

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: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Debby
Hudson

S.

OFFICE USE ONLY

Date Received

7/6/2023 @
1:16 pm

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Debby
Hudson

S.

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

Texas 78006

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 23

THROUGH

06 / 30 / 23

11 ELECTION

ELECTION DATE

Month

Day

Year

Primary

Runoff

Other Description

11 / 08 / 22

General

Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace, Pct. 3

13 OFFICE SOUGHT (if known)

Justice of the Peace, Pct. 3

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

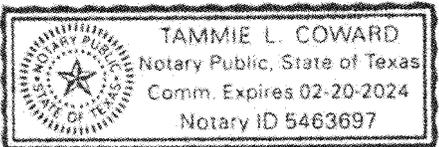
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Debby S. Hudson
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Debby S. Hudson this the 6th day of July, 2023, to certify which, witness my hand and seal of office.
Tammie L. Coward Tammie L. Coward Notary Public
 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)