CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this for	m. 1 Filer ID (Ethics Commission Filers) 00054795		2 Total pages filed: 27
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Hubert			Date Received
				ELECTRONICALLY FILED
	NICKAIAME		CUEEIV	07/15/2025
	NICKNAME LAST Vo		SUFFIX	01/13/2023
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	11360 Bellaire Blvd., Suite 880			
ADDRESS				Receipt # Amount
Change of Address	Houston, TX 77072			Date Processed
"				Date Processed
				Date Imaged
				Date imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Mr. Shadrick	Damone		
NAME	Wii. Shaanek	Damone		
	AUGUALANAT LACT		CUEELV	
	NICKNAME LAST Bogany		SUFFIX	
	Бодану			
2 0445404	077777 4777770 (410 70 70 70 71 71 71 71 71 71 71 71 71 71 71 71 71	05) ART (011175	· // OIT) /	
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEA	SE); APT / SUITE	:#; CITY;	STATE; ZIP CODE
ADDRESS	9121-C Stella Link			
(Residence or Business)				
	Houston, TX 77025			
7 CAMPAIGN	AREA CODE PHONE NUMBER	R EXTENSION		
TREASURER		R EXTENSION		
PHONE	(713) 667-1000			
8 REPORT				
TYPE	January 15 30th day	before election Runoff		15th day after campaign treasurer
			<u> </u>	appointment (officeholder only)
	X July 15 8th day b	pefore election Exceeded reporting		Final Report (Attach C/OH-FR)
		reporting		
9 PERIOD	Month Day Year		onth Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	5
10 ELECTION	ELECTION DATE		TION TYPE	
	Month Day Year	Primary Ru	noff	Other
		General Sp	ecial	
11 OFFICE	OFFICE HELD (if any)	12 OFF	FICE SOUGHT	(if known)
	State Representative District 149			,
	_	00 TO D: 07 C		
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Vo, Hubert (The Hon	orable)	14 Filer ID 00054795	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	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 ADDRES	SS	
16 CONTRIBUTION TOTALS		 IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 3,782.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 16,436.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 95,227.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The H	onorable Hubert Vo	
		Signature of	f Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				, , , , , , , , , , , , , , , , , , , 	3 of 27
	Huber	t (The Honorable)	19 Filer ID 00054795	(Ethics (Commission Filers)
20 SCH NAM	EDULE E OF S	SU	BTOTAL AMOUNT		
1.	X	\$	3,782.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	9,809.05
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	6,627.52
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/27				
2	FILER NAME Vo, Hubert (*	The Honorable)		3	Filer ID (Ethics Commissio 00054795	n Filers)		
4	Date 06/26/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$32.00		
•	Dringing occur	Austin, TX 78739	Employer (See Instructions					
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#:_ Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Pointing I are a	Austin, TX 78701	Final Land (On a land with a sign of	_				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	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 (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 1/6 Rpt: 5/27	Vo, Hubert (The Honorable) Vo, Hubert (The Honorable)
4	Date	5 Payee name
	02/11/2025	Asian Texans for Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.00	PO BOX 142176
		Austin, TX 78714
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	05/29/2025	Dareing, Andrew
_	Amount (\$)	Payee address; City; State; Zip Code
	\$229.48	3006 Duval St.
	Φ229.40	
		Unit 3
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement
		Check if Austin, TX, officeholder living expense
		Reimbursement
	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/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	01/13/2025	Hoi Dong Huong Binh
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	6292 Wilcrest Dr
		Houston, TX 77072
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Event Space
_	Operation Children	Openhildets (Office helden manne
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

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: 2/6 Rpt: 6/27	Vo, Hubert (The Honorable) 00054795
4	Date	5 Payee name
	06/25/2025	Legislative Solutions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$275.00	PO Box 5643
		Austin, TX 78763
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/04/2025	Ramirez, Xochitl
	Amount (\$)	Payee address; City; State; Zip Code
	\$647.26	10649 FM Rd 269 South
		Pickton, TX 75471
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement
		Reinburgement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	David and the second se
	Date 02/05/2025	Payee name Southwest Tax
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	12320-A Bellaire Blvd
		Houston, TX 77072
	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 Year End Accounting
		real End Accounting
_	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 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: 3/6 Rpt: 7/27	Vo, Hubert (The Honorable) 00054795	
4	Date	5 Payee name	_
	01/16/2025	Texas Legislative Study Group	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 12943	
		Austin, TX 78711	
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 Dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	06/20/2025	The Elegence of Flowers	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$433.00	10613 Bellaire Blvd	
		Houston, TX 77072	
	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	
		Condolences Gift	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	_
	03/23/2025	Thiep Moi	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	11215 Bellaire Blvd	
		Houston, TX 77072	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Event Space	
		Ενεπι Όρασο	
	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	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 8/27	Vo, Hubert (The Honorable)		00054795
4	Date	5 Payee name		
	06/03/2025	Tram Tran, Thuy		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$687.58	11360 Bellaire Blvd #880		
		Houston, TX 77072		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Reimbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	01/10/2025	Vu, Kathy		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$21.65	11360 Bellaire Blvd		
l		Ste 800		
		Houston, TX 77072		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Reimbursement
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
L	expenditure to benefit C/Ol	1		
	Date	Payee name		
	02/25/2025	Vu, Kathy		
Г	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$22.17	11360 Bellaire Blvd		
l		Ste 800		
		Houston, TX 77072		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	1		

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 (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment								OTHER (enter a category not listed above)			
	·				Guide explains h	now to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 5/6 Rpt: 9/27		Vo, Hubert	(The Honorable	e)					00054795		
4	Date	5	Payee name									
	03/04/2025		Vu, Kathy									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$1,139.34		11360 Bella	aire Blvd								
			Ste 800									
			Houston, T	x 77072								
Ļ	PURPOSE	(0)					(h)	5				
8	OF	(a)		ee Categories listed at		edule)	(a)	Description Check if travel (nutei	de of Teyas Con	nplete Schedule T.	
	EXPENDITURE		Loan Repay	/ment/Reimbur	Sement			=		officeholder livin		
								Reimburseme	ent			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	4										
F	Date		Payee name									
	04/07/2025		Vu, Kathy									
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$140.50		11360 Bella	aire Blvd								
			Ste 800									
			Houston, T	X 77072								
⊢	PURPOSE	(a)		ee Categories listed at	41 4 - 6 41 1		(b)	Description				
	OF			yment/Reimbur		edule)	(- ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			,				Check if Austin,	, TX,	officeholder livin	g expense	
								Reimburseme	ent			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	office sou	ght			Office h	eld	
	experience to benefit Gree											
	Date		Payee name									
	04/14/2025		Vu, Kathy									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$343.65		11360 Bella	aire Blvd								
			Ste 800									
			Houston, T	X 77072								
H	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			yment/Reimbur		,		ш			nplete Schedule T.	
	LAFENDITORE							_		officeholder livin	g expense	
								Reimburseme	ent			
\vdash	Complete ONII V if allow	L_	Open did - + - / O ***			vtti = = -	au la +			Office	ald	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	O	office sou	ynt			Office h	eiu	
\vdash												

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 (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		Vages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 10/27	1	Vo, Hubert (The Honorable)				00054795	(Lunca Commission Filers)
4	Date	5	Payee name					
	05/06/2025		Vu, Kathy					
6	Amount (\$)	7	Payee address; City; S	State; Zip Co	ode			
	\$1,149.24		11360 Bellaire Blvd					
			Ste 800					
			Houston, TX 77072					
8	PURPOSE	(a)	Category (See Categories listed at the top of the	nis schedule)	(b)	Description		
	OF EXPENDITURE		Loan Repayment/Reimbursement			_	side of Texas. Comp	
	EXI ENDITORE					ш.	X, officeholder living	expense
						Reimbursemen	ıı	
_	Complete ONLY if alias -t	Ļ	Condidata/Officabaldar = ====	Office	 		Office !-	J.d.
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ignt		Office he	eid
	Date		Payee name					
	05/06/2025		Vu, Kathy					
	Amount (\$)		Payee address; City; S	State; Zip Co	ode			
	\$2,100.18		11360 Bellaire Blvd					
			Ste 800					
			Houston, TX 77072					
	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b)	Description		
	OF EXPENDITURE		Loan Repayment/Reimbursement			=	side of Texas. Comp	
						Reimbursemen	X, officeholder living	expense
						rembarsemen	ı	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	l ight		Office he	eld
	experiantare to benefit Groi							
	Date	ı	Payee name					
	01/13/2025		Xuan Thu Duc Hoi Ngo					
	Amount (\$)		Payee address; City; S	State; Zip Co	ode			
	\$200.00		6292 Wilcrest Dr					
			Houston, TX 77072					
	PURPOSE OF		Category (See Categories listed at the top of the	nis schedule)	(b)	Description	aide of T C	oloto Cobodulo T
	EXPENDITURE		Event Expense			<u></u>	side of Texas. Comp X, officeholder living	
						Event Space	., smoonoider niving	
						•		
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ıght		Office he	eld
	expenditure to benefit C/OI	Н						

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Ov Polling E Printing I Salaries/	Expense Wages/Contract Labor	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 G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 1/17 Rpt: 11/27		Vo, Hubert (The Honorable)			00054795
4	Date	5	Payee name				1
	04/14/2025		313 Pizzeria	L			
6	Amount (\$)	7	Payee addres	ss; City; S	State; Zip C	ode	
	\$55.40		600 W 6th S	treet			
	Reimbursement from political contributions intended		Austin, TX 7	8701			
8	PURPOSE	(a)	Category (Se	e Categories listed at the top of th	nis schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bevera	age Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE					Staff Meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held
	Date		Payee name				
	03/27/2025		Aiden Austir	City Hotel			
	Amount (\$)		Payee addres	ss; City; S	State; Zip C	ode	
	\$90.00		2200 S IH 3	5			
	Reimbursement from political contributions intended		Austin, TX 7	8704			
	PURPOSE		Category (Se	e Categories listed at the top of th	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out o	of District			Check if Austin, TX, officeholder living expense
						Lodging	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name		Office sought	Office held
	Date		Payee name				
	04/03/2025		Aiden Austir	City Hotel			
	Amount (\$)		Payee addres	ss; City; S	State; Zip C	ode	
	\$270.00		2200 S IH 3	5			
	Reimbursement from political contributions intended		Austin, TX 7	8704			
	PURPOSE		Category (Se	e Categories listed at the top of th	nis schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out o	of District		L	Check if Austin, TX, officeholder living expense
						Lodging	
	Complete ONLY if direct	Car	ndidate/Officeh	older name		Office sought	Office held
	expenditure to benefit C/OH		Indidute/Officeff	older Hame		Onice sought	Office field

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/Political Credit Card Payment		/ - al Committee				Travel in District Travel Out of District OTHER (enter a category not listed above)			
	· 		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME	≣			3 Filer	ID (Ethics Commission Filers)		
	Sch: 2/17 Rpt: 12/27	Vo, Hubert	(The Honorable)			0005	54795		
4	Date	5 Payee name							
	04/08/2025		n City Hotel						
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$91.80	2200 S IH 3	35						
	Reimbursement from								
	X political contributions intended	Austin, TX	78704						
_	PURPOCE				(h) Description [Chook if to	rough outside of Toyon Complete Cabadula T		
8	PURPOSE OF	1	ee Categories listed at the top of this sch	nedule)	(b) Description	≓	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense		
	EXPENDITURE	Travel Out	of District		L	CHECK II A	nustin, 17, officeriolaer living expense		
					Lodging				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
	C/OH								
		<u> </u>							
	Date	Payee name							
	04/11/2025	Aiden Austi	n City Hotel						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$275.40	2200 S IH 3	35						
	Reimbursement from								
	X political contributions intended	Austin, TX	78704						
	PURPOSE	_	ee Categories listed at the top of this scl	andula)	Description	Check if tr	ravel outside of Texas. Complete Schedule T.		
	OF	Travel Out		ledule)	Description L	_	Austin, TX, officeholder living expense		
	EXPENDITURE	Traver Out	of District		Lodging	_			
					Louging				
_	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit	Candidate/Office	noidei name		Office 30ugift		Office field		
	C/OH								
	Date	Payee name							
	04/17/2025	1 -	n City Hotel						
_				. Zin Co	ada .				
	Amount (\$)	Payee addre	•	; Zip Co	oue				
	\$275.40	2200 S IH 3	35						
	X Reimbursement from political contributions								
	intended	Austin, TX	78704						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Check if tr	ravel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Travel Out	of District			Check if A	Austin, TX, officeholder living expense		
	LXI LINDITORL				Lodging				
		Candidate/Office	holder name		Office sought		Office held		
	expenditure to benefit				-				
	C/OH								

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule G: 2 FILER NAM		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 13/27		Vo, Hubert (The Honorable)			00054795
4	Date	5	Payee name			
	04/23/2025		Aiden Austin City Hotel			
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode	
ľ	\$91.80	ľ	2200 S IH 35	o, 2.p o	ouc	
	Reimbursement from		2200 3 117 03			
	x political contributions intended		Austin, TX 78704			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Travel Out of District		L	Check if Austin, TX, officeholder living expense
					Lodging	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/29/2025		Aiden Austin City Hotel			
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode	
	\$91.80		2200 S IH 35			
	Reimbursement from political contributions intended		Austin, TX 78704			
	PURPOSE		Category (See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense
					Lodging	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	05/02/2025		Aiden Austin City Hotel			
	Amount (\$)		Payee address; City; Stat	e; Zip C	ode	
	\$336.60		2200 S IH 35			
	Reimbursement from					
	X political contributions intended		Austin, TX 78704			
	PURPOSE		Category (See Categories listed at the top of this s	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of District			Check if Austin, TX, officeholder living expense
					Lodging	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		•	ense I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation Equipm Travel in District Travel Out of District OTHER (enter a categ	nent & Related Expense
		_	The Instruction Guide	explains ho	ow to co	mplete this form.			
1	Total pages Schedule G:	2	FILER NAME					,	s Commission Filers)
	Sch: 4/17 Rpt: 14/27		Vo, Hubert (The Honorable)					00054795	
4	Date	5	Payee name						
	05/06/2025		Aiden Austin City Hotel						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$91.80		2200 S IH 35						
	Reimbursement from								
	X political contributions intended		Austin, TX 78704						
8		(0)				(b) Description	Псь	nack if traval outside of	Texas. Complete Schedule T.
o	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sched	ule)	(b) Description	느	eck if Austin, TX, office	·
	EXPENDITURE		Travel Out of District			Lodging	Ш -	, , , , , ,	3 - 1
						Louging			
_	Camplete ONLY if direct	<u> </u>	adidata/Officabaldar nama			Office cought		Office	hold
9	Complete ONLY if direct expenditure to benefit	Cai	ididate/Officenoider name			Office sought		Office	e neia
	C/OH								
	Date		Payee name						
	05/10/2025		Aiden Austin City Hotel						
_	Amount (\$)	┝	Payee address; City;	State;	Zin Co	10			
	\$386.58		2200 S IH 35	State,	Zip Co	ue			
			2200 3 IFI 33						
	X Reimbursement from political contributions intended		Austin, TX 78704						
	PURPOSE	H	Category (See Categories listed at the to	n of this sched	ule)	Description	☐ Ch	neck if travel outside of	Texas. Complete Schedule T.
	OF		Travel Out of District	p 01 till0 00110ti	u.o,		므	eck if Austin, TX, office	
	EXPENDITURE		Trait or out or Diotriot			Lodging			
	Complete ONLY if direct	Cai	ndidate/Officeholder name			Office sought		Office	e held
	expenditure to benefit					· ·			
	C/OH								
	Date		Payee name						
	05/13/2025		Aiden Austin City Hotel						
	Amount (\$)	T	Payee address; City;	State;	Zip Co	de			
	\$91.80		2200 S IH 35						
	Reimbursement from								
	X political contributions intended		Austin, TX 78704						
_	PURPOSE	⊢				Description	Псь	analy if traval autoida of	Texas. Complete Schedule T.
	OF		Category (See Categories listed at the to Travel Out of District	p of this sched	uie)	Description	느	eck if Austin, TX, office	•
	EXPENDITURE		Traver Out or District			Lodging	ш		5 ,
						Louging			
_	Complete ONLY if direct		ndidate/Officeholder name			Office course		Office	e held
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ididate/Officeriolder name			Office sought		Office	e neiu
	C/OH								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By - Candidate/Officeholder/Political of Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel Out of District Travel Out of District OTHER (enter a c	trict category not listed above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Et	thics Commission Filers)
	Sch: 5/17 Rpt: 15/27		Vo, Hubert	(The Honorable)					00054795	
4	Date	5	Payee name							
	05/16/2025		Aiden Austii	n City Hotel						
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode			
	\$275.40		2200 S IH 3	5						
	Reimbursement from political contributions intended		Austin, TX 7	78704						
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b) Description	=		de of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out o	of District			L	Ch	neck if Austin, TX,	officeholder living expense
							Lodging			
9	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officel	nolder name			Office sought		O	ffice held
	Date		Payee name							
	05/20/2025		Aiden Austii	n City Hotel						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode			
	\$91.80		2200 S IH 3	5						
	Reimbursement from									
	x political contributions intended		Austin, TX 7	'8704						
	PURPOSE		Category (Se	ee Categories listed at th	ne top of this sche	edule)	Description	Ch	neck if travel outsid	de of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out	of District				Ch	neck if Austin, TX,	officeholder living expense
	LAFLINDITORE						Lodging			
		Can	didate/Officel	nolder name			Office sought		Of	ffice held
	expenditure to benefit C/OH									
		_								
	Date		Payee name	a Cita I latal						
	05/24/2025	_	Aiden Austii							
	Amount (\$)	l	Payee addres	•	State;	Zip Co	ode			
	\$367.20		2200 S IH 3	5						
	X Reimbursement from political contributions intended		Austin, TX 7	' 8704						
	PURPOSE		Category (Se	ee Categories listed at th	ne top of this sche	edule)	Description	_		de of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel Out of	of District			L	Ch	neck if Austin, TX,	officeholder living expense
							Lodging			
	0 1. 5		P. L. (0.5			
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeh	nolder name			Office sought		O:	ffice held
l										

SCHEDULE G

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	oriais Expense	Salaries/\	xpense Vages/Contract Labor		OTHER (enter a	category not listed	above)
	ordan dara r dymone			The Instruction	on Guide explains	s how to co	emplete this form.				
1	, -	2	FILER NAME					3	`	thics Commiss	sion Filers)
	Sch: 6/17 Rpt: 16/27		Vo, Hubert	(The Honora	ıble)				00054795		
4	Date	5	Payee name								
	05/29/2025		Aiden Austi	n City Hotel							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$91.80		2200 S IH 3	5							
	Reimbursement from political contributions intended		Austin, TX	78704							
8	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this so	chedule)	(b) Description	므		de of Texas. Comp	
	OF EXPENDITURE		Travel Out	of District				Шс	Check if Austin, TX,	, officeholder living e	expense
							Lodging				
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ļ									
9	Complete <u>ONLY</u> if direct expenditure to benefit	Ca	ndidate/Officel	nolder name			Office sought		C	Office held	
	C/OH										
	Date		Payee name								
	05/29/2025		Aiden Austi	n City Hotel							
	Amount (\$)	T	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$367.20		2200 S IH 3	5							
	Reimbursement from										
	X political contributions intended		Austin, TX	78704							
	PURPOSE		Category (Se	ee Categories liste	d at the top of this so	hedule)	Description		Check if travel outsi	ide of Texas. Comp	olete Schedule T.
	OF EXPENDITURE		Travel Out	of District					Check if Austin, TX,	officeholder living	expense
							Lodging				
	Complete ONLY if direct expenditure to benefit	Ca	ndidate/Officel	nolder name			Office sought		C	Office held	
	C/OH										
	Date		Payee name								
	03/16/2025		Cane's								
	Amount (\$)	Н	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$47.15		415 West M	-	King	•					
	Reimbursement from										
	X political contributions intended		Austin, TX	78701							
	PURPOSE	\vdash	Category (Se	ee Categories liste	d at the top of this so	:hedule)	Description	По	Check if travel outsi	de of Texas. Comp	olete Schedule T.
	OF		• • • • • • • • • • • • • • • • • • • •	age Expens	•	,			Check if Austin, TX,	, officeholder living	expense
	EXPENDITURE						Staff Meal				
		Ca	ndidate/Officel	nolder name			Office sought		C	Office held	
	expenditure to benefit C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overnead/Rental Expense Food/Beverage Expense Polling Expense Finting Expense Printing Expense Salaries/Wages/Contract Labor			7	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Greuit Caru Fayillelit		The Instruction Guide explains	how to co	omplete this form.					
1	Total pages Schedule G:	2 FILER NAME	3			3 F	Filer ID (Ethics Commission Filers)			
	Sch: 7/17 Rpt: 17/27	Vo, Hubert	(The Honorable)				00054795			
4	Date	5 Payee name								
	05/13/2025	Chick-fil-A								
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode					
	\$35.06	503 W Mar	tin Luther King Jr Blvd							
	Reimbursement from									
	X political contributions intended	Austin, TX	78701							
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=	ck if travel outside of Texas. Complete Schedule T			
	OF EXPENDITURE	Food/Bever	rage Expense		L	Che	eck if Austin, TX, officeholder living expense			
					Staff Meal					
9		Candidate/Office	holder name		Office sought		Office held			
	expenditure to benefit C/OH									
H	Data									
	Date	Payee name								
	01/24/2025	Comcast								
	Amount (\$)	Payee addre		; Zip Co	ode					
	\$283.55	9602 S 300) W.							
	Reimbursement from political contributions	STE B								
	X political contributions intended	Sandy, UT	84070							
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete Schedule T			
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, officeholder living expense			
					Campaign intern	et				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held			
	expenditure to benefit C/OH									
\vdash	D-1-	 T _								
	Date	Payee name								
	02/19/2025	Comcast								
	Amount (\$)	Payee addre		; Zip Co	ode					
	\$287.52	9602 S 300) W.							
	Reimbursement from political contributions	STE B								
	X political contributions intended	Sandy, UT	84070							
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	ck if travel outside of Texas. Complete Schedule T			
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	ck if Austin, TX, officeholder living expense			
					Campaign intern	ternet				
L										
		Candidate/Office	holder name		Office sought		Office held			
	expenditure to benefit C/OH									

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Solicitation/Fundraising Expense

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/17 Rpt: 18/27 Vo, Hubert (The Honorable) 00054795 Date Payee name 03/04/2025 Comcast Payee address; Amount (\$) City; State; Zip Code 9602 S 300 W. \$274.86 STE B Reimbursement from political contributions Х intended Sandy, UT 84070 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Campaign internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2025 Comcast Amount (\$) Payee address; City; State; Zip Code \$287.36 9602 S 300 W. STE B Reimbursement from political contributions Χ Sandy, UT 84070 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Campaign internet Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 03/17/2025 Comcast Payee address; State; Zip Code Amount (\$) City; \$287.52 9602 S 300 W. STE B Reimbursement from Χ political contributions intended Sandy, UT 84070 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE** Campaign internet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	ce Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor	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 G: Sch: 9/17 Rpt: 19/27	2 FILER NAME Vo, Hubert (The Honorable)		3 Filer ID (Ethics Commission Filers) 00054795
4	Date	5 Payee name		L
	05/19/2025	Comcast		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$287.36	9602 S 300 W.		
	Reimbursement from political contributions	STE B		
	intended	Sandy, UT 84070	_	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead/Rental Expense	Campaign interne	_
			- Campaign interns	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/04/2025	Costco Wholesale		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$56.22	3836 Richmond Ave		
	X Reimbursement from political contributions intended	Houston, TX 77027		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Office Supplies	Check if Austin, TX, officeholder living expense
			omes supplies	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/04/2025	Costco Wholesale		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$68.80	3836 Richmond Ave		
	Reimbursement from political contributions intended	Houston, TX 77027		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense
			Office Supplies	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries	s/Wages/Contract Labor		OTHER (enter a category not listed above)
		_	The Instruction Guide explains how to	complete this form.	_	
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 10/17 Rpt: 20/27		Vo, Hubert (The Honorable)			00054795
4	Date	5	Payee name			
	04/16/2025		Domino's Pizza			
6	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$38.04		1900 Guadalupe St			
	Reimbursement from		·			
	X political contributions intended		Austin, TX 78705			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	70	Check if travel outside of Texas. Complete Schedule T.
	OF		Food/Beverage Expense		c	Check if Austin, TX, officeholder living expense
	EXPENDITURE			Staff Meal		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	C/OI1					
	Date		Payee name			
	01/25/2025		Flash Parking			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$21.65		910 Brazos St			
	Reimbursement from					
	X political contributions intended		Austin, TX 78701			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	_ c	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Transportation Equipment And Related		C	Check if Austin, TX, officeholder living expense
			Expense	Parking		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
		_				
	Date		Payee name			
	02/25/2025		GoDaddy			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$22.17		2155 E GoDaddy Way			
	Reimbursement from political contributions					
	X political contributions intended		Tempe, AZ 85284			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	С	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		C	Check if Austin, TX, officeholder living expense
				Website Hosting	Se	ervices
	I	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
_						

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/	Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ī			3	Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 21/27		Vo, Hubert	(The Honorable)				00054795
4	Date	5	Payee name					
	03/19/2025		McDonald's					
6	Amount (\$)	7	Payee addre	ss; City;	State; Zip C	ode		
	\$39.44		•	rregional Hwy				
	Reimbursement from political contributions intended		Austin, TX	,				
_		(-)				(In) December	$\overline{\Box}$	had the color of Tours Committee Colorated T
8	PURPOSE OF	(a)		ee Categories listed at the top of	this schedule)	(b) Description	=	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
	EXPENDITURE		F000/Bever	age Expense		Staff Meal	Ц°	The state of the s
						Stail Meal		
9	Complete ONLY if direct	Car	ndidate/Officel	aoldor nomo		Office sought		Office held
9	expenditure to benefit C/OH	Cai	ididate/Officer	loider flame		Office Sought		Office field
	Date		Payee name					
	04/01/2025		McDonald's					
	Amount (\$)		Payee addre	ss; City;	State; Zip C	ode		
	\$36.30		5355 N Inte	rregional Hwy				
	Reimbursement from political contributions intended		Austin, TX	78723				
	PURPOSE		Category (Se	ee Categories listed at the top of	this schedule)	Description	Пс	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			\square c	heck if Austin, TX, officeholder living expense
	EXPENDITORE					Staff Meal		
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name		Office sought		Office held
	Date		Payee name					
	04/01/2025		McDonald's					
	Amount (\$)		Payee addre	ss; City;	State; Zip C	ode		
	\$50.50		5355 N Inte	rregional Hwy				
	Reimbursement from political contributions intended		Austin, TX	78723				
	PURPOSE		Category (Se	ee Categories listed at the top of	this schedule)	Description	Пс	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			C	heck if Austin, TX, officeholder living expense
	EXPENDITURE			-		Staff Meal		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not lis	ted above)
1	Total pages Schedule G:	12	FILER NAME				3	Filer ID (Ethics Comm	viccion Filore)
	Sch: 12/17 Rpt: 22/27	_	Vo, Hubert (The	e Honorable)				00054795	iission Fileis)
4	Date	5	Payee name						
	04/22/2025		McDonald's						
_		-		Cit Ct	ata: Zia Ci	- d -			
6	Amount (\$)	'	Payee address;		ate; Zip Co	oue			
	\$17.07		5355 N Interreg	ionai Hwy					
	Reimbursement from political contributions								
	intended		Austin, TX 7872	23					
8	PURPOSE	(a)	Category (See Cat	tegories listed at the top of this	s schedule)	(b) Description	С	Check if travel outside of Texas. Co	omplete Schedule T.
	OF	``	Food/Beverage	Expense			C	Check if Austin, TX, officeholder livi	ng expense
	EXPENDITURE	l	3	·		Staff Meal			
9	Complete ONLY if direct	Car	ndidate/Officeholde	ar name		Office sought		Office held	
ľ	expenditure to benefit	Cai	ididate/Officeriolat	or name		Office Sought		Office field	
	C/OH								
	Date		Payee name						
	04/23/2025		McDonald's						
_		L							
	Amount (\$)		Payee address;	<i>,</i>	ate; Zip Co	ode			
	\$38.59		5355 N Interreg	ional Hwy					
	Reimbursement from								
	x political contributions intended		Austin, TX 7872	23					
-	PURPOSE		Category (See Cat	tegories listed at the top of this	schedule)	Description	Пс	Check if travel outside of Texas. Co	omplete Schedule T.
	OF		Food/Beverage		, concadio,		_	Check if Austin, TX, officeholder livi	
	EXPENDITURE		1 ood/Beverage	Ехрепос		Staff Meal	_		
-	Complete ONLY if direct		ndidate/Officeholde	or namo		Office sought		Office held	
	expenditure to benefit	Cai	ididate/Officeriolde	ei name		Office sought		Office field	
	C/OH								
H	Date		Payee name						
	04/25/2025		McDonald's						
		L							
	Amount (\$)		Payee address;	•	ate; Zip Co	ode			
	\$9.06		5355 N Interreg	ional Hwy					
	Reimbursement from								
	x political contributions intended		Austin, TX 7872	23					
\vdash	PURPOSE	\vdash	Category (See Category	tegories listed at the top of this	s schedule)	Description	Пс	Check if travel outside of Texas. Co	omplete Schedule T.
	OF		Food/Beverage		,		Ħc	Check if Austin, TX, officeholder livi	ng expense
	EXPENDITURE		1 oou Bovo ago	ZAPONOO		Staff Meal	_		
	Complete ONLY if direct	<u>Ca:</u>	ndidate/Officeholde	or nama		Office sought		Office held	
	Complete ONLY if direct expenditure to benefit	Cai	ididate/Officeriolds	er name		Office sought		Office field	
	C/OH								

SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G: Sch: 13/17 Rpt: 23/27	2 FILER NAM Vo, Huber	IE t (The Honorable)			3 Filer ID (Ethics Commission Filers) 00054795
4	Date	5 Payee nam	e			
	04/29/2025	McDonald				
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode	
	\$37.18	5355 N Int	erregional Hwy			
	Reimbursement from political contributions intended	Austin, TX	78723			
8	PURPOSE	(a) Category (See Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beve	erage Expense		L	Check if Austin, TX, officeholder living expense
					Staff Meal	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought	Office held
	Date	Payee nam	e			
	04/10/2025	Panda Exp	oress			
	Amount (\$)	Payee addr	•	e; Zip Co	ode	
	\$53.04	2901 S Ca	pital of Texas Hwy VC06			
	Reimbursement from political contributions intended	Austin, TX	78756			
	PURPOSE OF		See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beve	erage Expense		Staff Meal	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	I Candidate/Offic	eholder name		Office sought	Office held
	Date	Payee nam	e			
	01/02/2025	T Mobile				
	Amount (\$)	Payee addr	, ,,	; Zip Co	ode	
	\$56.13	PO Box 74	12596			
	Reimbursement from political contributions intended	Cincinnati	OH 45274			
	PURPOSE OF	1 ,	See Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Ove	erhead/Rental Expense		Campaign phone	Check if Austin, TX, officeholder living expense
					Campaign phone	.
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Candidate/Offic	eholder name		Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Award mmittee Legal Ser	erage Expense ds/Memorials Expense	Office Over Polling Experience Printing Experience Salaries/N	xpense Vages/Contract Labor		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 G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 24/27		Vo, Hubert (The H	onorable)				00054795
4	Date 02/04/2025	5	Payee name T Mobile					
6	Amount (\$) \$56.13	7	Payee address; PO Box 742596	City; State	; Zip Co	ode		
	Reimbursement from political contributions intended		Cincinnati, OH 452	274				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Category Office Overhead/R	ries listed at the top of this sci	nedule)	(b) Description Campaign phone	Ch	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder n	ame		Office sought		Office held
	Date		Payee name					
	03/04/2025		T Mobile					
	Amount (\$)		•	City; State	; Zip Co	ode		
	\$56.13		PO Box 742596					
	Reimbursement from political contributions intended		Cincinnati, OH 452	274				
	PURPOSE OF			ries listed at the top of this sc	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/R	ental Expense		Campaign phone	_	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder n	ame		Office sought		Office held
	Date 05/15/2025		Payee name T Mobile					
	Amount (\$) \$56.13		Payee address; PO Box 742596	City; State	; Zip Co	ode		
	Reimbursement from political contributions intended		Cincinnati, OH 452	274				
	PURPOSE OF EXPENDITURE		Category (See Category Office Overhead/R	ries listed at the top of this sci cental Expense	nedule)	Description Campaign phone	Ch	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder n	ame		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to complet	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 25/27	Vo, Hubert (The Honorable)	00054795
4	Date	5 Payee name	
	05/29/2025	T Mobile	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$56.73	PO Box 742596	
	Reimbursement from		
	X political contributions intended	Cincinnati, OH 45274	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Can	npaign phone
9	Complete ONLY if direct	Candidate/Officeholder name C	Office sought Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	05/25/2025	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.72	10107 Research Blvd	
	Reimbursement from		
	X political contributions intended	Austin, TX 78759	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Offic	ce Supplies
		Candidate/Officeholder name C	Office sought Office held
	expenditure to benefit C/OH		
	Data		
	Date 05/09/2025	Payee name Tso Chinese	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.61	3909 N Interstate Hwy 35 Ste E-5	
	X Reimbursement from political contributions intended	Austin, TX 78722	
	PURPOSE	<u> </u>	Description Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE		f Meal
	Complete ONLY if direct	Candidate/Officeholder name C	Office sought Office held
	expenditure to benefit		-
	C/OH		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Gredit Gard Fayilletit			The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commis	sion Filers)
	Sch: 16/17 Rpt: 26/27		Vo, Hubert ((The Honorable)				00054795	
4	4 Date 5 Payee name								
	01/10/2025		USPS						
6	Amount (\$)	Payee addres	ss; City; State;	Zip Co	ode				
	\$194.00								
	Reimbursement from								
	X political contributions intended		Alief, TX 77	411					
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	=	eck if travel outside of Texas. Com	•
	OF EXPENDITURE		Office Overl	head/Rental Expense		l L	Ch	eck if Austin, TX, officeholder living	expense
						Postage			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought		Office held	
	Date		Payee name						
	04/29/2025		Uber Eats						
Amount (\$)			Payee address; City; State; Zip Code						
			1725 3rd St						
	Reimbursement from								
	x political contributions intended		San Fransis	sco, CA 94158					
	PURPOSE		Category (Se	ee Categories listed at the top of this scho	edule)	Description		eck if travel outside of Texas. Com	
	OF EXPENDITURE		Food/Bever	age Expense		L	Ch	eck if Austin, TX, officeholder living	expense
						Staff Meal			
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeh	nolder name		Office sought		Office held	
	C/OH								
	Data		D						
	Date 05/14/2025		Payee name Uber Eats						
		L			:				
Amount (\$)			Payee address; City; State; Zip Code						
	\$59.47		1725 3rd St						
	Reimbursement from political contributions intended		San Fransis	sco, CA 94158					
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside of Texas. Com	plete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Ch	eck if Austin, TX, officeholder living	expense
	EXI ENDITORE					Staff Meal			
L		L							
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	nolder name		Office sought		Office held	
\vdash									

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 17/17 Rpt: 27/27 Vo, Hubert (The Honorable) 00054795 Date Payee name 05/26/2025 **Uber Eats** 6 Amount (\$) Payee address; City; State; Zip Code \$83.07 1725 3rd St Reimbursement from political contributions intended Х San Fransisco, CA 94158 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Staff Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/25/2025 Yeti Retail Store Amount (\$) Payee address; City; State; Zip Code \$227.24 220 S Congress Ave Reimbursement from political contributions Χ Austin, TX 78704 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** Gift Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH