

# 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 #<br>(Ethics Commission filers)  | 2 Total pages filed:<br><b>4</b> ✓ <i>Seecket</i> |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="radio"/> FIRST<br><b>James</b> MI<br><b>A</b>   | OFFICE USE ONLY<br>Date Received<br><b>10-06-08</b> 8A09:41 CFM<br>Date Hand-delivered or Date Postmarked<br><i>Seecket</i><br>Receipt # Amount<br>Date Processed<br>Date Imaged |   |
| NICKNAME   | LAST SUFFIX<br><b>Hudson Jr</b>   |  |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>PO Box 197 Boerne TX 78006</b>   |  |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(830) 249-2597</b>   |  |   |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR <input checked="" type="radio"/> FIRST<br><b>James</b> MI<br><b>A</b>   |  |   |
| NICKNAME   | LAST SUFFIX<br><b>Hudson Jr</b>   |  |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>315 Sameday Drive Boerne TX 78006-0197</b>  |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><b>(830) 249-2597</b>   |  |   |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input 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    THROUGH    Month Day Year<br><b>07 / 01 / 08    09 / 25 / 08</b>  |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><b>11 / 04 / 08</b>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                   |   |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>County Tax Assessor Collector</b>  | 13 OFFICE SOUGHT (if known)<br><b>County Tax Assessor Collector</b>  |   |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><b>N/A</b><br><br><input type="checkbox"/> additional pages | ** 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. **<br>Name<br><br>Address / PO Box; Apt. / Suite #; City; State; Zip Code  |  |   |

GO TO PAGE 2

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

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

15 C/OH NAME James A Hudson Jr 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

**N/A**

additional pages

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

|                         |   |           |
|-------------------------|---|-----------|
| 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  | \$ 10.75  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 400.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 530.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 400.00 |

19 AFFIDAVIT



AFFIX NOTARIAL 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.

James Hudson  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James A. Hudson, Jr., this the 6th day of October, 20 08, to certify which, witness my hand and seal of office.

Darlene Herrin  
Signature of officer administering oath

**DARLENE HERRIN, County Clerk**  
Printed name of officer administering oath

**Kendall County, Texas**  
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

9-23-08

5 Payee name

Allied Advertising

7 Amount (\$)

389.25

6 Payee address; City; State; Zip Code

3700 Blanco Road San Antonio, TX 78212

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

Campaign Signs

(If travel outside of Texas, complete Schedule T)

9 \*\* 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.)

(If travel outside of Texas, complete Schedule T)

\*\* 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.)

(If travel outside of Texas, complete Schedule T)

\*\* 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.)

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office 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:

1

2 FILER NAME

James A Hudson Jr

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 0

5 Date of loan

9/23/08

7 Name of lender

James A Hudson Jr

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

400.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

315 Someday Dr. Buene TX 78006  
PO Box 197

10 Interest rate

0

11 Maturity date

None

12 Principal occupation / Job title (See Instructions)

Tax Assessor Collector

13 Employer (See Instructions)

Kendall County

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

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.