

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

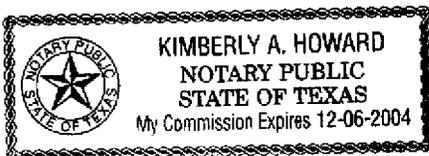
14 C/OH NAME <u>Debby S. Hudson</u>	15 ACCOUNT # (Ethics Commission files)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / 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. **	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
	COMMITTEE TYPE	
	COMMITTEE ADDRESS	

17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>25.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>25.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,978.55</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 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.

Debby S. Hudson
~~Kimberly A. Howard~~
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debby S. Hudson, this the 8th day of February, 2002, to certify which, witness my hand and seal of office.

Kimberly A. Howard Kimberly A. Howard Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Debby S. Hudson

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Allied Advertising

Amount (\$)

01/21/02

6 Payee address; City; State; Zip Code

3700 Blanco Rd San Antonio, Tx. 78212

\$ 847.05

8 Purpose of payment (See instructions regarding type of information required.)

campaign signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Boerne Printing

Amount (\$)

01/28/02

Payee address; City; State; Zip Code

904 E. Blanco Boerne, Tx. 78006

\$ 216.50

Purpose of payment (See instructions regarding type of information required.)

printed cards

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

U.S. Postmaster

Amount (\$)

01/31/02

Payee address; City; State; Zip Code

607 E. Blanco Boerne, Tx. 78006

\$ 840.00

Purpose of payment (See instructions regarding type of information required.)

postage stamps

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Debby S. Hudson

Amount (\$)

01/31/02

Payee address; City; State; Zip Code

P.O. Box 197 Boerne, Tx 78006

\$ 75.00

Purpose of payment (See instructions regarding type of information required.)

reimbursement for campaign expenditures

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Debby S. Hudson

JP#3

JP#3

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: 1
2 FILER NAME <i>Debby S. Hudson</i>	3 ACCOUNT # (Ethics Commission filers)

4 Date <i>01/21/02</i>	5 Payee name <i>Allied Advertising</i>	Amount (\$) <i>\$ 847.05</i>
	6 Payee address; City; State; Zip Code <i>3700 Blanco Rd. San Antonio, Tx 78212</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>campaign signs</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>01/28/02</i>	Payee name <i>Boerne Printing</i>	Amount (\$) <i>\$ 216.50</i>
	Payee address; City; State; Zip Code <i>904 E. Blanco Boerne, Tx. 78006</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>printed cards</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>01/31/02</i>	Payee name <i>U.S. Postmaster</i>	Amount (\$) <i>\$ 840.00</i>
	Payee address; City; State; Zip Code <i>607 E. Blanco Boerne, Tx. 78006</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>postage stamps</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED