

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 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX: | APT / SUITE #: | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | CITY: | STATE: | |
| 6 CAMPAIGN TREASURER NAME | | ZIP CODE | OFFICE USE ONLY Date Received 7-10-15 11:02 AM TG Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE): | | |
| 8 CAMPAIGN TREASURER PHONE | | APT / SUITE #: | | |
| 9 REPORT TYPE | | CITY: | | |
| 10 PERIOD COVERED | | STATE: | | |
| 11 ELECTION | | ZIP CODE | | |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | | |

MS / MRS / MR: FIRST: Debby MI: S.
NICKNAME: LAST: Hudson SUFFIX:

ADDRESS / PO BOX: [REDACTED] APT / SUITE #: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

MS / MRS / MR: FIRST: Debby MI: S.
NICKNAME: LAST: Hudson SUFFIX:

STREET ADDRESS (NO PO BOX PLEASE): [REDACTED]
APT / SUITE #: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

STREET ADDRESS (NO PO BOX PLEASE): [REDACTED]
APT / SUITE #: [REDACTED]
CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)

Month Day Year Month Day Year
01 / 01 / 15 THROUGH 06 / 30 / 15

ELECTION DATE: Month Day Year ELECTION TYPE: Primary Runoff Other Description
11 / 04 / 14 General Special

OFFICE HELD (if any): Justice of the Peace, Pct. 3 OFFICE SOUGHT (if known): Justice of the Peace, Pct. 3

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FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Debby S. Hudson

15 Filer ID (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

COMMITTEE NAME

GENERAL

SPECIFIC

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

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

\$ 0

EXPENDITURE
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

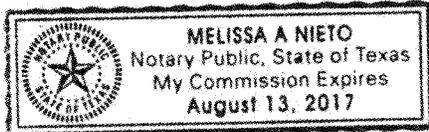
\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 0

18 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
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debby S. Hudson, this the 9th day of July, 2015, to certify which, witness my hand and seal of office.

Melissa A. Nieto
Signature of officer administering oath

Melissa A. Nieto
Printed name of officer administering oath

Notary Public
Title of officer administering oath