

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00089615	2 Total pages filed: 18		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James S.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Huffman	SUFFIX	Date Received ELECTRONICALLY FILED 01/12/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 4640 Deer Haven			Date Hand-delivered or Date Postmarked		
	Paris, TX 75462			Receipt #		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST James S.	MI			
	NICKNAME	LAST Huffman	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4640 Deer Haven		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Paris , TX 75462					
7 CAMPAIGN TREASURER PHONE	AREA CODE (903) 272-7331	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 1		

**GO TO PAGE 2**

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

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Huffman, James S. (Mr.)		14 Filer ID (Ethics Commission Filers) 00089615
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages  <input type="checkbox"/> COMMITTEE TYPE <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> GENERAL           <input type="checkbox"/> COMMITTEE NAME         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SPECIFIC           <input type="checkbox"/> COMMITTEE ADDRESS         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER NAME           <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> COMMITTEE CAMPAIGN TREASURER ADDRESS           <input type="checkbox"/> </div>			
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,074.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 1,302.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,422.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. James S. Huffman

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00089615
Huffman, James S. (Mr.)	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,074.68
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,302.53
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/18
<b>2</b> FILER NAME Huffman, James S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089615
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Robert	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Brookston, TX 75421	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kathy	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Brookston, TX 75421	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Linda	Amount of Contribution (\$) \$26.68
	Contributor address; City; State; Zip Code  Paris, TX 75460	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Mark	Amount of Contribution (\$) \$53.04
	Contributor address; City; State; Zip Code  Paris, TX 75462	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, James	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Paris, TX 75462	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/18
<b>2</b> FILER NAME Huffman, James S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089615
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Sean	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Paris, TX 75462	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lester, Jim	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Bogata, TX 75417	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister Wood, Lisa	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  Chicota, TX 75425	
Principal occupation / Job title (See Instructions) accounting		Employer (See Instructions) government
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCallister Wood, Lisa	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  Chicota, TX 75425	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCallister Wood, Lisa	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  Chicota, TX 75425	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/18
<b>2</b> FILER NAME Huffman, James S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089615
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCallister Wood, Lisa	<b>7</b> Amount of Contribution (\$) \$105.75
	<b>6</b> Contributor address; City; State; Zip Code  Chicota, TX 75425	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCallister Wood, Lisa	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  Chicota, TX 75425	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCallister Wood, Lisa	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  chicota, TX 75425	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Lisa	Amount of Contribution (\$) \$63.58
	Contributor address; City; State; Zip Code  Midwest City, OK 73110	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Keith	Amount of Contribution (\$) \$105.75
	Contributor address; City; State; Zip Code  Reno, TX 75462	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/18
<b>2</b> FILER NAME Huffman, James S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089615
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Gary	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Powderly, TX 75473	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polansky, Paul	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  West, TX 76691	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spahr, Aaron	Amount of Contribution (\$) \$53.04
	Contributor address; City; State; Zip Code  Colleyville, TX 76034	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Robin	Amount of Contribution (\$) \$26.68
	Contributor address; City; State; Zip Code  Texarkana, TX 75501	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Mark	Amount of Contribution (\$) \$21.41
	Contributor address; City; State; Zip Code  Houston, TX 77070	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/18
<b>2</b> FILER NAME Huffman, James S. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00089615
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, Karen ..... <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 9/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 07/26/2025	5 Payee name Facebook	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 07/28/2025	Payee name Facebook	
Amount (\$) \$35.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 07/30/2025	Payee name Facebook	
Amount (\$) \$35.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 10/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 08/04/2025	5 Payee name Facebook	
6 Amount (\$) \$43.00	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 08/08/2025	Payee name Facebook	
Amount (\$) \$48.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 08/10/2025	Payee name Facebook	
Amount (\$) \$17.97	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 11/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 08/11/2025	5 Payee name Facebook	
6 Amount (\$) \$9.20	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/23/2025	Payee name Facebook	
Amount (\$) \$53.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Facebook	
Amount (\$) \$59.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 12/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 09/11/2025	5 Payee name Facebook	
6 Amount (\$) \$1.91	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Facebook	
Amount (\$) \$63.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Facebook	
Amount (\$) \$68.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 13/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 10/10/2025	5 Payee name Facebook	
6 Amount (\$) \$7.76	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 10/10/2025	Payee name Facebook	
Amount (\$) \$7.76	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 11/06/2025	Payee name Facebook	
Amount (\$) \$73.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 14/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 11/10/2025	5 Payee name Facebook	
6 Amount (\$) \$30.17	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 11/26/2025	Payee name Facebook	
Amount (\$) \$78.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 12/02/2025	Payee name Facebook	
Amount (\$) \$84.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 15/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 12/07/2025	5 Payee name Facebook	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code  CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 12/10/2025	Payee name Facebook	
Amount (\$) \$50.95	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held
Date 12/24/2025	Payee name Facebook	
Amount (\$) \$96.00	Payee address; City; State; Zip Code  CA	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense boosted posts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Facebook	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 16/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 12/09/2025	5 Payee name Typeset	
6 Amount (\$) \$41.57	7 Payee address; City; State; Zip Code  Fulton, MD	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held
Date 11/10/2025	Payee name Typeset	
Amount (\$) \$41.57	Payee address; City; State; Zip Code  Fulton, MD	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held
Date 10/10/2025	Payee name Typeset	
Amount (\$) \$41.57	Payee address; City; State; Zip Code  Fulton, MD	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 17/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615
4 Date 09/10/2025	5 Payee name Typeset	
6 Amount (\$) \$41.57	7 Payee address; City; State; Zip Code  Fulton, MD	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held
Date 08/10/2025	Payee name Typeset	
Amount (\$) \$41.57	Payee address; City; State; Zip Code  Fulton, MD	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held
Date 07/10/2025	Payee name Typeset	
Amount (\$) \$41.57	Payee address; City; State; Zip Code  Fulton, MD	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software for ad development
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Typeset	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 18/18	2 FILER NAME Huffman, James S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089615	
4 Date 07/01/2025	5 Payee name Vista Print		
6 Amount (\$) \$67.39	7 Payee address; City; State; Zip Code  Waltham, MA		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fans for event	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held