

# 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.
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b></div> <div>FIRST <b>Pamela</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>Hughes</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received  <span style="font-size: 1.2em; color: blue;">7/15/25 @ 12:14pm</span>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; width: 200px; height: 20px; display: inline-block;"></div> Richardson, TX; 75082		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>Mrs.</b></div> <div>FIRST <b>Kathrine</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME <b>Katie</b></div> <div>LAST <b>Brugger</b></div> <div>SUFFIX <b>E</b></div> </div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Richardson, TX 75082		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>           Month      Day      Year  <b>4      /      24      /      25</b> </div> <div>THROUGH</div> <div>           Month      Day      Year  <b>7      /      15      /      25</b> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>           ELECTION DATE            Month      Day      Year  <b>5      /      3      /      25</b> </div> <div>           ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special         </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>RISD Trustee, Single Member District 2</b>	
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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

Rec'd 7/15/25 @ 12:14pm

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 1,250.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 384.21
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,664.01
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

  
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

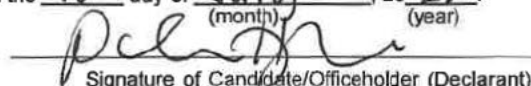
OR

**(2) Unsworn Declaration**

My name is Pamela Hughes, and my date of birth is [REDACTED].

My address is [REDACTED], Richardson, TX, 75081, USA.  
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of Texas, on the 15 day of JULY, 2025.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 384.21
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	\$
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: 1
2 FILER NAME Pamela Hughes		3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Skip Parker 6 Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75082	7 Amount of contribution (\$)  <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Manasseh Durkin Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75080	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Dwala Kuhn Contributor address; City; State; Zip Code [REDACTED] Richardson, TX 75081	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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.		

# 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.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Pamela Hughes		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/07/2025		<b>5</b> Payee name Squarespace			
<b>6</b> Amount (\$) 74.65		<b>7</b> Payee address; City; State; Zip Code [REDACTED] New York, NY 10014			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking		<b>(b)</b> Description Online donations processing fees for April 25 to May 7, 2025		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/12/2025		Payee name Squarespace			
Amount (\$) 38.38		Payee address; City; State; Zip Code [REDACTED] New York, NY 10014			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other (Website expense)		Description Website hosting and donate module		
	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	
Date 05/05/2025		Payee name Good Party LLC			
Amount (\$) 134.61		Payee address; City; State; Zip Code [REDACTED] Rolling Hills Estates, CA 90274			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - Text Message Service		Description Text Message Service		
	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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					