

# 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 #** (Ethics Commission filers) **2 Total pages filed:** 5 ✓ soecker

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>MR</u> FIRST <u>James</u> MI <u>A</u>	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <u>Hudson</u> <u>Jr</u>	

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 197 Boerne TX 78006</u>	Date Hand-delivered or Date Postmarked <u>soecker</u>
<input type="checkbox"/> Change of Address		Receipt # Amount

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(830) 249-2597</u>	Date Processed
---	---	----------------

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>MR</u> FIRST <u>James</u> MI <u>A</u>	<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX <u>Hudson</u> <u>Jr</u>	

<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>315 Sameday Drive Boerne TX 78006-0197</u>
---	--

<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(830) 249-2597</u>
-----------------------------------	---

<b>9 REPORT TYPE</b>	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
----------------------	---

<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <u>09/26/08</u> <u>10/25/08</u>
--------------------------	--

<b>11 ELECTION</b>	ELECTION DATE Month Day Year <u>11/04/08</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
--------------------	--	--

<b>12 OFFICE</b>	OFFICE HELD (if any) <u>County Tax Assessor Collector</u>	<b>13 OFFICE SOUGHT (if known)</b> <u>County Tax Assessor Collector</u>
------------------	--	--

<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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. **	
	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

N/A

additional pages

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 Filer)

17 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. \*\*

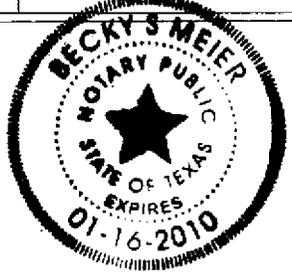
N/A

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

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 975.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 350.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 841.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,380.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,116.40

19 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.

James Hudson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James A. Hudson, Jr. this the 27th day of October, 20 08, to certify which, witness my hand and seal of office.

Becky S Meier  
Signature of officer administering oath

BECKY S MEIER  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>James A Hudson Jr</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-6-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Roger D Duncan</u>	7 Amount of contribution (\$) <u>250.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>106 Hannah Lane Boerne TX 78006</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Sheriff</u>		10 Employer (See Instructions) <u>Kendall County</u>	
Date <u>10-14-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Kendall County Republican Women PAC</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>Box 122 Boerne TX 78006</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>N/A</u>	
Date <u>10-22-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dan &amp; Lynn Heckler</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>120 W Evergreen St. Boerne TX 78006</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Mayor &amp; First Lady</u>		Employer (See Instructions) <u>City of Boerne</u>	
Date <u>10-21-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Thomas Dashiell</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>143 Spanish Pass Road Boerne TX 78006</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Asset Manager</u>		Employer (See Instructions) <u>Self</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>James A Hudson Jr</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10-3-08</b>	5 Payee name <b>Allied Advertising</b> 6 Payee address: City, State, Zip Code <b>3700 Blanco Road San Antonio, TX 78212</b>	7 Amount (\$) <b>389.25</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Signs purchase</b> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>N/A</b> Office sought:      Office held:
Date <b>10-25-08</b>	Payee name <b>Boerne Postmaster</b> Payee address: City, State, Zip Code <b>607 E. Blanco Boerne Tx 78006</b>	Amount (\$) <b>101.17</b>
Purpose of payment (See instructions regarding type of information required.) <b>Postage Stamps</b> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <b>N/A</b> Office sought:      Office held:
Date	Payee name Payee address: City, State, Zip Code	Amount (\$)
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 Payee address: City, State, Zip Code	Amount (\$)
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: <b>1</b>
2 FILER NAME <b>James A Hudson Jr</b>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>0</b>
5 Date of loan <b>10-3-08</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James A Hudson Jr</b>	9 Loan Amount (\$) <b>716.40</b>
6 Is lender a financial institution?  Y      N	8 Lender address;    City;    State;    Zip Code <b>315 Samedy Dr PO Box 197 Boerne TX 78006</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>None</b>
12 Principal occupation / Job title (See Instructions) <b>Tax Assessor Collector</b>		13 Employer (See Instructions) <b>Kendall County</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <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.