

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>5</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>GENEANE</u> FIRST <u>R</u> MI	Date Received FEB 23 2022 R000
	NICKNAME LAST SUFFIX <u>HUGHES</u>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election Other (specify) _____	Date Hand-delivered or Date Postmarked
		Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year	Date Processed
	<u>01/15/22</u> THROUGH <u>02/14/22</u>	Date Imaged

6 EXPLANATION OF CORRECTION
ERRORS IN DATES & AMOUNTS.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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 Geneane Hughes, and my date of birth is 01-14-1974.

My address is 2618 Tucker Creek Dr., Fresno TX 77548 US
(street) (city) (state) (zip code) (country)

Executed in F. Bend County, State of TEXAS, on the 23 day of February, 2022.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected before the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected on or after the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature.** If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
GENEANE 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)	\$ 850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,060.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	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

(2) Unsworn Declaration

My name is Geneane Hughes, and my date of birth is 01-14-74
 My address is 2618 Tucker Creek Dr. Fresno TX 77585 Edgar, US
(street) (city) (state) (zip code) (country)
 Executed in Fort. Bend County, State of TX, on the 17 day of February, 20 22,
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME GENEANE HUGHES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 850.00
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.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8,060.00
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

GENEANE HUGHES

3 Filer ID (Ethics Commission Filers)

4 Date

01/31/2022

5 Full name of contributor

CHARLES ROWE

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

2410 FALLMEADOW DR. MISSOURI CITY TX 77459

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

02/10/2022

Full name of contributor

BRADLEY DALE MOORE

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

1711 JAMES BOWIE DR. 1004 BAYTOWN TX 77520

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

TRUCKER DRIVER

Employer (See Instructions)

S & T LOGISTICS LLC

Date

02/09/2022

Full name of contributor

S & T LOGISTICS LLC

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

5807 ORCHARD SPRING CT PEARLAND TX 77581

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

OWNER

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)

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 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)

Accounting Expense
Accounting Printing
Campaign Contributions Made By
Candidate Office/ Campaign Committee
Candidate Office

Event Expense
Fuels
Food/ Beverage Expense
Gift Awards/Memorabilia Expense
Legal Services

Loan Repayment
Office/ Campaign/ Political Expense
Printing Expense
Printing Expense
Salaries/ Wages/ Contract Labor

Stationery/ Printing Expense
Transportation/ Equipment/ Related Expense
Travel Expense
Travel Out of District
Other (unless category is listed above)

The Instruction Guide explains how to complete this form.

1 Total Pages Schedule G 1	2 FILER NAME GENEVIVE HUGHES	3 Filer ID (Ethics Committee Filers)
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4 Date 01-17-2021	5 Payee name M-3 GRAPHICS
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6 Amount (\$) 3,060 <small>Do not transfer from political contributions reported</small>	7 Payee address: 11730 S. WILCREST HOUSTON TX. 77099	City: HOUSTON TX	State: TX	Zip Code: 77099
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8 PURPOSE OF EXPENDITURE	(a) Category (see Categories for Political Expenditures) Advertising Expense	(b) Description Yard Signs, 4x8 signs, cards door hangers, mailers.
	(c) Check if political activity for candidate or office <input type="checkbox"/>	Check if used in TX office for political activity <input type="checkbox"/>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name SHAUNIQUE FAOLIN
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Amount (\$) 1208 <small>Do not transfer from political contributions reported</small>	Payee address: 1208 BALLSHIRE PINES DR. HUMBLE TX. 77346	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (see Categories for Political Expenditures) CONSULTING EXPENSE	Description COMPATON MALAGEL.
	Check if political activity for candidate or office <input type="checkbox"/>	Check if used in TX office for political activity <input type="checkbox"/>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) 1208 <small>Do not transfer from political contributions reported</small>	Payee address:	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (see Categories for Political Expenditures)	Description
	Check if political activity for candidate or office <input type="checkbox"/>	Check if used in TX office for political activity <input type="checkbox"/>

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