

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: <div style="text-align: right; font-size: 2em;">2 ✓</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: <u>Debby</u> LAST: <u>Hudson</u> SUFFIX: <u>S.</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <input type="checkbox"/> Change of Address	Date Received <u>7-5-16 @ 2:34pm</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	[REDACTED]	Date <u>Hand-delivered</u> or Date Postmarked <u>7-5</u>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: _____ MI: _____ NICKNAME: <u>Debby</u> LAST: <u>Hudson</u> SUFFIX: <u>S.</u>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business)	Date Processed	
8 CAMPAIGN TREASURER PHONE	[REDACTED]	Date Imaged	
9 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 01 / 16</u> THROUGH <u>06 / 30 / 16</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 08 / 16</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Justice of the Peace, Pct. 3</u>	13 OFFICE SOUGHT (if known) <u>Justice of the Peace, Pct. 3</u>	

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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)

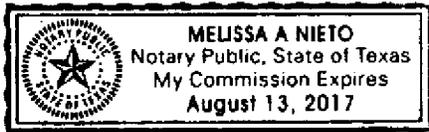
Additional Pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>0</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

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 5th day of July, 2016, 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