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 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** MRS **TERESA** NAME FOR RECORD NICKNAME LAST SUFFIX HUGHES 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** FEB 2 9 2024 LORAINE MAILING **PO BOX 282** TX 79532 AT 1200 O'CLOCK **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (325)PHONE 725-9821 Receipt # Amount S MS / MRS / MR 6 CAMPAIGN TREASURER **MRS TERESA** NAME Date Processed NICKNAME LAST SUFFIX Date Imaged **HUGHES** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN CITY STATE: ZIP CODE **TREASURER** TX 79532 215 W. COLORADO AVE LORAINE **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (325) 725-9821 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year COVERED 01/ 01 / 31 / 2023 2023 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Month Day General Special 03 / 05 / 2024 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) COUNTY TAX ASSESSOR-COLLECTOR COUNTY TAX ASSESSOR-COLLECTOR 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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TERESA HUGH	ES	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	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)	\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00	
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information	
	2000a =	Hundes	
	Signature of Co	ndidate or Officeholder	
	Signature of Ca	ndidate of Officeriolder	
		<u> </u>	
	Please complete either option below	<i>r</i> :	
	·		
(1) Affidavit			
NOTARY STAMP/SEA	L	ray tebruary	
Sworn to and subscribed	before me by this the	19th day of JANUARY	
20 24 A to cartify which, witness my hand and seal of office.			
	CARLA KERN	COUNTY CLERK	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declaration			
My name is	, and my date of birth is		
		state) (zip code) (country)	
Executed in	County, State of , on the day of (month	, 20	
	(mont)	n) (year)	
	Signature of Candi	date/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME TERESA HUGHES	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		* D.CC
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		* 0.00
4.	SCHEDULE E: LOANS		\$ O.O.O
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	* D.OO
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		* 0. OU
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	* D.OD
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		* O.OO
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 750,00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	* D.OO
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ D.OD
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ D. O0

FILED FOR RECORD

FEB **2 9** 2024

O'CLOCK POLITICAL EXPENDITURES MADE FROM CARLA KERN County Clerk, Mitchell County, Texas SCHEDULE G PERSONAL FUNDS 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 Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code 750.00 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Political Expenditures Marc **PURPOSE** Other Expense OF Funds from Personal **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 Payee address: Amount (\$) City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE 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



(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY		
Date Received		
Date Hand-delivered or Date Postmarked		
Receipt #	Amount \$	
Date Processed		

Date Imaged

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name TERESA HUGHES	Filer ID #
1.00	

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the ______ report due on _____.
 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

		Tyre	Signature	of Filer	KOA
NOTARY STAMP/SEAL				\bigcup	
Sworn to and subscribed before me by _	TERESA HUGHES	thi	s the	day of	JANUARY_,
20 24 , to certify which, witness m	y hand and seal of office.				
	CARLA KERN			COUNTY	CLERK
Signature of officer administering oath	Printed name of officer adminis	stering oath		Title of officer	administering oath
	OR				
(2) Unsworn Declaration					
My name is	,	and my date of b	oirth is		•
My address is	(street)	(city)	,, (state)	(zip code)	(country)
Executed in Count	y, State of, on the _	day of _	(month)	, 20 (year)	e .
		Si	gnature of Fil	er (Declarant)	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.			
		•• Complete only if "Report Type" on page 1 is marked "Fin	al Report" ••	
1	C/OH N		2 Filer ID (Ethics Commission Filers)	
	TERE	TERESA HUGHES		
3	SIGNATURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS		
	Chec	k only one:		
	X	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	B.	B. ASSETS		
	Check only one:			
	X	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to	
5 OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••				
	X	I am aware that I remain subject to filing requirements applicable to an officeholder who file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	, after filing the last required report as	