

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME James A. Hudson, Jr. 15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes 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 <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ 5.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 100.83
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 440.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

James A. Hudson, Jr.
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James A. Hudson, Jr. this the 14th day of July, 19 97, to certify which, witness my hand and seal of office.

Darlene Herrin Darlene Herrin, County Clerk, Kendall County, Tx
Signature of officer administering oath Print 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

James A. Hudson Jr.

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-15-97

5 Payee name

James A. Hudson, Jr.

7

Amount (\$)

95.70

6 Payee address, City, State, Zip Code

315 Someday Drive Boerne TX 78006

8 Purpose of expenditure

Repayment of Campaign Loan

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule E:		
2 FILER NAME				3 ACCOUNT # (Ethics Commission filers)		
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$						
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC				9 Loan Amount (\$)	
6 Is lender a financial institution? Y N	8 Lender address: City State Zip Code				10 Interest rate	
					11 Maturity date	
12 Description of Collateral <input type="checkbox"/> none						
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address: City State Zip Code			16 Amount Guaranteed (\$)	
17 Principal Occupation				18 Employer		
Date of loan:	Name of lender <input type="checkbox"/> out of state PAC				Loan Amount (\$)	
Is lender a financial institution? Y N	Lender address: City State Zip Code				interest rate	
					Maturity date	
Description of Collateral <input type="checkbox"/> none						
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address: City State Zip Code			Amount Guaranteed (\$)	
Principal Occupation				Employer		

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