

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	TITLE <i>Judge</i> NICKNAME	FIRST <i>Debby</i> LAST	MI <i>S.</i> SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE	OFFICE USE Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST <i>Debby</i> LAST	MI <i>S.</i> SUFFIX
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
7 CAMPAIGN TREASURER PHONE			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>02/15/02</i> <i>03/02/02</i>		
10 ELECTION	ELECTION DATE Month Day Year <i>03/12/02</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) <i>Justice of the Peace, Pct. 3</i>	12 OFFICE SOUGHT (if known) <i>Justice of the Peace, Pct. 3</i>	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box, Apt. / Suite #, City, State, Zip Code <input type="checkbox"/> additional pages		

FILED:
 HERRIN CLERK
 DARLENE HERRIN
 COUNTY CLERK
 KENDALL COUNTY, TEXAS
 March 1, 2002

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Debby S. Hudson

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** 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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER 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

\$ 20.00

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

\$ 250.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 853.59

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP SEAL ABOVE

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
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Debby S. Hudson, this the 13th day of March, 20 02, to certify which, witness my hand and seal of office.

DARLENE HERRIN, COUNTY CLERK

by: Donna B. Stewart, deputy DONNA B. STEWART DEPUTY COUNTY CLERK
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <u>1</u>	
2 FILER NAME <u>Debby S. Hudson</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>2/01/02</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Raymond A. San Miguel</u> 6 Contributor address; City; State; Zip Code <u>212 Dawnridge Boerne, Tx. 78006</u>	7 Amount of contribution (\$) <u>\$150.00</u>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) <u>Rock Mason</u>		10 Employer (Optional)	
Date <u>2/27/02</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Forres + Laurie Meadows</u> Contributor address; City; State; Zip Code <u>P.O. Box 1287 Boerne, Tx. 78006</u>	Amount of contribution (\$) <u>\$100.00</u>	In-kind contribution description (if applicable)
Principal occupation (Optional) <u>Constable</u>		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Debby S. Hudson		3 ACCOUNT # (Ethics Commission filers)
4 Date 02/02/02	5 Payee name Kendall County Tax Assessor - Collector 6 Payee address; City; State; Zip Code 204 th San Antonio St Boerne, Tx. 78006	7 Amount (\$) \$49.49
8 Purpose of payment (See instructions regarding type of information required.) voter information		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/06/02	Payee name Hill Country Recorder Payee address; City; State; Zip Code P.O. Box 905 Boerne, Tx 78006	Amount (\$) \$192.00
Purpose of payment (See instructions regarding type of information required.) ads		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/07/02	Payee name Boerne Star Payee address; City; State; Zip Code P.O. Box 820 Boerne, Tx, 78006	Amount (\$) \$242.00
Purpose of payment (See instructions regarding type of information required.) ads		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/01/02	Payee name Office Max Payee address; City; State; Zip Code 12635 IH 10 West San Antonio, Tx. 78230	Amount (\$) \$53.91
Purpose of payment (See instructions regarding type of information required.) labels		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Debby S. Hudson

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Amount (\$)

02/08/02

Bergmann Lumber Co.

\$46.19

6 Payee address; City; State; Zip Code

236 S. Main Boerne, Tx 78006

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

wood stakes

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

02/28/02

Debby S. Hudson

\$270.00

Payee address; City; State; Zip Code

P.O. Box 197 Boerne, Tx. 78006

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

** Complete 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 payment (See instructions regarding type of information required.)

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

Candidate / Officeholder name Office sought Office held

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: <u>1</u>
2 FILER NAME <i>Debby S. Hudson</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>02/02/02</i>	5 Payee name <i>Kendall County Tax Assessor-Collector</i>	Amount (\$) <i>\$49.49</i>
	6 Payee address; City; State; Zip Code <i>204 E. San Antonio St. Boerne, Tx 78006</i>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>voter information</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>02/06/02</i>	Payee name <i>Hill Country Recorder</i>	Amount (\$) <i>\$192.00</i>
	Payee address; City; State; Zip Code <i>P.O. Box 905 Boerne, Tx 78006</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>ads</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>02/07/02</i>	Payee name <i>Boerne Star</i>	Amount (\$) <i>\$242.00</i>
	Payee address; City; State; Zip Code <i>P.O. Box 820 Boerne, Tx 78006</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>ads</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>02/01/02</i>	Payee name <i>Office Max</i>	Amount (\$) <i>\$53.91</i>
	Payee address; City; State; Zip Code <i>12635 IH10 West San Antonio, Tx 78230</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>labels</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <i>02/08/02</i>	Payee name <i>Bergmann Lumber Co.</i>	Amount (\$) <i>\$46.19</i>
	Payee address; City; State; Zip Code <i>236 S. Main Boerne, Tx 78006</i>	
	Purpose of expenditure (See instructions regarding type of information required.) <i>wood stakes</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED