



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Jane G Hughson** 15 Filer ID (Ethics Commission Filers)

16 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. 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 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)	\$	5,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	271.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	7,833.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 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.

AFFIX NOTARY STAMP / SEAL ABOVE

*Jane Hughson*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jane Hughson, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

*Tammy K Cook*  
Signature of officer administering oath

Tammy K. Cook  
Printed name of officer administering oath

Interim City Clerk  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,200.00
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 MADE FROM POLITICAL CONTRIBUTIONS		\$ 271.23
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 271.23
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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: 11
2 FILER NAME <b>Jane Hughson</b>		3 Filer ID (Ethics Commission Filers) N/A
4 Date 9/1/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brenda Smith</b>	7 Amount of contribution (\$) \$ 250
6 Contributor address; City; State; Zip Code P O Box 1656 San Marcos, TX 78667		
8 Principal occupation / Job title (See Instructions) attorney		10 Employer (See Instructions) self
Date 9/2/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mason Murphy</b>	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code 402 N Fredericksburg #3 San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Career Counselor		10 Employer (See Instructions) Texas State University
Date 9/4/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Evangelina Saucedo</b>	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code 211 Ebony San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)
Date 9/5/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bobby Warren</b>	Amount of contribution (\$) \$ 200
6 Contributor address; City; State; Zip Code 111 Manor Park San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) business owner		10 Employer (See Instructions) SM Athletic Club
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers)  N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/8/2020		Charles Sims		\$ 200
		6	Contributor address; City; State; Zip Code 304 Oak Ridge San Marcos, TX 78666		
8		Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/11/2020		Dixie Moffitt		\$ 100
			Contributor address; City; State; Zip Code 1580 Ranch Road 12 San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		James and Diana Baker		\$ 250
			Contributor address; City; State; Zip Code 727 Belvin St San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) physician,video film producer		10 Employer (See Instructions) self, self	
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		Bill and Janet Fly		\$ 200
		6	Contributor address; City; State; Zip Code 2509 Summit Ridge San Marcos, TX 78666		
		Principal occupation / Job title (See Instructions) rancher/retired		10 Employer (See Instructions) self	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>					

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/16/2020		Fay Gillham		\$ 150
		6	Contributor address; City; State; Zip Code 613 Dale San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) Lawyer		10 Employer (See Instructions) self		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		Carol Grimm		\$ 25
			Contributor address; City; State; Zip Code 612 Dale Dr San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		Ted and Irene Hindson		\$ 100
			Contributor address; City; State; Zip Code 1410 Alamo St San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		Nelwyn Moore		\$ 100
		6	Contributor address; City; State; Zip Code 809 Belvin San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/16/2020		Kathy and Randall Morris		\$ 250
		6	Contributor address; City; State; Zip Code 802 Belvin St San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) businessman/businesswoman		10 Employer (See Instructions) self, self		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		Peggy Townes		\$ 100
			Contributor address; City; State; Zip Code 102 Sierra Vista San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/16/2020		John and Janace Wade		\$ 50
			Contributor address; City; State; Zip Code 207 W Mimosa Circle San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/17/2020		Jim and Jean Baggett		\$ 150
		6	Contributor address; City; State; Zip Code 726 W Hopkins St San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2 FILER NAME <b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date 9/17/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Cynthia Gonzales and Bill Guajardo</b>	7	Amount of contribution (\$) <b>\$ 100</b>
6 Contributor address; City; State; Zip Code 113 Elm Hill Ct San Marcos, TX 78666			
8 Principal occupation / Job title (See Instructions) Associate Professor, retired		10 Employer (See Instructions) Texas State University	
Date 9/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bonnie Hughson</b>	Amount of contribution (\$) <b>\$ 250</b>	
Contributor address; City; State; Zip Code 1718 N IH 35 San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) business owner		10 Employer (See Instructions) Sur-Powr Battery	
Date 9/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ruth Jennings</b>	Amount of contribution (\$) <b>\$ 200</b>	
Contributor address; City; State; Zip Code 103 Chula Vista Dr San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date 9/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Linda and Paul Keese</b>	Amount of contribution (\$) <b>\$ 100</b>	
6 Contributor address; City; State; Zip Code 405 Oak Ridge Dr San Marcos, TX 78666			
Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)	

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/17/2020		Kate McCarty		\$ 75
		6	Contributor address; City; State; Zip Code 621 W San Antonio St San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/17/2020		John McGee		\$ 100
			Contributor address; City; State; Zip Code 3120 Summit Ridge Dr San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/17/2020		Harry and Ellie Stewart		\$ 100
			Contributor address; City; State; Zip Code 1253 W San Antonio St San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/17/2020		Fraye Stokes		\$ 500
		6	Contributor address; City; State; Zip Code P O Box 629 San Marcos, TX 78667		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/18/2020		Charles and Joye Blankenship		\$ 50
		6	Contributor address; City; State; Zip Code 2710 Dees St San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/18/2020		Keith Brown		\$ 75
			Contributor address; City; State; Zip Code 605 Scott San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/18/2020		Dan Loisel		\$ 75
			Contributor address; City; State; Zip Code 710 Rogers San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/18/2020		Joe and Helen Cox		\$ 50
		6	Contributor address; City; State; Zip Code 800 Franklin San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/18/2020		Jose Garcia		\$ 25
		6	Contributor address; City; State; Zip Code 2325 Jackson St #304 San Francisco, CA 94115		
8		Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)			
9/18/2020	Bob Kelso	\$ 75			
	Contributor address; City; State; Zip Code 1120 Cimarron Ct San Marcos, TX 78666				
Principal occupation / Job title (See Instructions) Sales Associate		10 Employer (See Instructions) Home Depot			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)			
9/18/2020	Gene Majors	\$ 50			
	Contributor address; City; State; Zip Code 410 Lamar Ave San Marcos, TX 78666				
Principal occupation / Job title (See Instructions) Attorney		10 Employer (See Instructions) self			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)			
9/18/2020	Marsha Moore	\$ 100			
	6 Contributor address; City; State; Zip Code 202 W Sierra Cir San Marcos, TX 78666				
Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)			

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/18/2020		Jim and Mary Pendergast		\$ 100
		6	Contributor address; City; State; Zip Code 108 Camaro Way San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/18/2020		Carol and Terry Serur		\$ 50
			Contributor address; City; State; Zip Code P O Box 874 San Marcos, TX 78667		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/19/2020		Ed and Sally Kury		\$ 50
			Contributor address; City; State; Zip Code 212 Sierra Ridge San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/19/2020		Tim and Lea Rice		\$ 200
		6	Contributor address; City; State; Zip Code 402 Lamar Ave San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Nurse Auditor, landlord		10 Employer (See Instructions) Humana, self		

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

		The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1:
2	FILER NAME	<b>Jane Hughson</b>		3	Filer ID (Ethics Commission Filers) N/A
4	Date	5	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7	Amount of contribution (\$)
	9/20/2020		Kyle Mylius		\$ 100
		6	Contributor address; City; State; Zip Code 1022 W MLK San Marcos, TX 78666		
8	Principal occupation / Job title (See Instructions) business owner		10 Employer (See Instructions) Root Cellar Café		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/23/2020		Joel & Betty Barnard		\$ 100
			Contributor address; City; State; Zip Code 620 N Bishop San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/23/2020		Melissa and Aart Millecam		\$ 50
			Contributor address; City; State; Zip Code 111 W Holland St San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired, retired		10 Employer (See Instructions)		
	Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)
	9/23/2020		Nancy Moore		\$ 100
		6	Contributor address; City; State; Zip Code 15 Tanglewood Trail San Marcos, TX 78666		
	Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions)		

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME <b>Jane Hughson</b>	3 Filer ID (Ethics Commission Filers) N/A
4	Date 9/23/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macel Sullivan
	6 Contributor address; City; State; Zip Code 21 Timbercrest San Marcos, TX 78666	7 Amount of contribution (\$) \$ 100

8 Principal occupation / Job title (See Instructions) Retired	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
		\$
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
		\$
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
		\$
	6 Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
---	--------------------------------

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fund raising 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: 1 of 2 Pages      2 FILER NAME **Jane Hughson**      3 Filer ID (Ethics Commission Filers) N/A

4 Date 9/24/2020      5 Payee name Discover

6 Amount (\$) \$ 10.06      7 Payee address; City; State; Zip Code P O Box 29013 Phoenix AZ 85038-9013

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Payment	(b) Description Payment of credit card bill for credit card expenditures.
	(c) <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date 9/24/2020      Payee name Capital One

Amount (\$) \$ 55.00      Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Credit Card Payment	Description Payment of credit card bill for credit card expenditures.
	<input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

Date 9/24/2020      Payee name Capital One

Amount (\$) \$ 10.27      Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Credit Card Payment	Description Payment of credit card bill for credit card expenditures.
	<input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising 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: 2 of 2 Pages	2 FILER NAME <b>Jane Hughson</b>	3 Filer ID (Ethics Commission Filers) N/A
--	----------------------------------	--

4 Date 9/24/2020	5 Payee name CitiCard
---------------------	--------------------------

6 Amount (\$) \$ 195.90	7 Payee address; City; State; Zip Code P O Box 78045 Phoenix, AZ 8045
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Credit Card Payment	(b) Description Payment of credit card bill for credit card expenditures.
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(c)  Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) \$	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
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Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$) \$	Payee address: City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
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Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 2 Pages	2 FILER NAME <b>Jane Hughson</b>	3 Filer ID (Ethics Commission Filers) N/A
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 271.23
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5 Date 9/2/2020	6 Payee name Amazon
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7 Amount (\$) \$ 10.06	8 Payee address; P.O. Box 960013	City; Orlando, FL	State; FL	Zip Code 32896-0013.
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description Sign hardware
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(c)  Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/2/2020	Payee name Office Depot
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Amount (\$) \$ 55.00	Payee address; 201 Springtown Way	City; State; Zip Code San Marcos, TX 78666
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description office supplies
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Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fund raising 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
	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 F4: 2 of 2 Pages	2 FILER NAME <b>Jane Hughson</b>	3 Filer ID (Ethics Commission Filers) N/A
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 9/9/2020	6 Payee name McCoys Building Supply
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7 Amount (\$) \$ 10.27	8 Payee address; 110 Wonder World Dr	City; San Marcos, TX	State; TX	Zip Code 78666
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description Sign hardware
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(c)  Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/24/2020	Payee name HostGator
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Amount (\$) \$ 195.90	Payee address; 5005 Mitchelldale #100	City; State; Zip Code Houston, TX 77092
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Political Advertising	Description Website expense
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Check if travel outside of Texas. complete Schedule T  Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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