

# 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 <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST MI <b>James A.</b>	OFFICE USE ONLY Date Received  Date Processed  Date Imaged
	NICKNAME	LAST SUFFIX <b>Hudson Jr.</b>	
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
<input type="checkbox"/> Change of Address	<b>PO Box 197 Boerne TX 78006</b>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST MI <b>James A.</b>	Receipt # HD / PM Date Processed Date Imaged
	NICKNAME	LAST SUFFIX <b>Hudson Jr.</b>	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY STATE ZIP CODE
	<b>315 Someday Drive Boerne TX 78006 (mail- PO Box 197)</b>		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(830)</b>	<b>249-2597</b>	
8 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)		
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	<b>01 / 01 / 00</b>		<b>06 / 30 / 00</b>
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	<b>11 / 7 / 00</b>		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)	
	<b>County Tax Assessor Collector County Tax Assessor Collector</b>		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** 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		
<input type="checkbox"/> additional pages			

FILED: 7-13-00  
DARLENE HERRIN, CLERK  
COUNTY CLERK, KENDALL COUNTY, TEXAS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*James A. Hudson Jr.*

15 ACCOUNT # (Ethics Commission f.e.s)

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. --

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

additional pages

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	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ <i>600.00</i>
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

EXPENDITURE TOTALS

*600.00*

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT



AFFIX NOTARY 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 A. Hudson Jr.*  
Signature of Candidate or Officeholder

worn to and subscribed before me, by the said James Hudson, this the 13th day of July

~~19~~ 2000, to certify which, witness my hand and seal of office.

*Darlene Herrin, Co. Clerk* Darlene Herrin  
*Paula Pfeiffer, Deputy* Paula Pfeiffer

County Clerk  
Deputy

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 <u>1-3-00</u>	5 Payee name <u>Republican Party of Kendall County</u>	7 Amount (\$) <u>600.00</u>
6 Payee address; City; State; Zip Code <u>237 Broadway Comfort 78013</u>		

8 Purpose of expenditure <u>Filing Fee for place on ballot</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name _____ Office sought / held _____
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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 _____
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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 _____
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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 _____
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