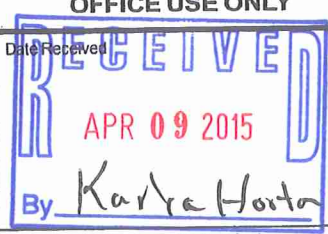


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. IVAN S. ----- NICKNAME LAST SUFFIX IVAN HUGHES	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> OFFICE USE ONLY  Date Received APR 09 2015 By Karla Horta Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14925 OAKS NORTH DRIVE, DALLAS, TX 75254		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 613-6564		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. NEIL B. ----- NICKNAME LAST SUFFIX NEIL HEWITT		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3756 PARK PLACE, ADDISON, TEXAS 75001		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 896-1261		
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 THROUGH Month Day Year 1 / 28 / 2015 4 / 9 / 2015		
11 ELECTION	ELECTION DATE Month Day Year 5 / 9 / 2015	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) ADDISON CITY COUNCIL MEMBER	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

C/OH NAME

IVAN S. 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,100.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9,175.49

CONTRIBUTION BALANCE

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

\$ 0.00

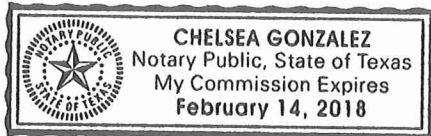
OUTSTANDING LOAN TOTALS

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

\$ 0.00

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.



Ivan S. Hughes

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ivan Hughes, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

Chelsea Gonzalez
Signature of officer administering oath

Chelsea Gonzalez
Printed name of officer administering oath

City Secretary
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:

1

2 FILER NAME

IVAN S. HUGHES

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/12/2015

5 Full name of contributor out-of-state PAC (ID#: _____)

JOHN G. NOLAN
SHERRY K. NOLAN

6 Contributor address; City; State; Zip Code

14820 LOCHINVAR DRIVE
DALLAS, TEXAS 75254

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

EXECUTIVES WITH OWN COMPANY; NOW SPECIALTIES

10 Employer (See Instructions)

SELVES

Date

2/20/2015

Full name of contributor out-of-state PAC (ID#: _____)

CHARLES H. MARTIN

Contributor address; City; State; Zip Code

14810 LOCHINVAR DRIVE
DALLAS, TEXAS 75254

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

SELF

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)

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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1		2 FILER NAME IVAN S. HUGHES		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/20/2015		5 Payee name SIR SPEEDY PRINTING #4043			
6 Amount (\$) \$708.98		7 Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006			
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) DOOR HANGERS, STICKERS <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 2/27/2015		Payee name SIR SPEEDY PRINTING #4043			
Amount (\$) \$291.02		Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) TEE SHIRTS <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 4/18/2015		Payee name SIR SPEEDY PRINTING #4043			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS <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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME IVAN S. HUGHES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/14/2015	5 Payee name FORERUNNER DESIGNS	
6 Amount (\$) \$670.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5350 OLD DOWLEN ROAD BEAUMONT, TEXAS 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN & WEBSITE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/15/2015	Payee name GO DADDY OPERATING COMPANY, LLC	
Amount (\$) \$50.67 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1455 N. HAYDEN RD STE 219 SCOTTSDALE, ARIZONA 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE DOMAIN NAME <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/22/2015	Payee name GO DADDY OPERATING COMPANY, LLC	
Amount (\$) \$51.04 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1455 N. HAYDEN RD STE 219 SCOTTSDALE, ARIZONA 85260	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) WEBSITE HOSTING <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 1/30/2015	Payee name FORERUNNER DESIGNS	
Amount (\$) \$650.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5350 OLD DOWLEN ROAD BEAUMONT, TEXAS 77706	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN & WEBSITE <input type="checkbox"/> Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME IVAN S. HUGHES	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/4/2015	5 Payee name SIR SPEEDY PRINTING # 4043	
6 Amount (\$) \$ 167.79 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BUSINESS CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/6/2015	Payee name EXPRESSCOPY.COM	
Amount (\$) \$ 2351.14 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6623 NE 59th PL PORTLAND, OREGON	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/17/2015	Payee name FORERUNNER DESIGNS	
Amount (\$) \$ 300.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5350 OLD DOWLEN ROAD BEAUMONT, TEXAS 77706	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) GRAPHIC DESIGN <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Date 2/27/2015	Payee name SIR SPEEDY PRINTING # 4043	
Amount (\$) \$ 616.21 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) TEE SHIRTS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|---|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By
Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME IVAN S. HUGHES	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 3/2/2015	5 Payee name DALE M. WILCOX CAMPAIGN FUND
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6 Amount (\$) \$102.53 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3868 LAKEVIEW COURT ADDISON, TEXAS 75001
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BEVERAGES FOR EVENT ON 3/3/2015 AT RICHARD WITHERSPOON RESIDENCE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 3/16/2015	Payee name EXPRESSCOPY.COM
--------------------------	--------------------------------------

Amount (\$) \$922.63 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6623 NE 59th PL PORTLAND, OREGON
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 3/16/2015	Payee name EXPRESSCOPY.COM
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Amount (\$) \$266.96 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6623 NE 59th PL PORTLAND, OREGON
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) COPIES OF MAILER <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date 4/1/2015	Payee name SIR SPEEDY PRINTING #4043
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Amount (\$) \$1,870.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME IVAN S. HUGHES	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/8/2015	5 Payee name SIR SPEEDY PRINTING #4043
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6 Amount (\$) \$ 55.88 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2001 MIDWAY ROAD STE 128 CARROLLTON, TEXAS 75006
--	---

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) CAMPAIGN SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
---	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED