			Interest income			
	Date	<del> </del>	Name of person from whom amount is received			Amount (\$)
	01/31/2025		Texas Regional Bank			\$5,392.32
		ļ	Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78701			
			Purpose for which amount is received	if politi	cal cont	ribution returned to filer
			Interest income			
	Date		Name of person from whom amount is received			Amount (\$)
	02/28/2025		Texas Regional Bank			\$5,969.73
		l''''	Address of person from whom amount is received; City; State; Zip Code			
			Austin TV 70704			
		L	Austin, TX 78701			
			Purpose for which amount is received	if politi	cal cont	ribution returned to filer
						•
	Date		Name of person from whom amount is received			Amount (\$)
	03/31/2025	ļ	Texas Regional Bank			\$6,640.63
			Address of person from whom amount is received; City; State; Zip Code			
			Austin, TX 78701			
		$\vdash$		if noli±i	cal cast	ribution returned to filer
			Interest income	η μυπί	cai CONT	ribution returned to filer
		L	meroet mount			

## 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: 7/7 Rpt: 186/186 2 FILER NAME Filer ID (Ethics Commission Filers) Hughes, D. Bryan (The Honorable) 00051630 Date 8 Amount (\$) 5 Name of person from whom amount is received 04/30/2025 Texas Regional Bank \$4,188.07 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 Name of person from whom amount is received Amount (\$) Date 05/30/2025 Texas Regional Bank \$4,110.45 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 Date Name of person from whom amount is received Amount (\$) 06/30/2025 Texas Regional Bank \$4,257.85 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