### JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

### FORM JC/OH COVER SHEET PG 1

=				
T	ne JC/OH Instruction G	2 PAGE# 1 of 10		
<u> </u>		0	0001010	10110
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / M	MI 	OFFICE USE ONLY  VALLER CO Date Received  Date Received  Date Received  Date Received  Date Received  Date Received
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 382 Prairie View, TX 77446	STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. Lanicia  Nickname Last	MI	Date Processed  Date Imaged
!		Jones		
6	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 5929 Almeda #11209 Houston, TX 77004	CITY; STATE;	ZIP CODE
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 561-8102	EXTENSION	
8	REPORT TYPE	January 15 30th day before election  July 15 X 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9	PERIOD COVERED	Month Day Year THROUGH 09/24/2010	Month Day 10/23/20	Year 10
10	ELECTION	Month Day Year ELECTION TYPE  11/02/2010 ELECTION TYPE  Primary	Runoff X	General Special
1	I OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known County Court at Law	v Judge
1;	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditure Candidates are required to disclose this information only if the control of the co	res made by others without the ca hey receive notification of the dire	andidate's prior consent or approval. cot campaign expenditure.
	BY OTHER INDIVIDUALS	Name		
		Address/PO Box; Apt. / Suite #; City; State; Zip Cod	e	
	additional pages			
Γ		COTORAG	· E 2	

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Hugh	15 ACCOUNT # (Et 00001010	hics Commission filers)			
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the ca tout the candidate's or officeholder's knowledge or consent. Candidately try receive notice of such expenditures	ndidate / officeholder. The es and officeholders are re	se expenditures may equired to report this	
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,925.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.				
	4. TOTAL I	POLITICAL EXPENDITURES	\$	1,480.08	
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,000.0			
OUTSTANDING LOAN TOTALS		5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00			
18 AFFIDAVIT	M				



LAURA J ELLIS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 03/25/2014 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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <a href="Erica Hughes">Erica Hughes</a>, this the <a href="25">25 th</a> day of <a href="25">07 to Derive to a certify which, witness my hand and seal of office.

The Instruction Guide explains how to complete this form.			1 PAGE#	1 PAGE# Schedule: 1/5 Report: 3/10		
2 FILER NAME	Hughes, Erica (Ms.)	3 ACCOUNT # (Ethics Commission filers)				
	1103,100, 2,100 (110.)		l	Culics Commission ners)		
			00001010	T-445-1115-11-11-11-11-11-11-11-11-11-11-11-		
4 Date	5 Full name of contributor  out-of-state PAC (ID#	<u> </u>	7 Amount of	8 In-kind contribution		
	Carpienter, David (Mr.)		contribution (\$)	description (if applicable)		
10/22/2010			<b>*</b> 50.00	Į.		
10/22/2010	6 Contributor address; City; State; Zip Code		\$50.00	1		
	801 Donoho St. Hempstead, TX 77445			1		
	Tiompotodu, 1777770			_		
			(If travel outside of	Texas, complete Schedule T)		
-	principal occupation	10 Contributor's job	title			
Teacher		Teacher				
44 Contributorio		49 1 6	-ib. A-d (if -			
11 Contributor's e Hempstead I		12 Law firm of contr	nbutors spouse (# a	ny)		
nempsteau i	35					
13 If contributor is	a child, law firm of parent(s) (if any)					
		· · · · · · · · · ·				
Date	Full name of contributor	!)	Amount of	In-kind contribution		
	Cash, Unitemized		contribution (\$)	description (if applicable)		
				1		
10/15/2010	Contributor address; City; State; Zip Code		\$25.00	1		
	2007 Pinehill Dr. E.					
	Pearland, TX 77581			•		
			(if travel outside of	Texas, complete Schedule T)		
Contributor's p	principal occupation	Contributor's job	title			
None		None				
			· · · · · · · · · · · · · · · · · · ·			
	employer / law firm	Law firm of contr	ributor's spouse (if a	ny)		
None						
If contributor is	s a child, law firm of parent(s) (if any)					
ii continuator ii	s a crind, law into or parentes) (it any)					
Date	Full name of contributor  out-of-state PAC (ID#	<b>†</b> )	Amount of	In-kind contribution		
-	Colbert, Jonique (Ms.)	,	contribution (\$)	description (if applicable)		
10/01/2010	Contributor address; City; State; Zip Code		\$25.00	1		
	3939 Brairgrove LN			, 1		
	Dallas, TX 75287			•		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's	principal occupation	Contributor's job	title			
Accountant		Accountant				
Contributor's	employer / law firm	Law firm of cont	ributor's spouse (if a	ny)		
Price Water	nouse					
	11.11.11.11.11.11.11.11.11.11.11.11.11.	<u> </u>				
If contributor is a child, law firm of parent(s) (if any)						

		<del></del>	<u> </u>			
The I NSTRUCTIO	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 2/5	1 PAGE # Schedule: 2/5 Report: 4/10			
2 FILER NAME	AME Hughes, Erica (Ms.)			3 ACCOUNT # (Ethics Commission filers)		
	Sires, Eller (iller)			Lands Commission more)		
4 5			00001010			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Cooper, Barbara (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/02/2010	6 Contributor address; City; State; Zip Code 6408 Talbot Pkwy Dallas, TX 75232		\$500.00	         Texas, complete Schedule T)		
	rincipal occupation	10 Contributor's job Requested	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Texas, complete Schedule 1)		
Requested		Requested				
11 Contributor's e Requested	employer / law firm	12 Law firm of contr	ributor's spouse (if a	ny)		
43 If contributes is	a child law firm of parent(s) (if any)					
13 If contributor is a child, law firm of parent(s) (if any)						
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/02/2010	Contributor address; City; State; Zip Code 2203 se St. Andrews		\$250.00	<u> </u> 		
	Apt 23 Bentonville, AR 72712		(If travel outside of	Texas, complete Schedule T)		
Contributor's p Senior Mana	orincipal occupation ger	Contributor's job title Senior Manager				
Contributor's e WalMart Sto	employer / law firm res	Law firm of contributor's spouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor  uut-of-state PAC (ID: Edwards, David (Mr.)	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/14/2010	Contributor address; City; State; Zip Code 2201 Caroline St.		\$50.00	1		
	Houston, TX 77002		1	1		
			(If travel outside of	Texas, complete Schedule T)		
Contributor's p	orincipal occupation	Contributor's job Salesman	title			
	employer / law firm nal Insurance	Law firm of contributor's spouse (if any)				
If contributor is a child, law firm of parent(s) (if any)						

		•	•		
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#		
			Schedule: 3/5 Report: 5/10		
2 FILER NAME	Hughes, Erica (Ms.)		3 ACCOUNT # (Ethics Commission filers)		
			00001010		
4 Date	5 Full name of contributor	:)	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)		
10/18/2010	6 Contributor address; City; State; Zip Code 1907 Lingard Park Ct. Houston, TX 77047		\$75.00     		
			(if travel outside of Texas, complete Schedule T)		
9 Contributor's p Engineer	principal occupation	10 Contributor's job Engineer	title		
11 Contributor's e	employer / law firm	12 Law firm of contr	ibutor's spouse (if any)		
13 If contributor is a child, law firm of parent(s) (if any)					
Date	Full name of contributor	)	Amount of I In-kind contribution contribution (\$) description (if applicable)		
10/05/2010	Contributor address; City; State; Zip Code 1713 Coventry Ln. Allen, TX 75002		\$50.00		
			(If travel outside of Texas, complete Schedule T)		
Contributor's p HR Manager	orincipal occupation	Contributor's job HR Manager	une		
Contributor's e State Farm	employer / law firm	Law firm of contr	ibutor's spouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor ☐ out-of-state PAC (ID# Hall, Chabli (Ms.)	<b>!</b> )	Amount of In-kind contribution contribution (\$) description (if applicable)		
10/20/2010	Contributor address; City; State; Zip Code 5380 W. 34th St. #156 Houston, TX 77092		\$500.00   ·		
			(If travel outside of Texas, complete Schedule T)		
Contributor's Attorney	principal occupation	Contributor's job Attorney	title		
Contributor's Law Office of	employer / law firm of C.S. Hall	Law firm of cont	ributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					

SCHEDULE A (J)	S	Cŀ	(ED	U	_E	A	(J	1
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The Instruction	N GUIDE explains how to complete this form.	1 PAGE#				
	Constant not to complete the form			Schedule: 4/5 Report: 6/10		
2 FILER NAME	Hughes, Erica (Ms.)			3 ACCOUNT # (Ethics Commission filers)		
				00001010		
				<del></del>		
4 Date	5 Full name of contributor	<u> </u>	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	Johnson, Frank (Mr.)				,	
40/40/0040				<b>650.00</b>		
10/10/2010	6 Contributor address; City; State; Zip Code			\$50.00		
	4621 Robin Dr.				i	
	Keller, TX 75248				·	
				(If travel outside of	Texas, complete Schedule T) 🔲	
9 Contributor's p	rincipal occupation	10 Con	tributor's job	title		
Requested			quested			
11 Contributor's e	mployer / law firm	12 Law	firm of contr	ibutor's spouse (if ar	y)	
Requested						
13 If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor	<b>#</b>	)	Amount of	In-kind contribution	
	Jones, Schawanna (Ms.)			contribution (\$)	description (if applicable)	
10/18/2010	Contributor address; City; State; Zip Code			\$100.00	,	
	3911 Brighton Springs LN			<u>'</u>		
	Katy, TX 77449				ł į	
				(if travel outside of	Texas, complete Schedule T)	
0 - 1-1-1-1-	-!!!	C	ntributor's job			
Accountant	principal occupation		countant	uue		
Accountant		, 100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Contributor's e	employer / law firm	Lav	firm of contr	ibutor's spouse (if ar	nv)	
Halliburton	inproyou i tutti iiiii			, , , , , , , , , , , , , , , , , , ,	"	
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor	‡	)	Amount of	In-kind contribution	
	Lewis, Inner			contribution (\$)	description (if applicable)	
	<b>,</b>				1	
10/06/2010	Combathus and decree City States 7in Code			\$50.00	1	
	Contributor address; City; State; Zip Code 2308 Tosca Ln.					
	Dallas, TX 75224				1	
	·			(If traval autoids of	Texas, complete Schedule T)	
					Texas, complete schedule ()	
Contributor's principal occupation Contributor's job title						
Retired	Retired Retired					
Contributor's employer / law firm Law firm of contributor's spouse (if any)						
	employer / law firm	Law	V HITTE OF CONT	innum s shonse (ii si	'y <i>)</i>	
Retired		1				
If contain the	e a child law firm of parent(e) (if any)	<u> </u>				
If contributor is a child, law firm of parent(s) (if any)						

		*	-		
The Instruction	N GUIDE explains how to complete this form.		1 PAGE#		
THE MISTROCTIC	on Color explains from to complete this form.		Schedule: 5/5 Report: 7/10		
2 FILER NAME	Hughes, Erica (Ms.)		3 ACCOUNT # (E	Ethics Commission filers)	
			00001010		
4 Date	5 Full name of contributor  out-of-state PAC (ID# Mathews, Steven (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
10/03/2010	6 Contributor address; City; State; Zip Code 3211 Riverlawn Dr. Kingwood, TX 77339		\$50.00   		
			(If travel outside of 1	Texas, complete Schedule T)	
9 Contributor's p Engineer	rincipal occupation	10 Contributor's job Engineer	title		
11 Contributor's e Bechtel Engi	* *	12 Law firm of contr	ibutor's spouse (if an	у)	
13 If contributor is	a child, law firm of parent(s) (if any)				
Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/17/2010 Contributor address; City; State; Zip Code 10027 Spice Lane #904 Houston, TX 77072			\$50.00	Texas, complete Schedule T)	
Contributor's p Minister	rincipal occupation	Contributor's job Minister	title		
	employer / law firm nsion Church	Law firm of contr	ibutor's spouse (if an	ny)	
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
10/15/2010	Contributor address; City; State; Zip Code 4227 Deerbriar Run Dr. Houston, TX 77048		\$100.00		
			(If travel outside of	Texas, complete Schedule T)	
Contributor's p Teacher	orincipal occupation	Contributor's job Teacher	title		
Contributor's e Hempstead	employer / law firm ISD	Law firm of cont	ributor's spouse (if ar	iy)	
If contributor is a child, law firm of parent(s) (if any)					

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Restal Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a extension pot listed above)

Event Expense Fees	Polling Expense Travel Out Of Disting Expense Office Overhead/R				
The Instruction Guide explains how to complete this form.					
1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)			
Schedule: 1/3 Re	port: 8/10 Hughes, Erica (Ms.)	00001010			
4 Date	5 Payee name				
10/19/2010	4 Eyes Media				
6 Amount (\$)	7 Payee address City; State; Zip Code				
\$160.00	1411 Ash Oak Missouri City, TX 77489				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Advertising Expense	Commercial Ad on Student Network			
EXPENDITURE					
9 Complete ONLY if direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
10/10/2010	Hempstead Ministeral Alliance				
Amount (\$)	Payee address City; State; Zip Code				
\$25.00	445 Main Street Hempstead, TX 77445				
· <u>v=</u>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Advertising Expense	Advertisment / Event Annoucments			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
09/28/2010	Hempstead Football Booster				
Amount (\$)	Payee address City; State; Zip Code				
\$50.00	801 Donoho St. Hempstead, TX 77445				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE OF	Advertising Expense	Advertisment / Event Annoucments			
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:			
Date	Payee name				
09/30/2010	More Than Signs				
Amount (\$)	Payee address City; State; Zip Code				
\$554.78	54171 Highway 290 Hempstead, TX 77445				
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)			
PURPOSE	Advertising Expense	Yard Signs			
OF EXPENDITURE					
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:			

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Complete ONLY if

direct expenditure

Candidate / Officeholder name

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out of District
Office Overhead/Rental Expense

Loan Repayment/Relmbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Office held:

Office sought:

Candidate/Officeholder/Political Committee **Event Expense** Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 1 PAGE# FILER NAME 3 ACCOUNT # (TEC filers) Hughes, Erica (Ms.) 00001010 Schedule: 2/3 Report: 9/10 5 Payee name Date Richway Fireworks 10/17/2010 6 Amount (\$) Payee address City; State; Zip Code 19940 Fm 529 Rd \$127.71 Cypress, TX 77433 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Event Expense** Campaign Decorations OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name Valero Gas Station 10/14/2010 Payee address Zip Code Amount (\$) City; State; 946 Austin St. \$37.09 Hempstead, TX 77445 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Salaries/Wages/Contract Labor Gas for Volunteers OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Pavee name 10/02/2010 Wells Fargo Withdraw City; State; Zip Code Payee address Amount (\$) \$5.50 2211 Main St. Waller, TX 77484 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Donuts/Water for Block Walkers Food/Beverage Expense **EXPENDITURE** Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Pavee name Wells Fargo Withdraw 10/05/2010 Payee address City; State; Zip Code Amount (\$) 2211 Main St. \$20.00 Waller, TX 77484 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE Church Contributions** Advertising Expense OF **EXPENDITURE** 

#### **POLITICAL EXPENDITURES**

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

snse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 PAGE#	2 FILER NAME	3 ACCOUNT # (TEC filers)
Schedule: 3/3 Re	eport: 10/10 Hughes, Erica (Ms.)	00001010
4 Date	5 Payee name	
10/10/2010	Wells Fargo Withdraw	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$50.00	2211 Main St. Waller, TX 77484	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF	Polling Expense	Poll Workers
EXPENDITURE		
9 Complete ONLY if	Candidate / Officeholder name	Office sought: Office held:
direct expenditure to benefit C/OH		
Date	Payee name	
10/20/2010	Wells Fargo Withdraw	
Amount (\$)	Payee address City; State; Zip Code	
\$450.00	2211 Main St. Waller, TX 77484	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE	Polling Expense	Block Walkers
OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	2.000.00
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held: