CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST OFFICE USE ONLY MS / MRS MR 3 CANDIDATE / **OFFICEHOLDER** Date Received NAME NICKNAME Filed For Record ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / OFFICEHOLDER MAILING FRANKSTUP KI **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ OFFICEHOLDER (903) 202-5539 PHONE Amount \$ P MS / MRS (MR) 6 CAMPAIGN Date Processed TREASURER NAME SUFFIX NICKNAME Date Imaged

migration of the same of the		ghes		STATE: ZIP CODE '
7 CAMPAIGN TREASURER ÅDDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE).		r. 757	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 707- 5	539	ISION	
9 REPORT TYPE		perfore election	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD ,COVERED	. Month Day Yea	ar .	Month	Day Year
11 ELECTION	Month Day Year X	General Special	Other Description	gle de Carlo de Carlo de
12 OFFICE	OFFICE HELD (if any)	Con	STABLE,	Indeeson Coury Dry # 3
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	SPECIFIC	ARE REQUIRED TO REPORT THIS IN	NFORMATION ONLY IF THEY	BY POLITICAL COMMITTEES TO SUPPORT TE'S OR OFFICEHOLDER'S KNOWLEGGE OR RECEIVE NOTICE OF SUCH EXPENDITURES.
	G	O TO PAGE 2		
Forms provided by Texas I	thics Commission v	www.ethics.state.tx.us	housern	Revised 11/15/202

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	PLES. Allen RAL	Limital and the cipies of	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	ES OF LOANS, OR	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$ - 0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	\$ 2200.88	
456	4. TOTAL POLITICAL EXPENDITURE	\$ 2200. 88	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST	DAY \$ 212.55
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		THE \$ - 0-
	wear, or affirm, under penalty of perjury, that the quired to be reported by me under Title 15, Election	Code.	and correct and includes an information
		111	7/-
		Signature of Carro	didate or Officeholder
		10 0 0 0 0 0 0	200
	Please complete	either option below:	
(1) Affidavit			
Ale Ne			
NOTARY STAMP/SEA			
Comments and as benefited	hafara wa ku	N. J. H.	
Sworn to and subscribed		this the	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer adr	ministering oath	Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is	· RAY Hughes	, and my date of birth is	12-21-1955
My address is 320		FRANKSTON, Y	1. 75763 Anderson
4	(street)	(city) (sta	te) (zip code) (country)
Executed in _ / _ / _ / _ / _ / _ / _ / _ / _ / _	County, State of, on	theday of	8. , 20 <u>24</u> .
		(month)	(year)
		Signature of Candidat	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Con	nmission Filers)
Hughes Allew Pag		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ - 0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ - 0-
4. SCHEDULE E: LOANS		\$ -0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ - 0 -
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ - 0 -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s 2200. 88
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ -0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ -0-

MONE	TARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the requ	nested information is not applicable, DO NOT inc	clude this page in the	peport.
т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAM	1E		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
,	6 Contributor address; City;	State; Zip Code	
8 Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	-
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instru	F THIS SCHEDULE AS N ction guide for additional r	EEDED eporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

							 .			7.0,7
		EXPENDITU	IRE CATE	SORIES I	OR BOX	8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense	Office Ove Polling Ex Printing Ex Salaries/M	pense /ages/Contrac	Expense t Labor	Transport Travel (ortation Equip in District Out Of Distric	sing Expense ornent & Rela et ory not listed	ted Expense
Total pages Schedule G:	2 FILER NA	ME Uch+5	Allen	R			3 File	r ID (Ethic	s Commissi	on Filers)
Date	5 Payee nar									
JAN 12, 224	U.S.	PUSTAL	Soevi	ćE						
Amount (\$) B 9 49	7 Payee add	dress;				City;		State;	Zip	Code
Reimbursement from political contributions intended	1213	N. Link 5	7.		Pales	•	•	/ ¥.	258	
3	(a) Category	(See Categories listed at	the top of this so	chedule)	(b) Descri	ption M	mil (つトル	2024	Friance
PURPOSE OF	<u> </u>	_			ROSAT				PAT	
EXPENDITURE	074	Check if travel outside of Tex	es. Complete Sch	nedule T.		heck if Austin.				
	(4)	ate / Officeholder r			Office sou				Office he	eld
) Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Huela	Allow R	46	Pe	7.3	•	MBL	Ē		NA
Date	Payee na	me								ريوند ند .
JAN 23. 2024	Mada	on lo El	ECTION	s An	minist	RATU	e			
Amount (\$)	Payee ad					City;		State;	Zip	Code
Reimbursement from political contributions intended		V. MA/back		# 116	Descr) AL-571	iΕ,	X .	75	5801
PURPOSE	Category	(See Categories listed a	it the top of this s	cneaule)	_	,		. 0		
OF EXPENDITURE	07	LER_			LURRE		<u>\$7</u> 0	7 Krs	Stored	Vore
		Check if travel outside of Te	xas. Complete So	thedule T.		Check if Austin	n, TX, offic	eholder living		
Complete ONLY if direct	Candid	date / Officeholder	name		Office sou	•			Office h	910
expenditure to benefit C/	OH AL	ighes, K	1100 h	Cay 1	Per 3	Pons	7136	<u></u>		U/A
Date	Payee na	_								•
JAN 25, 2024	DES	Home GA	Aphics							
Amount (\$) 39	Payee ac	•			C	City;		State;	Zip C	ode
Reimbursement from political contributions intended	12,40				7	Zyla,	×	Z	75	70.3
PURPOSE	Categor	y (See Categories listed a	at the top of this s	schedule)	Desci	ription			÷.	
OF	Dais		2-1-1		2000	Camp	سنصله	MAIC	حرب	Flynns
EXPENDITURE	7-1917	Check if travel outside of Te	exas, Complete Se	chedule T.		Check if Austin				
	Candi	date / Officeholder			Office sou				Office h	eld
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		5. Allow	RAY	F	E-#3	•	157A	36		n b
	ATT	ACH ADDITIONAL	L COPIES C	OF THIS S	CHEDULE	AS NEE	DED			

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page if the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name Zip Code City; State; 8 Payee address; 7 Amount (\$) 9 TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City: State; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS /MR CANDIDATE / мі OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX Filed For Record 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** FEB 2 6 2024 **MAILING ADDRESS** 320 P.R. 7318 PRAOKETULE TX Casey Brown Elections Atiministrator y deput Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903) PHONE 707.5539 Receipt # Amount \$ MS / MRS (MR) 6 CAMPAIGN MI **TREASURER** R NAME **Date Processed** NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN STATE: ZIP CODE **TREASURER** ADDRESS (Residence or Business) クケつるっ CAMPAIGN EXTENSION **TREASURER** PHONE (903) 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day .COVERED 02 /24 /2024 02/06/2024 **THROUGH** ELECTION DATE 11 ELECTION Primary Runoff Month General Special 03/05/ OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Anderson 60. 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	11 1 1	16 Filer ID (Ethics Commission Filers)
	Hughes Allow RAY	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,420.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,670.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 21.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ _ 0 -
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is truequired to be reported by me under Title 15, Election Code.	e and correct and includes all information
		11/
	Signature of Co	andidate or Officeholder
		- · · · · · · · · · · · · · · · · · · ·
	Disease complete either ention heles	A/*
	Please complete either option below	''
(4) A (0)		
(1) Affidavit		
•		
NOTARY STAMP/SE	-Ai	
NOTART STAME 752		
Sworn to and subscribe	ed before me by this the	day of
20 to cert	ify which, witness my hand and seal of office.	
20	ny minon, minono my mana ana ara-	
	stering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer admini		
	OR	
(2) Unsworn Declara	ation	
My name is	RAY Nughes and my date of birth	s 12-21-1955
My address is 30	DR 7318 PANISTU.	74, 75763. Kudeau
		(state) (zip code) (country)
Executed in	County, State of, on theday of	18 1444 , 20 24.
1		(year)
1		Ul
		didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Et	hics Commission Filers)
Hughes, Allan Ray	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s - 0 -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ - 0 -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$ - 0 -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,670,44
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0 -
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	D \$ -U-
	· •

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salarles/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Amount (\$) State; Zip Code Relmbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED