

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | | | |
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| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 12 | | | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Jane</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Hughson</td> <td></td> <td></td> </tr> </table> | MS / MRS / MR | FIRST | MI | | | Jane | | | NICKNAME | LAST | SUFFIX | | | Hughson | | | <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p style="text-align: center;">Date Received</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">City Clerk</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">OCT 29 2018</p> <p style="text-align: center; font-size: 24px; font-weight: bold;">City of San Marcos</p> | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | |
| | Jane | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | |
| | Hughson | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>1600 N LBJ Dr.</td> <td></td> <td>San Marcos TX</td> <td></td> <td>78666</td> </tr> </table> | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 1600 N LBJ Dr. | | San Marcos TX | | 78666 | Date Hand-delivered or Date Postmarked | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| 1600 N LBJ Dr. | | San Marcos TX | | 78666 | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>396-8107</td> <td></td> </tr> </table> | AREA CODE | PHONE NUMBER | EXTENSION | (512) | 396-8107 | | Receipt # Amount \$ | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | |
| (512) | 396-8107 | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Jane</td> <td></td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Hughson</td> <td></td> <td></td> </tr> </table> | MS / MRS / MR | FIRST | MI | | | Jane | | | NICKNAME | LAST | SUFFIX | | | Hughson | | | Date Processed | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | |
| | Jane | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | |
| | Hughson | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>1600 N LBJ Dr.</td> <td></td> <td>San Marcos, TX</td> <td></td> <td>78666</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 1600 N LBJ Dr. | | San Marcos, TX | | 78666 | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| 1600 N LBJ Dr. | | San Marcos, TX | | 78666 | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">AREA CODE</td> <td style="width:30%; font-size: small;">PHONE NUMBER</td> <td style="width:50%; font-size: small;">EXTENSION</td> </tr> <tr> <td>()</td> <td>512.396.8107</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | () | 512.396.8107 | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | |
| () | 512.396.8107 | | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | |
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| <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">28</td> <td style="text-align: center;">2018</td> </tr> </table> </td> <td style="width:10%; text-align: center; vertical-align: middle;">THROUGH</td> <td style="width:40%; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2018</td> </tr> </table> </td> </tr> </table> | | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">28</td> <td style="text-align: center;">2018</td> </tr> </table> | Month | Day | Year | 9 | 28 | 2018 | THROUGH | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">27</td> <td style="text-align: center;">2018</td> </tr> </table> | Month | Day | Year | 10 | 27 | 2018 | | | | | |
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| 9 | 28 | 2018 | | | | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | | | | | | | | | | |
| 10 | 27 | 2018 | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-right: 1px solid black;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2018</td> </tr> </table> </td> <td style="width:60%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Primary</td> <td style="text-align: center;"><input type="checkbox"/> Runoff</td> <td style="text-align: center;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;"><input type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> </table> | | | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION DATE</td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2018</td> </tr> </table> | ELECTION DATE | | | Month | Day | Year | 11 | 6 | 2018 | <table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Primary</td> <td style="text-align: center;"><input type="checkbox"/> Runoff</td> <td style="text-align: center;"><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> General</td> <td style="text-align: center;"><input type="checkbox"/> Special</td> <td></td> </tr> </table> | ELECTION TYPE | | | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | |
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| 11 | 6 | 2018 | | | | | | | | | | | | | | | | | | | | | |
| ELECTION TYPE | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Council member, Place 4, San Marcos City Council | 13 OFFICE SOUGHT (if known) Mayor, San Marcos City Council | | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **Jane Hughson**

15 Filer ID (Ethics Commission Filers)
NA

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 325.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,222.50

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 220.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,354.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

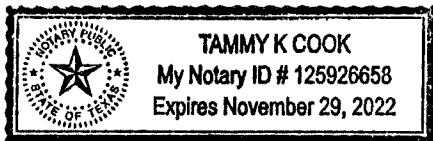
\$ 4,960.71

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

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.

Jane Hughson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jane Hughson, this the 29th day of October, 2018, 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

Dep. City Clerk
Title of officer administering oath

SUBTOTALS - C/OH

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

| | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 19 FILER NAME <p style="text-align: center; font-size: 1.2em;">Jane Hughson</p> | | 20 Filer ID (Ethics Commission Filers) <p style="text-align: center; font-size: 1.2em;">NA</p> |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,850.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 372.50 |
| 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 | \$ 5,229.46 |
| 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 | \$ 3,125.03 |
| 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: 3 |
| 2 | | FILER NAME Jane Hughson | | 3 | Filer ID (Ethics Commission Filers) N/A |
| 4 | Date 10/1/2018 | 5 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Earl | 7 | Amount of contribution (\$) \$ 200.00 |
| | | 6 | Contributor address; City, State, Zip Code 2108 Derby Ct San Marcos, TX 78666 | | |
| 8 | | Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) | |
| | | Date 10/1/2018 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie Gilbert | |
| | | Contributor address; City, State, Zip Code 15 Timbercrest St San Marcos, TX 78666 | | Amount of contribution (\$) \$ 75.00 | |
| Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) | | | |
| | | Date 10/1/2018 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Keese | |
| | | Contributor address; City, State, Zip Code 405 Oak Ridge Dr San Marcos, TX 78666 | | Amount of contribution (\$) \$ 100.00 | |
| Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) | | | |
| | | Date 10/5/2018 | | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Agnew | |
| | | Contributor address; City, State, Zip Code 716 Belvin St San Marcos, TX 78666 | | Amount of contribution (\$) \$ 100.00 | |
| Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 | Total pages Schedule A1: 3 |
| 2 FILER NAME Jane Hughson | | 3 | Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10/5/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Baker | 7 | Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code 727 Belvin St San Marcos, TX 78666 | | | |
| 8 Principal occupation / Job title (See Instructions) physician | | 10 Employer (See Instructions) | |
| Date 10/5/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Germer | Amount of contribution (\$) \$ 150.00 | |
| Contributor address; City; State; Zip Code De Los Santos San Marcos, TX 78666 | | | |
| Principal occupation / Job title (See Instructions) owner | | 10 Employer (See Instructions) Germer Insurance Services | |
| Date 10/5/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Meeks | Amount of contribution (\$) \$ 100.00 | |
| Contributor address; City; State; Zip Code 450 Stagecoach Trail San Marcos, TX 78666 | | | |
| Principal occupation / Job title (See Instructions) Senior Lecturer | | 10 Employer (See Instructions) Texas State University | |
| Date 10/5/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelwyn Moore | Amount of contribution (\$) \$ 100.00 | |
| 6 Contributor address; City; State; Zip Code 809 Belvin San Marcos, TX 78666 | | | |
| Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 |
| 2 FILER NAME Jane Hughson | | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10/7/2018 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Women's Political Caucus | 7 Amount of contribution (\$) \$ 300.00 |
| 6 Contributor address; City; State; Zip Code 415 N Guadalupe #420 San Marcos, TX 78666 | | |
| 8 Principal occupation / Job title (See Instructions) NA | | 10 Employer (See Instructions) |
| Date 10/12/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dianne Pape | Amount of contribution (\$) \$ 200.00 |
| Contributor address; City; State; Zip Code 400 Blanco St San Marcos, TX 78666 | | |
| Principal occupation / Job title (See Instructions) retired | | 10 Employer (See Instructions) |
| Date 10/12/2018 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Wurzbach | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 407 Blanco San Marcos, TX 78666 | | |
| Principal occupation / Job title (See Instructions) Sr Network Analyst | | 10 Employer Grande Communications (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) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME Jane Hughson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/5/18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thea Dake | 8 Amount of Contribution \$ | 9 In-kind contribution description |
| | 7 Contributor address; City; State; Zip Code 220 N Johnson San Marcos TX 78666 | \$112.50 | food and beverages for Meet/Greet |
| | | <input type="checkbox"/> check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Psychiatric Social Worker | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Austin Neuropsychiatric Associates | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/5/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Baker | Amount of Contribution \$ | In-kind contribution description |
| | Contributor address; City; State; Zip Code 727 Belvin San Marcos TX 78666 | \$112.50 | food and beverages for Meet/Greet |
| | | <input type="checkbox"/> check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) retired | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME Jane Hughson | | 3 Filer ID (Ethics Commission Filers) NA | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/8/18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sara DeFrain 7 Contributor address; City; State; Zip Code 820 E Bluebonnet Circle San Marcos TX 78666 | 8 Amount of Contribution \$ | 9 In-kind contribution description \$35.00 food and beverages for Meet/Greet <input type="checkbox"/> check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) retired | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/21/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lea Rice Contributor address; City; State; Zip Code 104 W. Laurel Lane San Marcos TX 78666 | Amount of Contribution \$ | In-kind contribution description \$112.50 food and beverages for Meet/Greet <input type="checkbox"/> check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Nurse Auditor | | Employer (FOR NON-JUDICIAL) (See Instructions) Humana | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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: 3 | 2 FILER NAME Jane Hughson | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10/6/2018 | 5 Payee name Capital One | |
| 6 Amount (\$) \$ 871.95 | 7 Payee address; City; State; Zip Code P O Box 60599 City of Industry, CA 91716 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures." |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/6/2018 | Payee name Capital One | |
| Amount (\$) \$ 410.24 | 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 <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures." |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/19/2018 | Payee name Office Depot | |
| Amount (\$) \$ 176.72 | Payee address; City; State; Zip Code 201 Springtown Way San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Political Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards |
| Complete <u>ONLY</u> 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: 3 | 2 FILER NAME Jane Hughson | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10/19/2018 | 5 Payee name Office Depot | |
| 6 Amount (\$) \$ 50.00 | 7 Payee address; City; State; Zip Code 201 Springtown Way San Marcos, TX 78666 | |
| 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 stamps |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/25/2018 | Payee name San Marcos Daily Record | |
| Amount (\$) \$ 283.50 | Payee address; City; State; Zip Code 1910 IH 35 San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Political Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ads |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/25/2018 | Payee name The UPS Store | |
| Amount (\$) \$ 92.02 | Payee address; City; State; Zip Code 415 N Guadalupe San Marcos, TX 78666 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Political Advertising | Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards |
| 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: 3 | 2 FILER NAME Jane Hughson | 3 Filer ID (Ethics Commission Filers) N/A |
| 4 Date 10/27/2018 | 5 Payee name Sams Club MC/SYNCB | |
| 6 Amount (\$) \$ 2701.92 | 7 Payee address; City; State; Zip Code P O Box 960013 Orlando FL 32896-0013 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures." |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/27/2018 | Payee name Sams Club MC/SYNCB | |
| Amount (\$) \$ 423.11 | Payee address; City; State; Zip Code P O Box 960013 Orlando FL 32896-0013 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Credit Card Payment | Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment of credit card bill for credit card expenditures." |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. complete Schedule T <input type="checkbox"/> 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 |

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/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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 | 2 FILER NAME Jane Hughson | 3 Filer ID (Ethics Commission Filers) NA |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$3,125.03 |
| 5 Date 10/18/2018 | 6 Payee name Paragon | |
| 7 Amount (\$) \$ 2,701.92 | 8 Payee address; City; State; Zip Code 10423 McKalla Place Austin, TX 78758 | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 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 |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date 10/18/2018 | Payee name SuperCheap Signs | |
| Amount (\$) \$ 423.11 | Payee address; City; State; Zip Code 9200 Waterford Centre Blvd., Suite #100 Austin, TX 78758 | |
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED