

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|---|---|---|--|----------------|----------------|----------------------------------|-------------------|-----------------------------------|-----------------------------------|--|--------------------------------------|
| <p>The C/OH Instruction Guide explains how to complete this form.</p>                               |   | <p>1 Filer ID (Ethics Commission Filers)</p>                      | <p>2 Total pages filed:<br/><u>Seven (7)</u></p>   |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p>  | <p>MS / MRS / MR <u>MR</u> FIRST <u>Royce</u> MI <u>L.</u></p> <p>NICKNAME <u>TRACE</u> LAST <u>Hudgins</u> SUFFIX <u>III</u></p>   |   | <p><b>OFFICE USE ONLY</b></p> <p>Date Received<br/><b>FILED FOR RECORD</b><br/><b>UPSHUR COUNTY, TEXAS</b></p> <p><b>JAN 29 2026</b></p> <p>LORY HARLE<br/>ELECTIONS ADMINISTRATOR</p> <p>BY <u>JA</u> DEPUTY</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>PO Box 1261</u> <u>Gilmer Tx. 75644</u></p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p>   | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(903)</u> <u>843-2602</u></p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>6 CAMPAIGN TREASURER NAME</p>  | <p>MS / MRS / MR <u>MR</u> FIRST <u>Royce</u> MI <u>L.</u></p> <p>NICKNAME <u>TRACE</u> LAST <u>Hudgins</u> SUFFIX <u>III</u></p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>                                  | <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>702 N. Montgomery St.</u> <u>Gilmer TX 75644</u><br/><u>PO Box 1261</u></p>  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>8 CAMPAIGN TREASURER PHONE</p>   | <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(903)</u> <u>843-2602</u></p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>9 REPORT TYPE</p>  | <p> <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)<br/> <input type="checkbox"/> July 15      <input type="checkbox"/> 8th day before election      <input type="checkbox"/> Exceeded Modified Reporting Limit      <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>10 PERIOD COVERED</p>  | <p>Month Day Year      Month Day Year</p> <p><u>01 / 15 / 2026</u>      THROUGH      <u>01 / 29 / 2026</u></p>  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>11 ELECTION</p>  | <p>ELECTION DATE      ELECTION TYPE</p> <p>Month Day Year      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description<br/> <u>03 / 03 / 26</u>      <input type="checkbox"/> General      <input type="checkbox"/> Special         </p>   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>12 OFFICE</p>  | <p>OFFICE HELD (if any)</p> <p><u>N/A</u></p>   | <p>13 OFFICE SOUGHT (if known)</p> <p><u>Upshur Co. Judge</u></p> |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p>       | <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |   |  | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE  | COMMITTEE NAME  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
| <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |                |                |                                  |                   |                                   |                                   |  |                                      |

**GO TO PAGE 2**

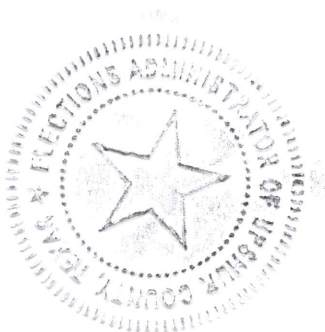
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b> <u>Royce L. Hudgins III 'TRACE'</u> |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>250<sup>00</sup></u>                    |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>250<sup>00</sup></u>                    |
| <b>EXPENDITURE TOTALS</b>                               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>1,179<sup>32</sup></u>                  |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>1,179<sup>32</sup></u>                  |
| <b>CONTRIBUTION BALANCE</b>                             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>Ø</u>                                   |
| <b>OUTSTANDING LOAN TOTALS</b>                          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>Ø</u>                                   |

**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.

Royce L. Hudgins III  
Signature of Candidate or Officeholder



Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Trace Hudgins this the 29<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] Lory Harle EA  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |   |  |
|--|---|--|
| 19 FILER NAME<br><i>Royce L. Hudgins III 'TRACE'</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE            |   | SUBTOTAL<br>AMOUNT                     |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>250<sup>00</sup></i>             |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>250<sup>00</sup></i>             |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ <i>1,179<sup>32</sup></i>           |
| 9.   | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>929<sup>32</sup></i>             |
| 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: <u>ONE (1)</u>     |
| 2 FILER NAME<br><u>Royce L. Hudgins III 'TRACE'</u>                     |  | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><u>CARA HAMMONS</u> | 7 Amount of contribution (\$) <u>\$250.00</u> |
| 6 Contributor address; City; State; Zip Code<br><u>Tx</u>               |  |   |
| 8 Principal occupation / Job title (See Instructions)<br><u>Retired</u> |  | 9 Employer (See Instructions)                 |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

|   |   |                             |
|---|---|-----------------------------|
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions) |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM 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.

|   |  |        |   |
|---|--|--------|---|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME  |        | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| ONE (1)   | Royce L. Hudgins III <small>TRAC</small>   |        |   |
| <b>4</b> Date   | <b>5</b> Payee name  |        |   |
| 01/26/26  | Gilmer Mirror  |        |   |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;  | City;  | State; Zip Code   |
| 250 <sup>00</sup>   | PO Box 250<br>214 E. Marshall  | Gilmer | TX 75644  |
|   | <input type="checkbox"/> Check if individual's residence address.                          |        |   |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)                    |        | <b>(b)</b> Description  |
|   | Advertising Expense  |        | Newspaper Ad  |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |        | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  |        |   |
| Candidate / Officeholder name Office sought Office held             |  |        |   |
| <hr/>   |  |        |   |
| Date  | Payee name   |        |   |
| Amount (\$)   | Payee address;   | City;  | State; Zip Code   |
|   | <input type="checkbox"/> Check if individual's residence address.                          |        |   |
| PURPOSE<br>OF<br>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 <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   |
|   | <input type="checkbox"/> Check if individual's residence address.                          |        |   |
| PURPOSE<br>OF<br>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 <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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                               |              |                                       |
|-------------------------------|--------------|---------------------------------------|
| 1 TOTAL PAGES<br>SCHEDULE F4: | 2 FILER NAME | 3 FILER ID (Ethics Commission Filers) |
|-------------------------------|--------------|---------------------------------------|

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 1,179<sup>32</sup>

|                         |                                       |
|-------------------------|---------------------------------------|
| 5 CREDIT CARD<br>ISSUER | Name of financial institution<br>Citi |
|-------------------------|---------------------------------------|

|                                |  |  |                                     |
|--------------------------------|--|--|-------------------------------------|
| 6 PAYMENT<br>920 <sup>57</sup> | (a) Amount Charged<br>\$ 920 <sup>57</sup> | (b) Date Expenditure Charged<br>01/17/2026 | (c) Date(s) Credit Card Issuer Paid |
|--------------------------------|--|--|-------------------------------------|

|         |                                     |   |
|---------|-------------------------------------|---|
| 7 PAYEE | (a) Payee name<br>Designer Graphics | (b) Payee address:<br>12404 S. Hwy 155<br>City, State, Zip Code<br>Tyler TX 75703 |
|---------|-------------------------------------|---|

|  |  |                          |
|--|--|--------------------------|
| 8 PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense | (b) Description<br>Signs |
|--|--|--------------------------|

|  |   |                      |                    |
|--|---|----------------------|--------------------|
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name<br>Upshur Co. Judge | Office Sought<br>N/A | Office Held<br>N/A |
|--|---|----------------------|--------------------|

|                              |  |  |   |
|------------------------------|--|--|---|
| PAYMENT<br>258 <sup>75</sup> | (a) Amount Charged<br>\$ 258 <sup>75</sup> | (b) Date Expenditure Charged<br>01/26/26 | (c) Date(s) Credit Card Issuer Paid<br>01/29/26 |
|------------------------------|--|--|---|

|       |                                 |   |
|-------|---------------------------------|---|
| PAYEE | (a) Payee name<br>Gilmer Mirror | (b) Payee address:<br>PO Box 250 / 214 E Marshall<br>City, State, Zip Code<br>Gilmer TX 75644 |
|-------|---------------------------------|---|

|  |   |                                 |
|--|---|---------------------------------|
| PURPOSE OF<br>EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br>Newspaper Ad |
|--|---|---------------------------------|

|  |   |                      |                    |
|--|---|----------------------|--------------------|
| Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name<br>Upshur Co. Judge | Office Sought<br>N/A | Office Held<br>N/A |
|--|---|----------------------|--------------------|

|                    |                                      |   |  |
|--------------------|--------------------------------------|---|--|
| <del>PAYMENT</del> | <del>(a) Amount Charged<br/>\$</del> | <del>(b) Date Expenditure Charged</del> | <del>(c) Date(s) Credit Card Issuer Paid</del> |
|--------------------|--------------------------------------|---|--|

|                  |                                 |   |
|------------------|---------------------------------|---|
| <del>PAYEE</del> | <del>(a) Payee name<br/>H</del> | <del>(b) Payee address:<br/>City, State, Zip Code</del> |
|------------------|---------------------------------|---|

|   |   |                                  |
|---|---|----------------------------------|
| <del>PURPOSE OF<br/>EXPENDITURE<br/><input type="checkbox"/> Political<br/><input type="checkbox"/> Non-Political</del> | <del>(a) Category (See Categories listed at the top of this schedule)<br/>H</del> | <del>(b) Description<br/>H</del> |
|---|---|----------------------------------|

|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <del>Complete ONLY if direct<br/>expenditure to benefit C/OH</del> | <del>Candidate / Officeholder name</del> | <del>Office Sought</del> | <del>Office Held</del> |
|--|--|--------------------------|------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

|  |   |  |   |        |
|--|---|--|---|--------|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME   |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |        |
| ONE (1)  | Royce L. Hudgins III 'TRACE'  |  |   |        |
| <b>4</b> Date  | <b>5</b> Payee name   |  |   |        |
| 01/17/2026   | Designer Graphics   |  |   |        |
| <b>6</b> Amount (\$)   | <b>7</b> Payee address:   |  | City;   | State; |
| \$ 1,179 <sup>32</sup>   | 12404 Hwy 155 South   |  | Tyler   | TX     |
| <input type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address.               |  | Zip Code  |        |
|  |   |  | 75703   |        |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                    | <b>(a) Category</b> (See Categories listed at the top of this schedule)         |  | <b>(b) Description</b>  |        |
|  | Printing Expense  |  | Signs   |        |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |        |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |  |   |        |
| Candidate / Officeholder name      Office sought      Office held            |   |  |   |        |
|  |   |  |   |        |
| Date   | Payee name  |  |   |        |
| 01/26/2026   | The Gilmer Mirror   |  |   |        |
| Amount (\$)  | Payee address;  |  | City;   | State; |
| \$ 8 <sup>75</sup>   | PO Box 250<br>214 E. Marshall   |  | Gilmer  | TX     |
| <input type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address.               |  | Zip Code  |        |
|  |   |  | 75644   |        |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)             |  | <b>Description</b>  |        |
|  | Advertising Expense   |  | Newspaper Ad  |        |
|  | <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      Office sought      Office held            |   |  |   |        |
|  |   |  |   |        |
| <del>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</del>        |   |  |   |        |
| Date   | Payee name  |  |   |        |
|  |   |  |   |        |
| Amount (\$)  | Payee address;  |  | City;   | State; |
|  |   |  |   |        |
| <input type="checkbox"/> Reimbursement from political contributions intended | <input type="checkbox"/> Check if individual's residence address.               |  | Zip Code  |        |
|  |   |  |   |        |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)             |  | <b>Description</b>  |        |
|  |   |  |   |        |
|  | <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      Office sought      Office held            |   |  |   |        |
|  |   |  |   |        |
| <del>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</del>        |   |  |   |        |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED