


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX	FORM C/OH COVER SHEET PG 1
The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR FIRST GREGORY MI W NICKNAME LAST HUGHES SUFFIX	OFFICE USE ONLY Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 2544 STADIUM DR APT / SUITE #: FT WORTH TX 76109 CITY: STATE: ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817) PHONE NUMBER 691-8885 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST WENDY MI V NICKNAME LAST ROACH SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 1240 KELPIE CT APT / SUITE #: FT WORTH, TX CITY: STATE: ZIP CODE 76111		
8 CAMPAIGN TREASURER PHONE	AREA CODE (817) PHONE NUMBER 966-2192 EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 27 / 14 THROUGH Month Day Year 4 / 10 / 14		
11 ELECTION	ELECTION DATE Month Day Year 5 / 10 / 14 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) CITY COUNCIL FORT WORTH	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****14 C/OH NAME**GREG HUGHES**15 ACCOUNT #** (Ethics Commission Filers)**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

N/A☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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

\$ 150.002. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 1750.00**EXPENDITURE
TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2770.87**CONTRIBUTION
BALANCE**

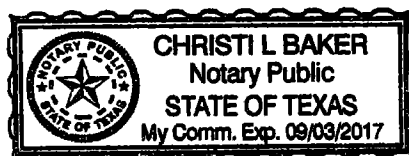
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9129.13**OUTSTANDING
LOAN TOTALS**

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

\$ 10,000**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.



AFFIX NOTARY STAMP / SEAL ABOVE

G. Hughes

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Greg Hughes, this the 10th day of April, 20 14, to certify which, witness my hand and seal of office.Christi L. Baker

Signature of officer administering oath

Christi L. Baker

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 (1 of 3)

2 FILER NAME

GREGORY W HUGHES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/12/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

R.P. DEUTSCHER

7 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

2533 WALSH CT
FORT WORTH, TX 76109

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

CATHY CSAKY HIRT

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

1201 HILLCREST
FT WORTH, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

SUSAN ALLEN KLINE

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

2421 Shirley Ave
Ft Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

NIKKI BOONE

Amount of
contribution (\$)

150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

8805 VIRIDIAN LANE
FT WORTH, TX 76123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/14

Full name of contributor

☐ out-of-state PAC (ID#)

TOMMY'S KITCHEN, INC

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

2455 FOREST PARK BLVD
FT WORTH, TX 76110

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME GREGORY W HUGHES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CATHY TOLEDO	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2608 MUSEUM WAY #3407 FTWORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK A GALE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3915 W 5TH ST FORT WORTH, TX 76107		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEANNE SCOTT DUKE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4520 OVERTON TERRACE CT FORT WORTH, TX 76109		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN T. HARVEY	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3621 LYNDALE PLACE FORT WORTH, TX 76133		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL GEISEL	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4304 KENWOOD CT FORT WORTH, TX 76103		(If travel outside of Texas, complete Schedule T)	
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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 3

2 FILER NAME

GREGORY W HUGHES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/5/14

5 Full name of contributor

☐ out-of-state PAC (ID#)

TARI S. BAUER

6 Contributor address; City; State; Zip Code

609 COLTS NECK CT
COLLEYVILLE, TX 760347 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/5/14

Full name of contributor

☐ out-of-state PAC (ID#)

CYNTHIA P. BELKNAP

Contributor address; City; State; Zip Code

2520 WILLING AVE
FTWORTH, TX 76110Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/8/14

Full name of contributor

☐ out-of-state PAC (ID#)

MALCOLM C. RUSSELL

Contributor address; City; State; Zip Code

308 LOCHNESS CT
BENBROOK, TX 76126Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 (\$)In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

LOANS		SCHEDULE E	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>	
2 FILER NAME <u>GREGORY W. HUGHES</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$	
5 Date of loan <u>2/28/14</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GREGORY W HUGHES</u>	9 Loan Amount (\$) <u>5,000.00</u>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>2544 STADIUM DR</u> <u>FT WORTH, TX 76109</u>	10 Interest rate <u>N/A</u>	
		11 Maturity date <u>N/A</u>	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan <u>4/10/14</u>	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GREGORY W HUGHES</u>	Loan Amount (\$) <u>5,000.00</u>	
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>2544 STADIUM DR</u> <u>FT WORTH, TX 76109</u>	Interest rate <u>N/A</u>	
		Maturity date <u>N/A</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES		SCHEDULE F	
<div>EXPENDITURE CATEGORIES FOR BOX 8(a)</div> <div><div>Advertising Expense</div><div>Accounting/Banking</div><div>Consulting Expense</div><div>Event Expense</div><div>Fees</div></div> <div><div>Gift/Awards/Memorials Expense</div><div>Legal Services</div><div>Food/Beverage Expense</div><div>Polling Expense</div><div>Printing Expense</div></div> <div><div>Salaries/Wages/Contract Labor</div><div>Solicitation/Fundraising Expense</div><div>Travel In District</div><div>Travel Out Of District</div><div>Office Overhead/Rental Expense</div></div> <div><div>Loan Repayment/Reimbursement</div><div>Transportation Equipment & Related Expense</div><div>Contributions/Donations Made By</div><div>Candidate/Officeholder/Political Committee</div><div>OTHER (enter a category not listed above)</div></div>			
The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F: 2		2 FILER NAME GREGORY W HUGHES	
3 ACCOUNT # (Ethics Commission Filers)			
4 Date 2/27/14		5 Payee name MARY LOUISE GARCIA, COUNTY CLERK, TARRANT CTY	
6 Amount (\$) 20.00		7 Payee address; City; State; Zip Code 206 TAYLOR ST, FTWORTH, TX 76106	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEES	
		(b) Description (If travel outside of Texas, complete Schedule T) FILING FEE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 3/7/14		Payee name PRINT POINTE	
Amount (\$) 116.98		Payee address; City; State; Zip Code 2901 ALTA MERE, STE 70 FORT WORTH, TX 76116	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		Description (If travel outside of Texas, complete Schedule T) CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 3/12/14		Payee name TOMMY'S HAMBURGERS	
Amount (\$) 180.00		Payee address; City; State; Zip Code 2455 FOREST PARK BLVD FTWORTH, TX 76110	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	
		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 3/13/14		Payee name PRINT POINTE	
Amount (\$) 90.04		Payee address; City; State; Zip Code 2901 ALTA MERE, STE 70, FTWORTH, TX 76116	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		Description (If travel outside of Texas, complete Schedule T) 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		SCHEDULE F	
<div>EXPENDITURE CATEGORIES FOR BOX 8(a)</div> <div><div>Advertising Expense</div><div>Accounting/Banking</div><div>Consulting Expense</div><div>Event Expense</div><div>Fees</div><div>Gift/Awards/Memorials Expense</div><div>Legal Services</div><div>Food/Beverage Expense</div><div>Polling Expense</div><div>Printing Expense</div><div>Salaries/Wages/Contract Labor</div><div>Solicitation/Fundraising Expense</div><div>Travel In District</div><div>Travel Out Of District</div><div>Office Overhead/Rental Expense</div><div>Loan Repayment/Reimbursement</div><div>Transportation Equipment & Related Expense</div><div>Contributions/Donations Made By Candidate/Officeholder/Political Committee</div><div>OTHER (enter a category not listed above)</div></div> <div>The Instruction Guide explains how to complete this form.</div>			
1 Total pages Schedule F: 2		2 FILER NAME GREGORY W. HUGHES	
3 ACCOUNT # (Ethics Commission Filers)			
4 Date 3/14/14		5 Payee name PRINT POINTE	
6 Amount (\$) 127.80		7 Payee address; City; State; Zip Code 2901 ALTA MERE, FT WORTH, TX 76116	
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		(b) Description (If travel outside of Texas, complete Schedule T) CARDS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 3/25/14		Payee name PRINT POINTE	
Amount (\$) 292.96		Payee address; City; State; Zip Code 2901 ALTA MERE, FT WORTH, TX 76116	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		Description (If travel outside of Texas, complete Schedule T) CARDS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 3/28/14		Payee name GO 2 GRAPHICS	
Amount (\$) 941.78		Payee address; City; State; Zip Code 2134 IRVING BLVD, DALLAS, TX 75207	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		Description (If travel outside of Texas, complete Schedule T) YARD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
Date 4/7/14		Payee name MURPHY NASICA	
Amount (\$) 1001.31		Payee address; City; State; Zip Code 815-A BRAZOS ST #304 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE	
		Description (If travel outside of Texas, complete Schedule T) ROAD SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			