

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>2</u>		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	RECEIVED
NICKNAME	<u>Mark</u>	<u>Hutchins</u>	ATP # <u>000</u> o'clock <u>A</u> M
		MI	MAR 24 2026
		SUFFIX	JEANNIE ASH Elections Administrator, Hunt County, TX Date Filed <u>04/28/2026</u> Date Postmarked
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Date Received
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Filed
	<input type="checkbox"/> 8th day before election	Other (specify)	
5 ORIGINAL PERIOD COVERED	Month	Day	Year
	<u>07</u>	<u>31</u>	<u>25</u>
	THROUGH	<u>12</u>	<u>31</u>
		<u>25</u>	

6 EXPLANATION OF CORRECTION
See attached "Exhibit A"

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 _____ OR _____
Printed name of officer administering oath _____ Title of officer administering oath _____

(2) Unsworn Declaration

My name is Mark Hutchins and my date of birth is 04/28/1989

My address is 3303 Mitchell Street Greenville, TX 75102, USA (city) (state) (zip code) (country)

Executed in Hunt County, State of TX on the 22nd day of March, 2026 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

This correction affidavit and corrected report is being filed after discovery of errors in the originally filed report. Specifically, there were typos for expenditure amounts (filing fee to Hunt County Republican Party and consulting fees to Valor Strategies) and advertising expenditures to Hunt County Theft Reports were not included originally. These have been corrected in the attached report, *and a refund from Greenville Rotary for venue rental,*

Additionally, a \$100 cash donation received in October has been returned but not included in the report upon the instruction of the TEC, which stated that returned cash donations do not need to be reported.

These errors were inadvertent and discovered as I began a full review of all expenditures and expenses for purposes of preparing any final reports for the campaign. After said discovery, I immediately contacted the Texas Ethics Commission telephonically to ascertain the appropriate method for correcting a report and am proceeding as advised.

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	MS / MRS / MR FIRST Mark LAST Hutchins MI SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3303 Mitchell Street, Greenville, TX 75402 APT / SUITE #; CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903) PHONE NUMBER 456-7088 EXTENSION	Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kenneth LAST Money MI SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1078 County Road 1031, Greenville, TX 75401		
8 CAMPAIGN TREASURER PHONE	AREA CODE () PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 30th day before election 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 / 31 / 25 THROUGH Month Day Year 12 / 31 / 25		
11 ELECTION	ELECTION DATE Month Day Year 3 / 3 / 26 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) County Judge		
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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Mark Hutchins Campaign		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)	\$	50,415
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	20,337
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	30,552.40
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 _____

OR

(2) Unsworn Declaration

My name is Mark Hutchins, and my date of birth is 04/24/1994
 My address is 3303 Mitchell Street, Greenville, TX, 75602, USA
 Executed in Hunt County, State of TX, on the 22nd day of March, 2024.
(street) (city) (state) (zip code) (country) (month) (year)

Signature of Candidate/Officeholder (Declarant) _____

SUBTOTALS - C/OH

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

19 FILER NAME Mark Hutchins Campaign	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,415
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	\$ 20,337
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	\$ 1257.66
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	\$ 120

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 Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor 5N Trucking LLC	7 Amount of contribution (\$) 2500
8/24/2025	6 Contributor address; 3375 County Road 3110, Greenville, TX 75402	
8 Principal occupation / Job title (See Instructions) Trucking Company		9 Employer (See Instructions)
Amount of contribution (\$)		
Date	Full name of contributor Samuel Schatte	1000
08/24/2025	Contributor address; 4718 County Road 4206, Campbell, TX 75422	
Principal occupation / Job title (See Instructions) Service Manager		Employer (See Instructions) East Texas Flying Service
Amount of contribution (\$)		
Date	Full name of contributor Charlotte Tharp	200
08/24/2025	Contributor address; P.O. Box 8992, Greenville, TX 75404	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Amount of contribution (\$)		
Date	Full name of contributor Terry Sadler	1000
08/20/2025	Contributor address; 4430 County Road 2720, Caddo Mills, TX 75135	
Principal occupation / Job title (See Instructions) PT, DPT		Employer (See Instructions) Hunt Regional

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.

2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		1 Total pages Schedule A1:	
The Instruction Guide explains how to complete this form.			
3 Filer ID (Ethics Commission Filers)			
4 Date 8/24/2025	5 Full name of contributor Randy & Kelly Wineinger	6 Contributor address: 7406 Carol Dr., Greenville, TX 75406	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Tax Assessor		9 Employer (See Instructions) Hunt County	
Date 08/24/2025	Full name of contributor Steve & Denise Tippit	out-of-state PAC (ID#): Contributor address: 3387 County Road 3110, Greenville, TX 75402	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/24/2025	Full name of contributor David M & Sandra K White	out-of-state PAC (ID#): Contributor address: 3315 County Road 1108, Celeste, TX 75423	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/25/2025	Full name of contributor Karen Houston-Holloway	out-of-state PAC (ID#): Contributor address: 261 Holloway Lane, Rockwall, TX 75032	Amount of contribution (\$) 1000
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self	
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Platinum M Homes, LLC	7 Amount of contribution (\$) 2,000.00
08/27/2025	out-of-state PAC (ID#: _____) Contributor address: PO Box 8063	City; State; Zip Code
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)		
Date	Full name of contributor Z Bar A Ranch, LP	Amount of contribution (\$) 1,500.00
08/25/2025	out-of-state PAC (ID#: _____) Contributor address: 2931 Ridge Rd., Ste. 101-51, Rockwall, TX 75032	City; State; Zip Code
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor Castlerock Custom Builders	Amount of contribution (\$) 5,000.00
08/27/2025	out-of-state PAC (ID#: _____) Contributor address: PO Box 8333	City; State; Zip Code
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date	Full name of contributor Houston Properties Mgmt. Company	Amount of contribution (\$) 1,500.00
08/25/2025	out-of-state PAC (ID#: _____) Contributor address: 2931 Ridge Rd # 101-51, Rockwall, TX 75032	City; State; Zip Code
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#: CT Excavating Inc.	7 Amount of contribution (\$) 10,000.00
09/04/2025	6 Contributor address; City; State; Zip Code 2507 I-30 East, Greenville, TX 75402	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Principal occupation / Job title (See Instructions) Retired		
Date	Full name of contributor out-of-state PAC (ID#: Susan Patridge Metz Contributor address; City; State; Zip Code PO Box 205, Merit, TX 75458	Amount of contribution (\$) 500.00
10/08/2025		
Principal occupation / Job title (See Instructions) Retired		
Date	Full name of contributor out-of-state PAC (ID#: Phillip A. Martin Contributor address; City; State; Zip Code 2891 County Road 3303, Greenville, TX 75402	Amount of contribution (\$) 200.00
10/24/2025		
Principal occupation / Job title (See Instructions) Retired		
Date	Full name of contributor out-of-state PAC (ID#: J. Robert Wood Contributor address; City; State; Zip Code 6105 Sayle Street, Greenville, TX 75402	Amount of contribution (\$) 250.00
11/16/2025		
Principal occupation / Job title (See Instructions) Retired		
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Benjamin Collins	7 Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): 6 Contributor address: 2505 Park Street, Greenville, TX 75401 City: State: Zip Code	250.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) NorthMark Compute & Cloud
Date	Full name of contributor Aletha Kruse	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 2310 Park Street, Greenville, TX 75401 City: State: Zip Code	500.00
Principal occupation / Job title (See Instructions) Entrepreneurship		Employer (See Instructions) Self
Date	Full name of contributor Grant Boshart	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 167 Hawkhurst Cir, Magnolia, 77354 City: State: Zip Code	100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Elevation Land Solutions
Date	Full name of contributor Brandon Lane	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 995 Potter Ave, Rockwall, TX 75087 City: State: Zip Code	250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linebarger Law Firm

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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Lauren Hudgeons	7 Amount of contribution (\$)
10/16/2025	6 Contributor address; 2608 Eastland Ave, Ste. 102, Greenville, TX 75402	250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date	Full name of contributor Jeffrey Phillips	Amount of contribution (\$)
10/16/2025	Contributor address; 603 Mink Drive, Greenville, TX 75402	100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor Kathy Shirey	Amount of contribution (\$)
10/16/2025	Contributor address; 4305 CR 1037, Greenville, TX 75401	100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor Gene Key	Amount of contribution (\$)
10/16/2025	Contributor address; 3479 CR 2170, Caddo Mills, TX 75135	25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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		1 Total pages Schedule A1:	
The Instruction Guide explains how to complete this form.			
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)			
3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/16/2025	John Kelso		100.00
6 Contributor address;		City;	State; Zip Code
6005 Horne Drive, Greenville, TX 75402			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Retired			
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10/16/2025	Dustin Mullins		250.00
Contributor address;		City;	State; Zip Code
102 Parkwood Ln, Greenville, TX 75402			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Law Enforcement		Hunt County	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10/17/2025	Corrie Ray		50.00
Contributor address;		City;	State; Zip Code
PO Box 527, Lone Oak, TX 75453			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Business Analyst		L3Harris Technologies	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
10/17/2025	Edward Lopez		500.00
Contributor address;		City;	State; Zip Code
4719 Byron Circle, Irving, TX 75038			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Linebarger Law Firm	

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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Wade Gent	7 Amount of contribution (\$)
10/17/2025	6 Contributor address; 113 W. Mulberry Street, Kaufman, TX 75142	500.00
8 Principal occupation / Job title (See Instructions) Attorney		
9 Employer (See Instructions) Linebarger Law Firm		
Date	Full name of contributor Jim Lambeth	Amount of contribution (\$)
10/17/2025	Contributor address; 18294 Lakeside Dr., Flint, TX 75762	500.00
Principal occupation / Job title (See Instructions) Attorney		
Employer (See Instructions) Linebarger Law Firm		
Date	Full name of contributor Deidra Morris	Amount of contribution (\$)
10/18/2025	Contributor address; 2266 CR 1071, Greenville, TX 75401	50.00
Principal occupation / Job title (See Instructions) Retired		
Employer (See Instructions)		
Date	Full name of contributor Tim Stainback	Amount of contribution (\$)
10/18/2025	Contributor address; 611 Mink Drive, Greenville, TX 75402	250.00
Principal occupation / Job title (See Instructions) Sales		
Employer (See Instructions) Greenville Automatic Gas Co		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)			
3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	6 Contributor address;	7 Amount of contribution (\$)
10/18/2025	Alex Harris	1887 S Sherman St, Denver, CO 80210	100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Attorney		Bartlit Beck LLP	
Date	Full name of contributor	Amount of contribution (\$)	
11/10/2025	Robert Bledsoe 7362 CR 3217, Lone Oak, TX 75453	250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Insurance/Self Employed		Farmers Insurance	
Date	Full name of contributor	Amount of contribution (\$)	
11/17/2025	David Melrose 3151 CR 1083, Celeste, TX 75423	2,500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Retired			
Date	Full name of contributor	Amount of contribution (\$)	
11/18/2025	Alex Harris 1887 S Sherman St, Denver, CO 80210	100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Attorney		Bartlit Beck LLP	

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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Deidra Morris	7 Amount of contribution (\$)
11/18/2025	out-of-state PAC (ID#): _____ Contributor address; 2266 CR 1071, Greenville, TX 75401	50.00
6 City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor Randy Wattermann	Amount of contribution (\$)
12/12/2025	out-of-state PAC (ID#): _____ Contributor address; 2049 M Rd, West Point, NE 68788	100.00
City; State; Zip Code		
Principal occupation / Job title (See Instructions) Chief Lending Officer		Employer (See Instructions) Center for Rural Affairs
Date	Full name of contributor Sherry Wacasey	Amount of contribution (\$)
12/17/2025	out-of-state PAC (ID#): _____ Contributor address; 3695 Fm 1564 E, Greenville, TX 75402	250.00
City; State; Zip Code		
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting
Date	Full name of contributor Sherry Wacasey	Amount of contribution (\$)
12/17/2025	out-of-state PAC (ID#): _____ Contributor address; 3695 Fm 1564 E, Greenville, TX 75402	100.00
City; State; Zip Code		
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting

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 Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date 12/18/2025	5 Full name of contributor -42/18/2025- Alex Harris 6 Contributor address: 1887 S Sherman St, Denver, CO 80210	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Bartlit Beck LLP
Date 12/18/2025	Full name of contributor Deidra Morris Contributor address: 2266 CR 1071, Greenville, TX 75401	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor Deborah Lipsey Contributor address: 4855 Hwy 69, Celeste, TX 75401	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Purpose Consulting
Date 12/31/2025	Full name of contributor Travis Hunt Contributor address: 3190 County Road 1108, Celeste, TX 75423	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1:</p>	
<p>2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)</p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 12/31/2025</p>	<p>5 Full name of contributor Sammy & Vicki Griffis</p> <p>6 Contributor address; 1105 N Atkins Dr, Celeste, TX 75423</p>	<p>out-of-state PAC (ID#): _____</p> <p>City; State; Zip Code</p> <p>7 Amount of contribution (\$) 50.00</p>	
<p>8 Principal occupation / Job title (See Instructions) Retired</p>			<p>9 Employer (See Instructions)</p>
<p>Date 12/31/2025</p>	<p>Full name of contributor James Scott</p> <p>Contributor address; 200 West Main Unit #11, Wolfe City, TX 75496</p>	<p>out-of-state PAC (ID#): _____</p> <p>City; State; Zip Code</p> <p>Amount of contribution (\$) 100.00</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>			<p>Employer (See Instructions)</p>
<p>Date 12/31/2025</p>	<p>Full name of contributor Josh Maines</p> <p>Contributor address; 4305 CR1037, Greenville, TX 75422</p>	<p>out-of-state PAC (ID#): _____</p> <p>City; State; Zip Code</p> <p>Amount of contribution (\$) 25.00</p>	
<p>Principal occupation / Job title (See Instructions) Diesel Tech</p>			<p>Employer (See Instructions) EZ Iron Transport</p>
<p>Date 12/31/2025</p>	<p>Full name of contributor Jason Stutzman</p> <p>Contributor address; 1239 County Road 1069, Greenville, TX 75401</p>	<p>out-of-state PAC (ID#): _____</p> <p>City; State; Zip Code</p> <p>Amount of contribution (\$) 250.00</p>	
<p>Principal occupation / Job title (See Instructions) Project Engineer</p>			<p>Employer (See Instructions) L3Harris</p>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1:	
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)	
3 Filer ID (Ethics Commission Filers)	
4 Date 12/31/2025	7 Amount of contribution (\$) 15.00
5 Full name of contributor Jeff Thomas	
6 Contributor address; 108 S. 8Th St, Celeste, TX 75423	
9 Employer (See Instructions)	
8 Principal occupation / Job title (See Instructions) Retired	
Date 12/31/2025	Amount of contribution (\$) 100.00
Full name of contributor John Kelso	
Contributor address; 6005 Horne Dr, Greenville, TX 75402	
Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Retired	
Date 12/31/2025	Amount of contribution (\$) 100.00
Full name of contributor Deidra Morris	
Contributor address; 2266 County Road 1071, Greenville, TX 75401	
Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Retired	
Date 12/31/2025	Amount of contribution (\$) 100.00
Full name of contributor Sandra McCarrie	
Contributor address; 472 Country Oaks, Greenville, TX 75401	
Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Retired	
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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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Ron Rogers	7 Amount of contribution (\$)
09/03/2025	out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1109 Whitehall Ln, Greenville, TX 75402	1,200.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Self Employed
Date	Full name of contributor Mitchell Money	Amount of contribution (\$)
09/17/2025	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3507 Garber Circle, Greenville, TX 75402	25.00
Principal occupation / Job title (See Instructions) Vocational Ministry		Employer (See Instructions) Ridgecrest Baptist Church
Date	Full name of contributor Jennifer Bridges Henson	Amount of contribution (\$)
09/17/2025	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3036 Kinkaid Dr, Dallas, TX 75220	25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Carrollton Farmers Branch ISD
Date	Full name of contributor Phillip George	Amount of contribution (\$)
09/17/2025	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code PO Box 205, Merit, TX 75458	100.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
3 Filer ID (Ethics Commission Filers)		
4 Date 10/16/2025	5 Full name of contributor Holly R. Izard 6 Contributor address; 1405 Reiger Dr., Greenville, TX 75402 City; State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor Gregory F. White Contributor address; 112 Kainos St., Greenville, TX 75402 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/15/2025	Full name of contributor Brent A. Money Contributor address; 2606 Lee Street, Greenville, TX 75401 City; State; Zip Code	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor Daniel Metz Contributor address; PO Box 205, Merit, TX 75458 City; State; Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 09/17/2025</p>	<p>5 Full name of contributor Sandra McCarrie</p> <p>6 Contributor address; 472 Country Oaks, Greenville, TX</p>	<p>7 Amount of contribution (\$) 100.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>
<p>Date 09/18/2025</p>	<p>Full name of contributor Katy Ridge</p> <p>Contributor address; 5405 Vale St., Greenville, TX 75402</p>	<p>Amount of contribution (\$) 500.00</p>
<p>Principal occupation / Job title (See Instructions) Insurance Agent</p>		<p>Employer (See Instructions) Cornerstone Insurance</p>
<p>Date 09/18/2025</p>	<p>Full name of contributor Jawad Dashti</p> <p>Contributor address; 3090 N Goliad St, Suite 102-146, Rockwall, TX 75087</p>	<p>Amount of contribution (\$) 1,000.00</p>
<p>Principal occupation / Job title (See Instructions) TooDash Propertels</p>		<p>Employer (See Instructions) Self</p>
<p>Date 09/18/2025</p>	<p>Full name of contributor Deidra Morris</p> <p>Contributor address; 2266 CR 1071, Greenville, TX 75401</p>	<p>Amount of contribution (\$) 50.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		
4 Date	5 Full name of contributor Date Money	7 Amount of contribution (\$)
09/20/2025	out-of-state PAC (ID#): 6 Contributor address: 1494 Private Road 1174, Greenville, TX 75401 City: State: Zip Code	100.00
8 Principal occupation / Job title (See Instructions) CPA, Financial Advisor		9 Employer (See Instructions) Self
Date	Full name of contributor Richard Hutchins	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 10604 Woodland, Greenville, TX 75402 City: State: Zip Code	100.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) L3Harris
Date	Full name of contributor Sammy & Vicki Griffis	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 1105 N Atkins Dr, Celeste, TX 75423 City: State: Zip Code	50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor Josh Boyd	Amount of contribution (\$)
10/16/2025	out-of-state PAC (ID#): Contributor address: 4080 County Road 1102, Celeste, TX 75423 City: State: Zip Code	15.00
Principal occupation / Job title (See Instructions) Welder/Owner		Employer (See Instructions) Rusty Rock Customs

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Full name of contributor Pamela Doyle	6 Contributor address; 1159 Private Rd 2739, Caddo Mills, TX 75135	7 Amount of contribution (\$) 10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 12/31	Full name of contributor Robert Hutchins	out-of-state PAC (ID#: Contributor address; 2323 RS CR 4259, Point, TX 75472	Amount of contribution (\$) 1000
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)	
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)	

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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 Mark Hutchins (Mark Hutchins Campaign)
4 Date 09/08/2025	5 Payee name Valor Strategies
6 Amount (\$) 3,500.00	7 Payee address; 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting
	(b) Description Consulting Retainer
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held
Date 09/20/2025	Payee name Bland FFA
Amount (\$) 275.00	Payee address; Bland ISD City; State; Zip Code Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotion
	Description FFA Auction
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held
Date 10/05/2025	Payee name Valor Strategies
Amount (\$) 1,500.00	Payee address; 4351 Cross Timbers Rd., #400-1134, Flower Mound, TX 75028 City; State; Zip Code Check if individual's residence address.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting
	Description Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name Republican Party Of Hunt County	City: State: Zip Code
6 Amount (\$) 750	7 Payee address: PO Box 1844 Greenville, TX 75403 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Filing Fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office held

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date	Payee name	City:	State:	Zip Code
09/20/2025	Quinlan FFA Booster Club			
Amount (\$)	Payee address;			
335	10064 Business Hwy 34 South, Quinlan, TX <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Promotion	FFA Auction		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office held		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date	Payee name	City:	State:	Zip Code
11/03/2025	Valor Strategies			
Amount (\$)	Payee address;			
1500	4351 Cross Timbers Rd £400-1134, Flower Mound, TX 75028 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Consulting	Consulting		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	Office held		

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)	
4 Date 09/26/2025		5 Payee name Greenville Rotary		City; State; Zip Code	
6 Amount (\$) 520		2920 Lee St, Greenville, TX 75401 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental		(b) Description Facility Rental		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Office sought / Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name					
Date 11/12/2025	Payee name Brent Money for Texas		City; State; Zip Code		Office held
Amount (\$) 1000	Payee address; 2806 Lee St, Greenville, TX 75401 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertizing		Description Sponsorship		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Office sought		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name					
Date 10/16/2025	Payee name Valor Strategies		City; State; Zip Code		Office held
Amount (\$) 1750.40	Payee address; 4351 Cross Timbers Rd £400-1134, Flower Mound, TX 75028 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertizing		Description Campaign Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		Office sought		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name					
Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2025	5 Payee name Hillary Hutchins	City: State: Zip Code
6 Amount (\$) 563.66	3303 Mitchell st, Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Event	(b) Description Food Reimbursement (Sarns Club)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Payee name Hillary Hutchins	Office sought Office held
Amount (\$) 694	Payee address; 3303 Mitchell st, Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisizing	Description Reimbursement for Float Materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Candidate / Officeholder name		
Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/24/2025	Payee name Valor Strategies	Office sought Office held
Amount (\$) 3,000	Payee address; 4351 Cross Timbers Rd £400-1134, Flower Mound, TX 75028 <input type="checkbox"/> Check if individual's residence address.	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Candidate / Officeholder name		
Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Mark Hutchins (Mark Hutchins Campaign)	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2025	5 Payee name Anedot	
6 Amount (\$) 475.30	7 Payee address; 3723 Greenville Ave, STE. 41002, Dallas, TX 75206 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Description Processing Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	(c) Candidate / Officeholder name Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/18/2025	Payee name Tees To Go	
Amount (\$) 541.25	Payee address; 2805 Mitchell st, Ste. 702 Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Description Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Payee name Tees To Go	
Amount (\$) 541.25	Payee address; 2805 Mitchell St, STE. 702, Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Description Campaign Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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
The instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Mark Hutchins Campaign
4 Date 12/31/2025	5 Payee name Hancock Whitney Bank
6 Amount (\$) 15.00	7 Payee address; 3300 Joe Ramsey Blvd. E, Greenville, TX 75401 <small>City; State; Zip Code</small>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees
	(b) Description Service Charges
9 Complete ONLY if direct expenditure to benefit C/OH	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> Candidate / Officeholder name Office sought Office held
Date 12/17/2025	Payee name Walmart
Amount (\$) 192.07	Payee address; 7401 I-30 Frontage Road, Greenville, TX 75402 <small>City; State; Zip Code</small>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotion
	Description Toys and Clothes for Blue Santa Donations
Complete ONLY if direct expenditure to benefit C/OH	<small>Check if travel outside of Texas. Complete Schedule T.</small> Candidate / Officeholder name Office sought Office held
Date 12/19/2025	Payee name Hunt County Theft Reports
Amount (\$) 800.00	Payee address; 1009 Chesnut Lane, Cooper, TX 75423 <small>City; State; Zip Code</small>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising
	Description FB Advertising
Complete ONLY if direct expenditure to benefit C/OH	<small>Check if travel outside of Texas. Complete Schedule T.</small> Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)	
1 Total pages Schedule F1:	
2 FILER NAME Mark Hutchins Campaign	
3 Filer ID (Ethics Commission Filers)	
4 Date 12/26/2025	5 Payee name Hunt County Theft Reports
6 Amount (\$)	7 Payee address; 1009 Chesnut Lane, Cooper, TX 75423
8 PURPOSE OF EXPENDITURE	City: State: Zip Code (a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Billboard (Greenville)
9 Complete ONLY if direct expenditure to benefit C/OH	
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	
Date 12/29/2025	Payee name Hunt County Theft Reports
Amount (\$)	Payee address; 1009 Chesnut Lane, Cooper, TX 75423
PURPOSE OF EXPENDITURE	City: State: Zip Code Check if individual's residence address. Category (See Categories listed at the top of this schedule) Advertising Description Billboard (Caddo Mills)
Complete ONLY if direct expenditure to benefit C/OH	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	
Date	Payee name
Amount (\$)	Payee address; City: State: Zip Code
PURPOSE OF EXPENDITURE	Description
Complete ONLY if direct expenditure to benefit C/OH	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K:
2 FILER NAME Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/25	5 Name of person from whom amount is received Greenville Rotary 6 Address of person from whom amount is received; City; State; Zip Code 2920 Lee st, Greenville, TX 75402	8 Amount (\$) 120
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Deposit refund for facility Rental		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>2</u>		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	Date Received
	NICKNAME	LAST	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Amount \$
5 ORIGINAL PERIOD COVERED	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed
	Month Day Year	Month Day Year	Date Imaged
01 / 01 / 26		THROUGH	02 / 02 / 26

6 EXPLANATION OF CORRECTION
See attached "Exhibit A"

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 _____ day of _____

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ OR _____
Printed name of officer administering oath _____ Title of officer administering oath _____

(2) Unsworn Declaration

My name is Mark Hutchins, and my date of birth is 04/28/1989

My address is 3303 Mitchell Street, Greenville, TX 75402, USA

Executed in Hunt County, State of TX, on the 22nd day of March, 2026

(street) (city) (state) (zip code) (country) (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

This correction affidavit and corrected report is being filed after discovery of errors in the originally filed report. A check was written for Valor Strategies in the amount of \$23,735.41. The check was lost in the mail and had to be re-issued (incurring a stop check fee in the amount of \$36) but in the next reporting period. This expense has been moved to and included in the following reporting period in this correction, as have two contributions overlooked in the original report in the amount of \$100 and \$500 respectively.

These errors were inadvertent and discovered as I began a full review of all expenditures and expenses for purposes of preparing any final reports for the campaign. After said discovery, I immediately contacted the Texas Ethics Commission telephonically to ascertain the appropriate method for correcting a report and am proceeding as advised.

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

MS / MRS / MR
Mr
FIRST Mark
LAST Hutchins
NICKNAME

MI
SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

APT / SUITE #; CITY; STATE; ZIP CODE
3303 Mitchell St, Greenville, TX, 75402

EXTENSION

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 456-1850

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR
Mr
FIRST Kenneth
LAST Money
NICKNAME

MI
SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1078 CR 1031, Greenville, TX 75401

EXTENSION

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

January 15 30th day before election Runoff
 July 15 8th day before election Exceeded Modified Reporting Limit

15th day after campaign treasurer appointment (Officeholder Only)
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
1 / 1 / 26 THROUGH 2 / 2 / 26

11 ELECTION

ELECTION DATE
Month Day Year
3. / 3. / 26
ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)
County Judge

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 COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC 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		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)	\$ 8,400
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 58,815
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,493.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,830.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 35,270.72
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

OR

Title of officer administering oath

(2) Unsworn Declaration

My name is Mark Hutchins, and my date of birth is 06/28/1989
 My address is 3303 Mitchell Street, Greenville, TX, 75102, USA
 Executed in Hunt County, State of TX, on the 22nd day of March, 20 26.
(street) (city) (state) (zip code) (country) (month) (year)

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. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8400
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,193.33
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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 Mark Hutchins Campaign		
4 Date 01/15/2026	6 Full name of contributor Castlerock Custom Builders out-of-state PAC (ID#: _____) 6 Contributor address; PO Box 8333, Greenville, TX City; State; Zip Code	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions) Real Estate Development		9 Employer (See Instructions)
Date 01/18/2026	Full name of contributor Alex Harris Contributor address; 1887 S Sherman St, Denver, CO 80210 City; State; Zip Code out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Barlitt Beck LLP		
Date 01/17/2026	Full name of contributor Charlene Eller Contributor address; 2794 CR 3311, Greenville, TX 75402 City; State; Zip Code out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)		
Date 01/17/2026	Full name of contributor Sherry Wacasey Contributor address; 3695 FM 1564 E, Greenville, TX 75402 City; State; Zip Code out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consulting Employer (See Instructions) Purpose Consulting		

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.

1 Total pages Schedule A1:	
The Instruction Guide explains how to complete this form.	
2 FILER NAME Mark Hutchins Campaign	
3 Filer ID (Ethics Commission Filers)	
4 Date 01/18/2026	5 Full name of contributor Deidra Morris out-of-state PAC (ID#: _____)
	6 Contributor address; 2266 CR 1071 Greenville, TX 75401 City; State; Zip Code
7 Amount of contribution (\$)	
50.00	
8 Principal occupation / Job title (See Instructions) Retired	
9 Employer (See Instructions)	
Amount of contribution (\$)	
2,500.00	
Full name of contributor Kenneth R. Money out-of-state PAC (ID#: _____)	
Contributor address; 1078 CR 1031, Greenville, TX 75401 City; State; Zip Code	
Employer (See Instructions)	
Full name of contributor John Klaus out-of-state PAC (ID#: _____)	
Contributor address; 3060 CR 2182 Greenville, TX 75402 City; State; Zip Code	
Employer (See Instructions)	
Amount of contribution (\$)	
500	
Full name of contributor James Evans out-of-state PAC (ID#: _____)	
Contributor address; 6410 BuenaVista DR, Greenville, TX 75402 City; State; Zip Code	
Employer (See Instructions)	
Amount of contribution (\$)	
100	
Full name of contributor James Evans out-of-state PAC (ID#: _____)	
Contributor address; 6410 BuenaVista DR, Greenville, TX 75402 City; State; Zip Code	
Employer (See Instructions)	
Amount of contribution (\$)	
100	
Full name of contributor James Evans out-of-state PAC (ID#: _____)	
Contributor address; 6410 BuenaVista DR, Greenville, TX 75402 City; State; Zip Code	
Employer (See Instructions)	
Amount of contribution (\$)	
100	

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 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 Mark Hutchins (Mark Hutchins Campaign)		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/26	5 Payee name Hunt County Theft reports		
6 Amount (\$) 270	7 Payee address; 1009 Chestnut Lane, Cooper Texas, 75423 <input type="checkbox"/> Check if individual's residence address.		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Political Advertising	(b) Description Billboard	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 1/27/26	Payee name Teestogo		
Amount (\$) 1082.50	Payee address; 2508 Mitchell St, Greenville, TX, 75402 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Advertising	Description Campaign Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 1/27/2026	Payee name Teestogo		
Amount (\$) 1086.83	Payee address; 2508 Mitchell Street, Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.		City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Advertising	Description Campaign Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>2</u>		OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mark Hutchins</u>	FIRST MI <u>Mark</u> <u></u>	Date Received
	NICKNAME <u>Hutchins</u>	LAST SUFFIX <u></u>	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year <u>02 / 02 / 26</u>	Month Day Year <u>02 / 23 / 26</u>	Date Processed
6 EXPLANATION OF CORRECTION			Date Imaged

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 Mark Hutchins, and my date of birth is 04/28/1989

My address is 3303 Mitchell Street, Greenville, TX, 75401, USA
(street) (city) (state) (zip code) (country)

Executed in Hunt County, State of Texas, on the 22nd day of March, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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

This correction affidavit and corrected report is being filed after discovery of errors in the originally filed report. Specifically, a check was written for Valor Strategies in the amount of \$23,735.41 for the previous reporting period. The check was lost in the mail and had to be re-issued (incurring a stop check fee in the amount of \$36) and has been reported in this period instead. Additionally, two online donations in the amount of \$100 were missed in the report due to oversight, and a contribution in the amount of \$2,500 was inadvertently reported twice. These have been corrected in this report.

These errors were inadvertent and discovered as I began a full review of all expenditures and expenses for purposes of preparing any final reports for the campaign. After said discovery, I immediately contacted the Texas Ethics Commission telephonically to ascertain the appropriate method for correcting a report and am proceeding as advised.

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	MS / MRS / MR Mr.	FIRST Mark	MI SUFFIX
NICKNAME Hutchins		OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 3303 Mitchell Street, Greenville, TX 75402	APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 456-7088	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ken	MI SUFFIX
NICKNAME Money		Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 1078 CR 1031, Greenville, TX 75401		CITY: STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER EXTENSION	Date Processed Date Imaged
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
10 PERIOD COVERED	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
11 ELECTION	Month / Day / Year 2 / 2 / 26	Month / Day / Year 2 / 23 / 26	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
12 OFFICE	OFFICE HELD (if any)	OFFICE SOUGHT (if known)	County Judge
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 checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	COMMITTEE TYPE COMMITTEE NAME

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

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)	\$ 9,850
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 68,665
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 25,788.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 48,619.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 19,747.94
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

(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

OR

Title of officer administering oath

(2) Unsworn Declaration

My name is Mark Hutchins, and my date of birth is 04/28/1989
 My address is 3203 Mitchell Street, Greenville, TX, 75002, USA
 Executed in HUNT County, State of _____, on the 22nd day of March, 2026
(street) (city) (state) (zip code) (month) (year)

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. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,850
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,788.98
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	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 Mark Hutchins Campaign		
3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Keith Berry	7 Amount of contribution (\$) 200.00
02/09/2026	6 Contributor address; 3025 FM 36 N, Farmersville, TX 75442	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date	Full name of contributor John Kelso	Amount of contribution (\$) 200.00
02/11/2026	Contributor address; 6005 Horne Dr., Greenville, TX 75402	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor Cari Williams	Amount of contribution (\$) 2,000.00
02/11/2026	Contributor address; 19389 I-20 S Access Rd., Canton, TX 75103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address;	
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.

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 Mark Hutchins Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2026	5 Full name of contributor Express Signs, LLC out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2,000.00
6 Contributor address; 8000 Traders Cir., Greenville, TX 75402 City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) Signs		9 Employer (See Instructions)
Date 02/17/2026	Full name of contributor CT Excavating Contributor address; 2507 I-30 E, Greenville, TX 75402 City; State; Zip Code	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions) Excavation		Employer (See Instructions)
Date 02/18/2026	Full name of contributor Alex Harris Contributor address; 1887 S Sherman St Denver, CO 80210 City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bartlit Beck LLP
Date 02/18/2026	Full name of contributor Deidra Morris Contributor address; 2266 CR 1071 Greenville, TX 75401 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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 Mark Hutchins Campaign		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2026	5 Full name of contributor D. Robert Smith	7 Amount of contribution (\$) 100.00
6 Contributor address; 6444 County Road 3207 Lone Oak, TX 75453		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 2/16/26	Full name of contributor Cheston Henry	Amount of contribution (\$)
Contributor address; 1006 Ethan dr, Greenville TX 75402		100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/26	Full name of contributor Sherry Waycasey	Amount of contribution (\$)
Contributor address; 3695 FM 1564 E, Greenville, TX 75402		100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
Contributor address;		City; State; Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired

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 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
The instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: 2 FILER NAME Mark Hutchins	
4 Date 02/13/2026	
5 Payee name Valor Strategies	
6 Amount (\$) 500.00 4351 Cross Timbers Rd., Suite #400-113, Flower Mound, TX 75028 City: State: Zip Code	
Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense
	(b) Description Texting
(c) Check if travel outside of Texas. Complete Schedule T. Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office held	
Payee name	
02/17/2026	Payee address; 4351 Cross Timbers Rd., Suite #400-113, Flower Mound, TX 75028 City: State: Zip Code
Check if individual's residence address.	
17.57	Category (See Categories listed at the top of this schedule) Campaign Supplies
	Description Block Walking Supplies
Check if travel outside of Texas. Complete Schedule T. Office sought	
Candidate / Officeholder name Office held	
Payee name	
02/16/2026	Payee address; 4351 Cross Timbers Rd., Suite #400-113, Flower Mound, TX 75028 City: State: Zip Code
Check if individual's residence address.	
1,500.00	Category (See Categories listed at the top of this schedule) Consulting
	Description Consulting Fee
Check if travel outside of Texas. Complete Schedule T. Office sought	
Candidate / Officeholder name Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	

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

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 Mark Hutchins (Mark Hutchins Campaign)	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/26	5 Payee name Hancock Whitney	
6 Amount (\$) 36	7 Payee address; 3300 Joe Ramsey Blvd E, Greenville, TX 75402 <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Stop Check fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

Date 2/13/26	Payee name Valor Strategies	City; State; Zip Code
Amount (\$) 23,735.41	Payee address; 4351 Crosstimbers rd, Suite #400-113, Flower mound, TX 75028 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising and Consulting	Description Campaign literature, graphic design, campaign signs, digital ads, texting and voter app subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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	City; State; Zip Code
Amount (\$)	Payee address; <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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