

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) 00068566 | 2 Total pages filed: 16 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI The Honorable John R. | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 |
| | NICKNAME LAST SUFFIX Huffman | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1991 East Highland Street Southlake , TX 76092 | | Date Hand-delivered or Date Postmarked |
| | | | Receipt # Amount |
| | | | Date Processed |
| | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Dr. Rick | | |
| | NICKNAME LAST SUFFIX Huffman | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave. Ste. 1305 Austin, TX 78701 | | |
| | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (603) 547-7328 | | |
| 8 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded modified reporting limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH-FR)</div> </div> | | |
| | | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 10/26/2025 THROUGH 12/31/2025 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | |
| | ELECTION TYPE <input 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) |

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, John R. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00068566 |
|--|---|

| | | |
|---|--|---|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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. | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/> |
| | | |
| | | |
| | | |

| | | |
|-------------------------|---|---------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10,992.78 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 360,340.61 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 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.

 The Honorable John R. 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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| | | |
|--|---|---|
| 18 FILER NAME Huffman, John R. (The Honorable) | | 19 Filer ID (Ethics Commission Filers) 00068566 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,992.78 |
| 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 | \$ 360,340.61 |
| 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

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/16 |
| 2 FILER NAME Huffman, John R. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borra, Sri <hr/> 6 Contributor address; City; State; Zip Code Roanoke, TX 76262 | 7 Amount of Contribution (\$) \$4,000.00 |
| 8 Principal occupation / Job title (See Instructions) NA | | 9 Employer (See Instructions) NA |
| Date 11/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHENNUPATI, PHANI <hr/> Contributor address; City; State; Zip Code KELLER, TX 76248 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Manager | | Employer (See Instructions) Smart Investments Tx |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EUDALY, DARYN <hr/> Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) NEW ERA COMPANIES |
| Date 11/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEREN, PETE <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76107 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) EXECUTIVE | | Employer (See Instructions) SWRF |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAKARLA, RAVI <hr/> Contributor address; City; State; Zip Code SCOTTSDALE, AZ 85260 | Amount of Contribution (\$) \$1,041.02 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/16 |
| 2 FILER NAME Huffman, John R. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 10/31/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARLA, NAGASESHU <hr/> 6 Contributor address; City; State; Zip Code IRVING, TX 75063 | 7 Amount of Contribution (\$) \$1,561.52 |
| 8 Principal occupation / Job title (See Instructions) CEO | | 9 Employer (See Instructions) INFO KEYS INC |
| Date 10/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY, TODD <hr/> Contributor address; City; State; Zip Code FORT WORTH, TX 76116 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) LAWYER | | Employer (See Instructions) Self |
| Date 10/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POTLURI, SURESH <hr/> Contributor address; City; State; Zip Code PHOENIX, AZ 85054 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED |
| Date 10/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIMMIN, GARY <hr/> Contributor address; City; State; Zip Code KELLER, TX 76248 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) DEVELOPER | | Employer (See Instructions) SELF-EMPLOYED |
| Date 10/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMALLCOMB, DERON <hr/> Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) LAWYER | | Employer (See Instructions) MODERN LAW GROUP PC |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 6/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/12/2025 | 5 Payee name ADVANTAGE, INC. | |
| 6 Amount (\$) \$2,601.90 | 7 Payee address; City; State; Zip Code 9420 BONITA BEACH ROAD SE SUITE 200 BONITA SPRINGS, FL 34135 | |
| 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 Voter contact calls |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/20/2025 | Payee name ASCEND LLC | |
| Amount (\$) \$27,500.00 | Payee address; City; State; Zip Code 1204 NW 32ND STREET OKLAHOMA CITY, OK 73118 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 FIELD CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/28/2025 | Payee name CHAIN BRIDGE BANK, N.A. | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 7/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 10/28/2025 | 5 Payee name CHAIN BRIDGE BANK, N.A. | |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2025 | Payee name CHAIN BRIDGE BANK, N.A. | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2025 | Payee name CHAIN BRIDGE BANK, N.A. | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEE |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 8/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/20/2025 | 5 Payee name CHAIN BRIDGE BANK, N.A. | |
| 6 Amount (\$) \$25.00 | 7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVENUE MCLEAN, VA 22101 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 12/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ECHO CANYON CONSULTING, LLC | | |
| Amount (\$) \$25,889.73 | Payee address; City; State; Zip Code 3700 DUKE STREET ALEXANDRIA, VA 22304 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 FIELD CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Freeman, Grayson | | |
| Amount (\$) \$10,425.10 | Payee address; City; State; Zip Code 207 FOX RUN LLANO, TX 78643 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Manager Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 9/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 10/30/2025 | 5 Payee name GDC3 CONSULTING | |
| 6 Amount (\$) \$12,260.59 | 7 Payee address; City; State; Zip Code 1512 HUCKLEBERRY LANE AUSTIN, TX 78748 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Texting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2025 | Payee name GDC3 CONSULTING | |
| Amount (\$) \$9,443.49 | Payee address; City; State; Zip Code 1512 HUCKLEBERRY LANE AUSTIN, TX 78748 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 Texting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2025 | Payee name Huffman, John | |
| Amount (\$) \$6,881.08 | Payee address; City; State; Zip Code 1991 E HIGHLAND SOUTHLAKE, TX 76092 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Mileage reimbursement |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/11 Rpt: 10/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/12/2025 | 5 Payee name Huffman | |
| 6 Amount (\$) \$1,724.10 | 7 Payee address; City; State; Zip Code 1991 E HIGHLAND SOUTHLAKE, TX 76092 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Mileage reimbursement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2025 | Payee name IMPERIUM FUNDRAISING | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code 1512 HUCKLEBERRY LN AUSTIN, TX 78748 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2025 | Payee name LEX POLITICA PLLC | |
| Amount (\$) \$4,000.00 | Payee address; City; State; Zip Code #129 7415 SW PKWY, BLDG 6, STE 500 AUSTIN, TX 78735 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL SERVICES |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 11/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/12/2025 | 5 Payee name LEX POLITICA PLLC | |
| 6 Amount (\$) \$5,877.50 | 7 Payee address; City; State; Zip Code #129 7415 SW PKWY, BLDG 6, STE 500 AUSTIN, TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LEGAL SERVICES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/28/2025 | Payee name LONE MOUNTAIN STRATEGIES, LLC | |
| Amount (\$) \$35,000.00 | Payee address; City; State; Zip Code 4012 FLAMING PEAK CT LAS VEGAS, NV 89129 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 FIELD CONSULTING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2025 | Payee name LONE MOUNTAIN STRATEGIES, LLC | |
| Amount (\$) \$22,650.00 | Payee address; City; State; Zip Code 4012 FLAMING PEAK CT LAS VEGAS, NV 89129 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting 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 FIELD CONSULTING |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 12/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/12/2025 | 5 Payee name MIKE LEWIS PHOTOGRAPHY | |
| 6 Amount (\$) \$378.88 | 7 Payee address; City; State; Zip Code 6836 PARKWOOD DR NORTH RICHLAND HILLS, TX 76182 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event Photography |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2025 | Payee name MS MARKETING | |
| Amount (\$) \$1,407.25 | Payee address; City; State; Zip Code 310 N MAIN STREET SUITE E KELLER, TX 66248 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Postcard Prnting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/31/2025 | Payee name MS MARKETING | |
| Amount (\$) \$3,509.47 | Payee address; City; State; Zip Code 310 N MAIN STREET SUITE E KELLER, TX 66248 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Postcard Printing |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/11 Rpt: 13/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/06/2025 | 5 Payee name PRIMAL FUNDRAISING | |
| 6 Amount (\$) \$5,600.00 | 7 Payee address; City; State; Zip Code 5706 E MOCKINGBIRD LANE #115-382 DALLAS, TX 75206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Fundraising Consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2025 | Payee name RED CURVE SOLUTIONS, LLC | |
| Amount (\$) \$43.20 | Payee address; City; State; Zip Code 138 CONANT STREET BEVERLY, MA 01915 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Batching and Caging |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/12/2025 | Payee name SHORT COURSE STRATEGIES, LLC | |
| Amount (\$) \$3,000.00 | Payee address; City; State; Zip Code PO BOX 9762 SEATTLE, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 14/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 10/28/2025 | 5 Payee name SRCP MEDIA INC | |
| 6 Amount (\$) \$174,744.00 | 7 Payee address; City; State; Zip Code 201 NORTH UNION STREET STE 200 ALEXANDRIA, VA 22314 | |
| 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 television advertising |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2025 | Payee name SRCP MEDIA INC | |
| Amount (\$) \$2,661.00 | Payee address; City; State; Zip Code 201 NORTH UNION STREET STE 200 ALEXANDRIA, VA 22314 | |
| 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 television advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/31/2025 | Payee name TEXAS TRADE GRAPHICS | |
| Amount (\$) \$1,362.50 | Payee address; City; State; Zip Code 2935 IRVING SUITE 201 DALLAS, TX 75247 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Sign Printing |
| Complete <u>ONLY</u> 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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 15/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 10/28/2025 | 5 Payee name WINRED TECHNICAL SERVICES LLC | |
| 6 Amount (\$) \$19.70 | 7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/30/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name WINRED TECHNICAL SERVICES LLC | | |
| Amount (\$) \$45.12 | Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/31/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name WINRED TECHNICAL SERVICES LLC | | |
| Amount (\$) \$8.04 | Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 16/16 | 2 FILER NAME Huffman, John R. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00068566 |
| 4 Date 11/03/2025 | 5 Payee name WINRED TECHNICAL SERVICES LLC | |
| 6 Amount (\$) \$39.40 | 7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name WINRED TECHNICAL SERVICES LLC | | |
| Amount (\$) \$102.54 | Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name WINRED TECHNICAL SERVICES LLC | | |
| Amount (\$) \$41.02 | Payee address; City; State; Zip Code 1776 WILSON BLVD STE 539 ARLINGTON, VA 22219 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT FEES |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |