CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

FILED
Date Received O'CLOCK A M
11:27 JAN 16 2024
SABRA SRADER
ELECTION ADMINISTRATOR
DENTON COUNTY, TEXAS
Deputy

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Wesley | FIRST: Darryl | MI:
NICKNAME: "Wes" | LAST: Hughes | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 105 Highpoint | APT / SUITE #: | CITY: Sunset. | STATE: TX | ZIP CODE: 76270

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (940) | PHONE NUMBER: 577-1456 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Debra | MI: Lynn
NICKNAME: "Debbie" | LAST: Hughes | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 105 Highpoint | APT / SUITE #: | CITY: Sunset. | STATE: TX | ZIP CODE: 76270

8 CAMPAIGN TREASURER PHONE

AREA CODE: 940 | PHONE NUMBER: 393-2791 | EXTENSION:

9 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month: 8 | Day: 16 | Year: 23 — THROUGH — Month: 1 | Day: 15 | Year: 24

11 ELECTION

ELECTION DATE: Month: 3 | Day: 5 | Year: 24

ELECTION TYPE:
- [X] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Sheriff

14 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.

☐ Additional Pages

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Wesley Hughes		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4265.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 4837.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 615.12

18 SIGNATURE 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.

Debra Hughes
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Debra Lynn Hughes, and my date of birth is 8-1-1968

my address is 105 Highpoint (street), Sunset (city), TX (state), 76270 (zip code), USA (country).

Executed in Wise County, State of Texas, on the 14 day of Jan. (month), 2024 (year).

Debra Lynn Hughes
Signature of Candidate/Officeholder (Declarant)

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.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 385.58
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ —
4.	☑	SCHEDULE E: LOANS	$ 1615.12
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 4837.05
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 980.47
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8.24	Kim Cunningham	10693 CR 452 Crossplains TX 76443	100.00	housewife	
8.25	Randall Powers	320 E. Center #531 Peculiar, MO 64078	120.00	Fire Marshall	
8.26	Nathan Graves		25.00	law enforcent	Sanson Park Police dept
9/28	Kay Swaim	PO Box 363 Chico TX 76431	500.00	retired judge	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/6/2023	David Allen	154 CR 3214 Bridgeport, TX 76426	300.00	retired	
10/20/23	Kenney Kimbro	PO Box 552 Greenwood TX 76246	250.00		
12/4/23	Ken Kirkeby	PO Box 1658 Decatur TX 76234	50.00	Security investments	Self
11/22	Billy Brewer	1103 13th St Bridgeport, TX 76426	20.00	retired	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
11/22/23	Greg Graves	80.00
	6 Contributor address; City; State; Zip Code: 1104 Krista dr Bridgeport TX 76426	
8 Principal occupation / Job title (See Instructions): Self employed	9 Employer (See Instructions): GT Construction	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
1/8/24	Mike Phillips	2500.00
	Contributor address; City; State; Zip Code: 218 E. 4th St Justin TX 76247	
Principal occupation / Job title (See Instructions): tow truck owner	Employer (See Instructions): All American towing	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
1/8/24	Richard Franklin	250.00
	Contributor address; City; State; Zip Code: 1406 Harwood Bridgeport TX 76426	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions):	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
1/13/24	Suzanne Clement	60.00
	Contributor address; City; State; Zip Code: 325 Lakeview dr Runaway Bay TX 76426	
Principal occupation / Job title (See Instructions): housewife	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
	Debra Hughes	10.00
	6 Contributor address; City; State; Zip Code: 105 Highpoint Sunset TX 76270	
8 Principal occupation / Job title (See Instructions): Insurance sales rep	9 Employer (See Instructions): TEXAS FARM Bureau	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date: 11-11-23

5 Payee name: State Street Pizza

6 Amount ($): 74.05

7 Payee address: 113 N. State St City: Decatur State: TX Zip Code: 76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): food expenses

(b) Description: meet & greet

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Expenditure 2

Date: 11-11-23

Payee name: Gather Restaurant

Amount ($): 400.00

Payee address: 1201 Halsell st City: Bridgeport State: TX Zip Code: 76426

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): food expenses

Description: meet & greet

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Expenditure 3

Date: 1/7/24

Payee name: Shredderz Graffix

Amount ($): 1244.88

Payee address: 102 S. Hwy 287 City: Decatur State: TX Zip Code: 76234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing expense

Description: 125 signs + 5 banners

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

4 Date: 12-15-23

5 Payee name: Wise County Messenger

6 Amount ($): 500.00

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): advertising

(b) Description: hats in the ring ad

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date: 10-23-23

Payee name: Wise County republican Party

Amount ($): 150.00

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): fees

Description: filing fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

---

Date: 1-13-24

Payee name: Shredderz Graffix

Amount ($): 887.65

Payee address; City; State; Zip Code: 102 S. Hwy 287 Decatur, TX 76234

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): printing

Description: 50 Signs & 15 banners

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

4 Date: 11.2.23

5 Payee name: Office

6 Amount ($): 16.89
☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 1010 W. Business 380 Decatur TX 76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing

(b) Description: flyers for meet + greet

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date: 8.24.23

Payee name: Vista Print

Amount ($): 216.15
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: Online

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing

Description: business cards

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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Date: 11-7-23

Payee name: U printing

Amount ($): 234.13
☐ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: Online

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing

Description: flyers

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: Wesley Hughes

3 Filer ID (Ethics Commission Filers)

4 Date: 10.13.23

5 Payee name: Signs on the Cheap

6 Amount ($): 420.82
☐ Reimbursement from political contributions intended

7 Payee address: online City: State: Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing

(b) Description: 50 signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date: 10.13.23

Payee name: Banners on the Cheap

Amount ($): 92.48
☐ Reimbursement from political contributions intended

Payee address: Online City: State: Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing

Description: 4x8 ft banner

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date:

Payee name:

Amount ($):
☐ Reimbursement from political contributions intended

Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule):

Description:

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

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