CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00068566		2 Total pages	s filed: 26
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	John R.			Date Received	
						CALLY FILED
	NICKNAME	LAST		SUFFIX	10/06/2025	
	MCKNAME	Huffman		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT		Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
MAILING	1991 East Highland Street				Receipt #	Amount
ADDRESS					1 .	
Change of Address	Southlake , TX 76092				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Dr.	Rick				
	NICKNAME	LAST		SUFFIX		
		Huffman				
C CAMPAICN	CTDEET ADDRESS (NO DO	DOV DI EACE):		T / CLUTE # CITY		TATE: 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY	; 8	TATE; ZIP CODE
ADDRESS	919 Congress Ave.					
(Residence or Business)	Ste. 1305					
	Austin, TX 78701					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(603) 547-7328					
THONE						
8 REPORT TYPE		_	_	-		
ITPE	January 15 X	30th day before	election	Runoff		campaign treasurer officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (A	Attach C/OH-FR)
		-		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2025	T⊦	IROUGH	09/25/20	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	∐ ^P	rimary	Runoff	Other	
	11/04/2025	□G	eneral	Χ Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH		
				State Senator D	istrict 9	
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Huffman, John R. (Th	e Honorable)	14 Filer ID 00068566	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Defense PAC		
		COMMITTEE ADDRESS		
	SPECIFIC	1512 Huckleberry Lane		
		Austin, TX 78749		
		COMMITTEE CAMPAIGN TREASURER NAME		
		Hobbs, Cabell		
		COMMITTEE CAMPAIGN TREASURER ADDRE	 :SS	
		7415 Southwest Pkwy		
		Bldg 6, Ste 500-134		
16 CONTRIBUTION TOTALS	\$ 0.00			
	\$ 575,792.39			
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 182,513.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	LAST DAY OF THE	\$ 393,278.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm, under penali true and correct and includes a under Title 15, Election Code.	all information required t	companying report is to be reported by me
			orable John R. Huffma	
		Signature o	of Candidate or Officehol	lder
AFFIX NO	OTARY STAMP / SEAL ABO	OVE		
Sworn to and subs	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offi	icer administering	Printed name of officer administering	Title of office	er administering oath
	3			, , , , , , , , , , , , , , , , , , ,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			OVER ONE	3 of 26	
18 FILER NA Huffman,	ME John R. (The Honorable)	19 Filer ID 00068566	(Ethics Comm	ission Filers)	
l	LE SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	575,792.39	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS				
5. X	\$	182,513.77			
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.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/11/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 08/15/2025	Full name of contributor out-of-state PAC (ID#:_ALI, RAO Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092				Amount of Contribution (\$)	\$2,000.00
	Principal occu PHYSICIAN	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
	Date 08/24/2025	Full name of contributor out-of-state PAC (ID#:_BAILEY, MONA Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180)		Amount of Contribution (\$)	\$1,041.02
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/07/2025	Full name of contributor out-of-state PAC (ID#:_BAILEY, MONA Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180)		Amount of Contribution (\$)	\$1,041.02
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 08/14/2025	Full name of contributor out-of-state PAC (ID#:_BRENNAN, KAREN Contributor address; City; State; Zip Code KELLER, TX 76248)		Amount of Contribution (\$)	\$520.51
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/26	
2	FILER NAME Huffman, Joh	hn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/13/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$26.03
_	Deinsinal assu	NORTH RICHLAND HILLS, TX 76180	٦	Frankrija (Cookastina)	$\overline{}$		
8	•	pation / Job title (See Instructions) STRUCTURE ENGINEERING	9	Employer (See Instructions TARRANT REGIONAL	•	ATER DISTRICT	
	Date 09/24/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	ADMINISTR	ATOR		METHODIST			
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: CHESTER, KARL Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$520.51
	Dringing con	KELLER, TX 76248	1	Employer (Coo Instructions	<u>, </u>		
	•	pation / Job title (See Instructions) AL LENDER		Employer (See Instructions CADENCE BANK	·)		
	Date 08/15/2025	Full name of contributor out-of-state PAC (ID#: CLAUNCH, JASON Contributor address; City; State; Zip Code DALLAS, TX 75205)		Amount of Contribution (\$)	\$500.00
	Principal occu CONSULTA	pation / Job title (See Instructions) NT		Employer (See Instructions SELF-EMPLOYED)		
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#: CONIGLIO, JOSEPH Contributor address; City; State; Zip Code DALLAS, TX 75201)		Amount of Contribution (\$)	\$1,041.02
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions GREENBERG TRAURI		LP	
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/26	
2	FILER NAME Huffman, Jo	hn R. (The Honorable)		3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ COOK, STEVE 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
•	Dringing Logg	SOUTHLAKE, TX 76092	0 Employer (See Instructions			
8	RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED)		
	Date 08/24/2025	Full name of contributor out-of-state PAC (ID#:_ CURTIS, BRAD Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	SOUTHLAKE, TX 76092 upation / Job title (See Instructions)	Employer (See Instructions)		
	CONSULTA		SELF-EMPLOYED	,		
	Date 08/02/2025	Full name of contributor out-of-state PAC (ID#:_ DEL ROSAL, LUISA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		DALLAS, TX 75230				
	Principal occu	pation / Job title (See Instructions) NT	Employer (See Instructions) SMU)		
	Date 09/16/2025	Full name of contributor out-of-state PAC (ID#:_DENNIS, MICHAEL Contributor address; City; State; Zip Code GRAPEVINE, TX 76051			Amount of Contribution (\$)	\$260.25
	Principal occu REALTOR	pation / Job title (See Instructions)	Employer (See Instructions SELF-EMPLOYED)		
	Date 09/16/2025	Full name of contributor out-of-state PAC (ID#:_ DEVINE, HANNAH Contributor address; City; State; Zip Code SALISBURY, NC 28147)		Amount of Contribution (\$)	\$1.00
	Principal occu DATA	pation / Job title (See Instructions)	Employer (See Instructions GDC3)		

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 08/05/2025	 5 Full name of contributor DYKSTRA, DONALD 6 Contributor address; City; Sta 	out-of-state PAC (ID#:atte; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
ρ	Principal occu	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
_	REAL ESTA		Ĭ	BLOOMFIELD PROPER		ES	
	Date 08/28/2025	Full name of contributor EDMONDSON, DEBRA Contributor address; City; Sta)		Amount of Contribution (\$)	\$104.10
		SOUTHLAKE, TX 76092			<u> </u>		
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions THE EDMONDSON LA		-IRM	
	Date 08/14/2025	Full name of contributor FEAVEL, DAVID Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,205.08
	Dringing! goog	DALLAS, TX 75225 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	RETIRED	pation / Job title (See Instructions,		RETIRED	·)		
	Date 08/05/2025	Full name of contributor GIESEKE, PAUL Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$260.25
	'	pation / Job title (See Instructions) DEVLOPMENT		Employer (See Instructions UNITED DIRECT LEND		G	
	Date 09/11/2025	Full name of contributor GUDGEL, REBEKAH Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu HOMEMAKE	pation / Job title (See Instructions)		Employer (See Instructions HOMEMAKER	5)		
			.				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/11/2025	5 Full name of contributor HARRIS, TOM6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$250.00
•	Dringing Lagge	FORT WORTH, TX 76102	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions) EAL ESTATE		Employer (See Instructions HILLWOOD)		
	Date 08/28/2025	Full name of contributor HARTMAN, CATHERINE Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.41
	Principal occu	SAGINAW, TX 76131 pation / Job title (See Instructions)		Employer (See Instructions)		
	RETIRED	()		RETIRED	,		
	Date 08/02/2025	Full name of contributor HILL, LAURA Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,041.02
	Dringing! goog	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	1	Employer (See Instructions			
	PUBLISHER	,		DOWNEY PUBLISHING	•		
	Date 08/04/2025	Full name of contributor HOLT, JEFF Contributor address; City; State; SOUTHLAKE, TX 76092)		Amount of Contribution (\$)	\$26.03
	Principal occu SOFTWARE	pation / Job title (See Instructions) ENGINEER		Employer (See Instructions ORACLE CORPORATION			
	Date 08/15/2025	Full name of contributor JACOBSON, RYAN Contributor address; City; State; SOUTHLAKE, TX 76092	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$1,041.02
	·	pation / Job title (See Instructions) AL DESIGNER		Employer (See Instructions RYAN JACOBSON DES		N LLC	
	3.2 2		1			-	

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/02/2025	JOHNSON, CAROL	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$18.00
8	Principal occu	RICHLAND HILLS, TX 76118 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	RETIRED	,		RETIRED	,		
	Date 08/07/2025	Full name of contributor on CEMINS, ROBERT Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$260.25
		SOUTHLAKE, TX 76092					
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions US GOVERNMENT)		
	Date 09/17/2025	KEMINS, ROBERT Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$260.25
	Principal occur	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	ATTORNEY	salon, oos tile (eee metaetione)		US GOVERNMENT	,		
	Date 08/24/2025	Full name of contributor of CONTRIBUTION OF CO				Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions SOUTHLAKE INSURAN		E GROUP	
	Date 09/24/2025	Full name of contributor of LANNEN, JILL Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu FINANCE DI	pation / Job title (See Instructions) RECTOR		Employer (See Instructions LAMB COMPANIES)		
			1	2			

	MONET	ARY POLITICAL C	IS 		SCHEDUI	LE A1	
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/26	
2	FILER NAME Huffman, Jol	hn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 08/08/2025	5 Full name of contributor MALONE, MIKE6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$260.25
		FORT WORTH, TX 76107					
8	Principal occu LAWYER	pation / Job title (See Instructions) 9	Employer (See Instructions GREENBERG TRAURI			
	Date 08/31/2025	Full name of contributor MARTZ, THERESA Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$104.10
	Principal occu HOMEMAKE	SOUTHLAKE, TX 76092 pation / Job title (See Instructions ER)	Employer (See Instructions HOMEMAKER	<u> </u> s)		
	Date 09/16/2025	Full name of contributor MASO, BLAKE Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$1,041.02
		DALLAS, TX 75206 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 09/22/2025	Full name of contributor MCLANE, CHARLES Contributor address; City; St SOUTHLAKE, TX 76092	out-of-state PAC (ID#:	PW - BECKLYN	•	Amount of Contribution (\$)	\$1,041.02
	•	pation / Job title (See Instructions E AGENT OWNER)	Employer (See Instructions VIC MCLNE STATE ST		E FARM	
	Date 08/26/2025	Full name of contributor MCMILLAN, KEN Contributor address; City; St SOUTHLAKE, TX 76092	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$104.10
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 09/20/2025	5 Full name of contributor MORRIS, TONYA6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$26.03
0	Dringing occu	DENTON, TX 76205		Employer (See Instructions			
0		pation / Job title (See Instructions) OORDINATOR	9	Employer (See Instructions STATE OF TEXAS)		
	Date 08/02/2025	Full name of contributor MOSS, KIRRAN Contributor address; City; Stat	e; Zip Code)		Amount of Contribution (\$)	\$1,041.02
	Principal occu	PATION FLOWER MOUND, TX 750. Pation / Job title (See Instructions)	22	Employer (See Instructions)		
	RETIRED	,		RETIRED			
	Date 08/25/2025	Full name of contributor OWEN, RANDALL Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$520.51
	Principal occu	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)		Employer (See Instructions)		
	ENGINEER			SELF-EMPLOYED			
	Date 08/24/2025	Full name of contributor PARK, DAVID Contributor address; City; Stat GREENVILLE, SC 29601				Amount of Contribution (\$)	\$260.25
	Principal occu VENTURE C	pation / Job title (See Instructions) CAPITAL		Employer (See Instructions TADPOLE VENTURES)		
	Date 08/13/2025	Full name of contributor PARKER, DAVID Contributor address; City; Stat FORT WORTH, TX 76116	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions) NT		Employer (See Instructions			
			1				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to c	complete this form	1.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/26	
2	FILER NAME Huffman, Jol	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 08/14/2025	 5 Full name of contributor on patel, TINA 6 Contributor address; City; State; Z 			7	Amount of Contribution (\$)	\$520.51
_	Deignaignal	SOUTHLAKE, TX 76092	lo lo	Franksiya (Caa katuutiana			
8	HOTEL OPE	pation / Job title (See Instructions)		Employer (See Instructions SELF-EMPLOYED)		
	Date 09/13/2025	PAUL, BRUCE Contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	GRAPEVINE, TX 76051 pation / Job title (See Instructions)		Employer (See Instructions)		
	SALES			PASSION LIGHTING			
	Date 09/24/2025	PEDEN, REELANA Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	RETIRED	,		RETIRED	,		
	Date 08/14/2025	PRIAKOS, BILL				Amount of Contribution (\$)	\$5,205.08
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)		
	Date 08/12/2025	Full name of contributor on ROBERTS, KRISTAL Contributor address; City; State; Z DALLAS, TX 75254	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu SELF-EMPL	pation / Job title (See Instructions) OYED		Employer (See Instructions SELF-EMPLOYED)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/26	
2	FILER NAME Huffman, Jo	hn R. (The Honorable)		3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 08/30/2025	5 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	SOUTHLAKE, TX 76092 spation / Job title (See Instructions)	9 Employer (See Instructions)		
	RETIRED	,	RETIRED	,		
	Date 08/14/2025	Full name of contributor out-of-state PAC (ID#:_ SANDLIN, JONATHAN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.51
		SOUTHLAKE, TX 76092				
	INVESTOR	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/27/2025	Full name of contributor out-of-state PAC (ID#:_ SANDLIN, MIKE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		NORTH RICHLAND HILLS, TX 76180				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/18/2025	Full name of contributor out-of-state PAC (ID#:_SANDLIN, MIKE Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76180)		Amount of Contribution (\$)	\$52.05
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions) RETIRED)		
	Date 09/06/2025	Full name of contributor out-of-state PAC (ID#:_SCHELLING, MARTIN Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092			Amount of Contribution (\$)	\$500.00
	Principal occu REAL ESTA	ripation / Job title (See Instructions) TE	Employer (See Instructions) CONIFER REAL ESTAT			
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	MONET	ARY POLITICAL CONT		SCHEDUI	E A1		
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/26	
2	FILER NAME Huffman, Joh	nn R. (The Honorable)			3	Filer ID (Ethics Commission 00068566	on Filers)
4	Date 08/11/2025	SCHNITZER, KEN	state PAC (ID#:)	7	Amount of Contribution (\$)	\$3,500.00
8	Principal occu	DALLAS, TX 75201 pation / Job title (See Instructions)	9	Employer (See Instructions SENTERRA	i)		
	Date 08/11/2025)		Amount of Contribution (\$)	\$3,500.00
	Principal occu AUTO SALE	pation / Job title (See Instructions)		Employer (See Instructions SENTERRA	5)		
	Date 08/11/2025	SCHNITZER, KEN Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$3,500.00
		DALLAS, TX 75201 pation / Job title (See Instructions) S		Employer (See Instructions SENTERRA	<u>;</u>)		
	Date 08/10/2025	Date Full name of contributor out-of-state PAC (ID#:)		,		Amount of Contribution (\$)	\$1,041.02
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions MBC	i)		
	Date 08/24/2025	SIMS, ANITA	state PAC (ID#:)		Amount of Contribution (\$)	\$260.25
	Principal occu AUDITOR	pation / Job title (See Instructions)		Employer (See Instructions AAA	·)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/26	
2	FILER NAME Huffman, Jol	nn R. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00068566	
4	Date 09/22/2025	 Full name of contributor)	7	Amount of Contribution (\$) \$1,041.02	
8	Dringing aggr	SOUTHLAKE, TX 76092	_	Employer (See Instructions	<u></u>		
•	RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions RETIRED	»)		
	Date 09/22/2025	Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$) \$520.51	
	Principal occu	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	RETIRED			RETIRED			
	Date 08/05/2025	Full name of contributor out-of-state PAC (ID#: TEXANS FOR REASONABLE SOLUTIONS PAC Contributor address; City; State; Zip Code	_)		Amount of Contribution (\$) \$15,000.00	
	Princinal occu	AUSTIN, TX 78741 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	i ilicipai occu	odion / oob title (oce mondetions)		Employer (See Instructions	,		
	Date 09/18/2025	Full name of contributor out-of-state PAC (ID#:_ TEXAS SANDS PAC Contributor address; City; State; Zip Code AUSTIN, TX 78701)	•	Amount of Contribution (\$) \$500,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/07/2025	Full name of contributor out-of-state PAC (ID#:_ TREVINO, OSCAR Contributor address; City; State; Zip Code NORTH RICHLAND HILLS, TX 76182		•	Amount of Contribution (\$) \$1,041.02		
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions O TREVINO CONSTRU		rion	

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1					
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/26			
2	FILER NAME Huffman, Jo	hn R. (The Honorable)		3	Filer ID (Ethics Commission 00068566	on Filers)		
4	Date 09/24/2025	5 Full name of contributor out-of-state PAC (ID#: WAGNER, NANCY 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$250.00		
•	Dringing aggr	SOUTHLAKE, TX 76092	O Employer (Coo Instructions	<u></u>				
8	RETIRED		9 Employer (See Instructions RETIRED	5)				
	Date 09/22/2025	Full name of contributor		•	Amount of Contribution (\$)	\$104.10		
	Principal occu	FORT WORTH, TX 76107 upation / Job title (See Instructions)	Employer (See Instructions	 				
	RETIRED		RETIRED					
	Date 09/22/2025	Full name of contributor out-of-state PAC (ID#:_ WHATLEY, GARY Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092)	•	Amount of Contribution (\$)	\$260.25		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions AMERICAN AIRLINES	<u> </u> s)				

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	ategory not listed above)										
1	Total pages Schedule F1:	·	(Ethics Commission Filers)										
	Sch: 1/10 Rpt: 17/26	Huffman, John R. (The Honorable) 00068566											
4	Date	5 Payee name	5 Payee name										
	09/22/2025	ANDERSON, NATE											
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$130.00	1007 HOPKINS DR											
		ALLEN, TX 75002											
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. Comple	ete Schedule T.										
	EXPENDITURE	Check if Austin, TX, officeholder living e	xpense										
		Event Security											
_													
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	d										
	Date	Payee name											
	09/22/2025	BEDRICH, MIKE											
	Amount (\$)	Payee address; City; State; Zip Code											
	\$130.00	13200 LARKS VIEW POINT											
		FORT WORTH, TX 76244											
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description											
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Comple											
		Check if Austin, TX, officeholder living e	xpense										
		Event Security											
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held											
	expenditure to benefit C/OI		1										
	<u> </u>	T -											
	Date	Payee name											
	09/24/2025	CHAIN BRIDGE BANK, N.A.											
	Amount (\$)	Payee address; City; State; Zip Code											
	\$25.00	1445-A LAUGHLIN AVENUE											
		MCLEAN, VA 22101											
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description											
	EXPENDITURE	Fees Check if travel outside of Texas. Comple											
		Banking Fees	xperise										
		Danwing 1 coc											
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	<u> </u>										
	expenditure to benefit C/OI		-										
_													

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 2/10 Rpt: 18/26	Huffman, John R. (The Honorable) 00068566
4	Date	5 Payee name
	09/22/2025	DURRILL, SAM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	3215 SHADOW WOOD CIRCLE
		HIGHLAND VILLAGE, TX 75077
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Music
		2.0.16.11.03.0
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/04/2025	IMPERIUM FUNDRAISING
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,020.00	1512 HUCKLEBERRY LN
		AUSTIN, TX 78748
	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 Consulting and Commission
		Tanaraoning concataing and commission
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/11/2025	LEX POLITICA PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$468.75	#129
		7415 SW PKWY, BLDG 6, STE 500
		AUSTIN, TX 78735
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Legal Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

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	
1	Total pages Schedule F1:	
_	Sch: 3/10 Rpt: 19/26	Huffman, John R. (The Honorable) 00068566
4	Date	5 Payee name
	09/22/2025	MIKE LEWIS PHOTOGRAPHY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.00	6836 PARKWOOD DR N
_	DUDDOGE	RICHLAND, TX 76182
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Photography
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/24/2025	SRCP MEDIA INC
	Amount (\$)	Payee address; City; State; Zip Code
	\$163,494.00	201 NORTH UNION STREET
		STE 200
		ALEXANDRIA, VA 22314
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Television Media
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/03/2025	TEXAS SECRETARY OF STATE
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1019 BRAZOS STREET
		AUSTIN, TX 78701
	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 Filing Fees
	Complete ONLY if direct expenditure to benefit C/Oh	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)
1	Total pages Schedule F1:		Filers)
	Sch: 4/10 Rpt: 20/26	Huffman, John R. (The Honorable) 00068566	
4	Date 09/02/2025	5 Payee name TEXAS TRADE GRAPHICS	
<u>_</u>			
6	Amount (\$) \$7,794.00	7 Payee address; City; State; Zip Code 2935 IRVING SUITE 201	
	\$1,194.00	2955 IKVING 5011E 201	
		DALLAS, TX 75247	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Sign Printing	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
_	Date	Payee name	
	09/18/2025	THE WESTIN DALLAS SOUTHLAKE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,269.91	1200 E STATE HWY 114	
		SOUTHLAKE, TX 76092	
	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 Venue Rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	חע	
	Date	Payee name	
L	09/16/2025	THE WESTIN DALLAS SOUTHLAKE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	1200 E STATE HWY 114	
		SOUTHLAKE, TX 76092	
	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.	
	LAF LINDI I UNE	Check if Austin, TX, officeholder living expense	
		Event Venue Rental Deposit	
	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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			rent Expense res red/Beverage Expense ft/Awards/Memorials Ex gal Services he Instruction Guic		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation Travel in Distr Travel Out of		
1	Total pages Schedule F1:	12			•		•	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 5/10 Rpt: 21/26	ı		n R. (The Hono	rable)				00068566	•	
4	Date	5	Payee name								
	08/14/2025			CHNICAL SERV	ICES LLC	;					
6	Amount (\$) \$749.08		Payee address; 1776 WILSON STE 539 ARLINGTON,	N BLVD	State;	Zip Cod	e				
8	PURPOSE OF EXPENDITURE	(a)	(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 Credit Card Processing Fees								
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	holder name	0	ffice soug	nt		Office	held	
	Date	ı	Payee name	NINIOAL SEE:	//CEC ! ! C						
	08/15/2025	⊢		CHNICAL SERV							
	Amount (\$)	l	Payee address;		State;	Zip Cod	е				
	\$39.40		1776 WILSON	N BLVD							
			STE 539								
			ARLINGTON,	VA 22219							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule) (b) Description				
	OF EXPENDITURE		Fees				=			omplete Schedule T.	
	EXI ENDITORE						ш		, officeholder liv		
							Credit Card F	ro،	cessing Fe	ees	
	Complete ONLY if direct		Candidate/Office	holder name	0	ffice soug	nt		Office	held	
	expenditure to benefit C/OI	H									
	Date		Payee name								
	08/18/2025		WINRED TEC	CHNICAL SERV	ICES LLC	;					
	Amount (\$)		Payee address;	; City;	State;	Zip Cod	е				
	\$471.69		1776 WILSON	N BLVD							
			STE 539								
			ARLINGTON,	VA 22219							
	PURPOSE	(a)	Category (See (Categories listed at the	ton of this sche	edule) (b) Description				
	OF EXPENDITURE		Fees				Check if travel			omplete Schedule T.	
	EXPENDITORE								, officeholder liv		
							Credit Card F	roر	cessing Fe	ees	
	Complete ONII V if allower	Ļ	Condidate (Offi	holder many -		effice a	nt .		Off.	hold	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	noider name	O	ffice soug	IL		Office	neiu	

SCHEDULE F1

Solicitation/Fundraising Expense

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

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- I Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling Ex ense Printing E		е	Travel in Distri	
	Credit Card Payment		The Instruction Guide	explains how to co	emplete this form.			
1	Total pages Schedule F1: Sch: 6/10 Rpt: 22/26		E ohn R. (The Honora	able)		3	Filer ID 00068566	(Ethics Commission Filers)
4	Date 08/18/2025	5 Payee name WINRED T	ECHNICAL SERVIO	CES LLC				
6	Amount (\$) \$60.72	7 Payee addre 1776 WILS STE 539 ARLINGTO		State; Zip Co	ode			
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 Credit Card Processing Fees								
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ıght		Office I	neld
	Date 08/19/2025	Payee name WINRED T	ECHNICAL SERVI	CES LLC				
	Amount (\$) \$78.80	Payee addre 1776 WILS STE 539 ARLINGTO		State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the to	p of this schedule)	Check if Au	ustin, TX	ide of Texas. Co , officeholder livi cessing Fe	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ıght		Office I	neld
	Date 08/26/2025	Payee name WINRED T	ECHNICAL SERVI	CES LLC				
	Amount (\$) \$239.63	Payee addre 1776 WILS STE 539 ARLINGTO	•	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the to	p of this schedule)	Check if Au	ustin, TX	ide of Texas. Co , officeholder livi cessing Fe	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ıght		Office I	neld

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 E Legal Services The Instruction Gui	xpense		Expens Wages	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: 7/10 Rpt: 23/26	L	Huffman, Jo	ohn R. (The Hond	orable)				L	00068566	
4	Date	5	Payee name								
L	08/27/2025	L	WINRED TI	ECHNICAL SER	/ICES LLC	<u> </u>					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$4.10		1776 WILS	ON BLVD							
			STE 539								
			ARLINGTO	N, VA 22219							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					=		de of Texas. Comp	
								Credit Card P		officeholder living	
								Crount Ourd I		Josoniy i ces	•
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	l Jaht			Office he	eld
	expenditure to benefit C/Oh			Co.loidoi flamo			-9···				
	Date		Payee name								
	08/28/2025		WINRED TI	ECHNICAL SER\	/ICES LLC						
	Amount (\$)		Payee addres	-	State;	Zip Co	ode				
	\$197.00		1776 WILS	ON BLVD							
			STE 539								
			ARLINGTO	N, VA 22219							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					□		de of Texas. Comp officeholder living	
								Credit Card P			
								3.23. Oala l			-
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	office sou	<u>I</u> ught			Office he	eld
 	Data	_									
	Date 09/02/2025		Payee name	ECHNICAL SER\	/ICES LLC						
		_									
	Amount (\$)		Payee addres	•	State;	Zip Co	ode				
	\$4.51		1776 WILSO	JIN BLVD							
			STE 539	NI N/A 00010							
			ARLINGTO	N, VA 22219							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description	outo:	de of Texas. Comp	ploto Schodulc T
	EXPENDITURE		Fees							officeholder living	
								Credit Card F			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office sou	ught			Office he	eld
	expenditure to benefit C/OF	H									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment			mmittee	Legal Ser				/ages	/Contract Labor		Travel Out OTHER (e		strict category not listed above)
		_			truction Gui	ae explains	now to co	mple	te this form.	_			
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)
	Sch: 8/10 Rpt: 24/26	_	Huffman, Jo		(The Hond	orable)					000685	66	
4	Date	5	Payee name				_						
L	09/03/2025	L	WINRED T	ECHNI	CAL SER\	/ICES LLC	<u> </u>						
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip Co	de					
	\$6.78		1776 WILS	ON BL	VD								
			STE 539										
			ARLINGTO	N, VA	22219								
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees	-					므				plete Schedule T.
									Crodit Cord F				
									Credit Card F	-100	Lessing	ree:	5
_	Commission ONE V. C. F.	<u> </u>	Daniel - 1 / 0 / 1	inal!!)#:	au l- 1			6"		اماما
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	icenolde	er name	C	Office sou	gnt			Offic	e he	eia
_	•	_											
	Date		Payee name		OAL 0==:	#0 5 0 · · ·	_						
	09/05/2025		WINRED T		CAL SER\	VICES LLO	<i>.</i>						
	Amount (\$)		Payee addre	•	City;	State;	Zip Co	de					
	\$3.94		1776 WILS	ON BL	VD								
			STE 539										
			ARLINGTO	N, VA	22219								
	PURPOSE	(a)	Category (S	ee Catego	ries listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees						=				plete Schedule T.
	-								Check if Austin				
									Ciedit Cald F	100	Jessing		.
	Complete ONLY if direct		Candidate/Offi	iceholde	r name	(Office sou	ght			Offic	e he	eld
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	09/09/2025		WINRED T	ECHNI	CAL SER\	/ICES LLC							
	Amount (\$)		Payee addre	ss;	City;	State;	Zip Co	de					
	\$19.70		1776 WILS	ON BL	VD								
			STE 539										
			ARLINGTO	N, VA	22219								
	PURPOSE	(a)	Category (S			ton of this sch	edule)	(b)	Description				
	OF	<u> </u> `	Fees	oo oalego		, top of tills 3011	caulc,	` '		outsi	de of Texas.	Com	plete Schedule T.
	EXPENDITURE								Check if Austin				
									Credit Card F	Proc	cessing	Fees	S
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	iceholde	er name	C	Office sou	ght			Offic	e he	eld
	Oracide to borionic O/O1	•											
_		_											

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services		inting Exp alaries/Wa		e /Contract Labor		OTHER (enter	a category not listed above)	
Credit Card Payment			The Instruction Guide explains how to complete this form.			ete this form.						
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 9/10 Rpt: 25/26		Huffman, Jo	hn R. (The Hon	orable)					00068566		
4	Date	5	Payee name									
	09/15/2025		WINRED TE	ECHNICAL SER	VICES LLC							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	de					
	\$9.85		1776 WILSO	ON BLVD								
			STE 539									
			ARLINGTO	N, VA 22219								
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule	e)	(b)	Description				
	OF EXPENDITURE		1 665				l outside of Texas. Complete Schedule T.					
							Check if Austin, TX, officeholder living expense Credit Card Processing Fees					
								Orcan Gara i	100	occomig i co	,5	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	tht			Office h	eld	
	expenditure to benefit C/O											
_	Date		Payee name									
	09/16/2025		-	ECHNICAL SER	VICES LLC							
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	de					
	\$10.88		1776 WILSO	ON BLVD								
			STE 539									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule	e)	(b)	Description				
	OF EXPENDITURE		Fees					=			nplete Schedule T.	
								Credit Card F		officeholder livir		
								Cicuit Cara i	100	ocooning i co	,5	
Complete ONLY if direct			Candidate/Officeholder name Office sought					Office held				
expenditure to benefit C/OH												
	Date		Payee name									
	09/17/2025		WINRED TE	ECHNICAL SER	VICES LLC							
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	de					
	\$51.31		1776 WILSO	ON BLVD								
			STE 539									
			ARLINGTO	N, VA 22219								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedule	e)	(b)	Description				
	OF EXPENDITURE		Fees								nplete Schedule T.	
								Credit Card F		officeholder livin		
								orcuit Calu F	100	Jossing Fee		
\vdash	Complete ONLY if direct	L(Candidate/Offic	ceholder name	Offic	e soug	aht			Office h	eld	
	expenditure to benefit C/O		a. a	zz.ioiao. Haino	Silio	. 5 5546	c			300 1	· - · ·	
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

	Candidate/Officeholder/Political Credit Card Payment						OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explains how to com	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission I	Filers)	
	Sch: 10/10 Rpt: 26/26		Huffman, John R. (The Honorable)				00068566			
4	Date	5	Payee name							
	09/18/2025		WINRED TECHNICAL SERVICES LLC							
6	Amount (\$)	7	Payee address; City; State; Zip Cod	le.						
Ĭ	\$10.25	ľ	1776 WILSON BLVD							
	¥20.20		STE 539							
			ARLINGTON, VA 22219							
		<u> </u>								
8	PURPOSE OF	(a)	o , ((b)	Description		df.T O	alata Cabadula T		
EXPENDITURE			Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
				Credit Card Proce						
9	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld		
expenditure to benefit C/OH										
	Date		Payee name							
	09/22/2025		WINRED TECHNICAL SERVICES LLC							
	Amount (\$)	┝	Payee address; City; State; Zip Cod	le						
	\$2.05		1776 WILSON BLVD							
	Ψ2.00		STE 539							
		L	ARLINGTON, VA 22219							
	PURPOSE OF	(a)	o , (con amagenes neres at any top or any constant)	(b)	Description	toi	do of Toyon Com	oloto Cobodulo T		
	EXPENDITURE		Fees		=		de of Texas. Com officeholder living			
							Processing Fees			
							J			
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld		
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	09/24/2025		WINRED TECHNICAL SERVICES LLC							
Amount (\$)			Payee address; City; State; Zip Cod	le						
\$97.42 1776 WILSON BLVD										
			STE 539							
			ARLINGTON, VA 22219							
	PURPOSE	(0)		/b\	December					
	OF	(a)	,	(D)	Description Check if travel o	utsi	de of Texas. Com	olete Schedule T.		
	EXPENDITURE	1003					X, officeholder living expense			
					Credit Card P	roc	cessing Fee	5		
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht			Office he	eld		
	expenditure to benefit C/OI	H								