

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:		
			13			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Mr.</i> <i>Gerard</i>	MI	OFFICE USE ONLY Date Received		
	NICKNAME	LAST <i>HudsPeth</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Po Box 1045, Denton, TX 76201</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Dated Received		
	<i>(940) 206 - 9655</i>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mrs.</i> <i>Melinda</i>	MI	Receipt #		
	NICKNAME	LAST <i>King</i>	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>830 I-35E, Denton, TX 76205</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(940) 453 - 1660</i>					
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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>03</i>	Day <i>29</i>	Year <i>2022</i>	Month <i>04</i>	Day <i>27</i>	Year <i>2022</i>
11 ELECTION	ELECTION DATE <i>05/07/2022</i>	Month <i>05</i>	Day <i>07</i>	Year <i>2022</i>	ELECTION TYPE <input checked="" type="checkbox"/> General Primary Runoff Special Other Description	
12 OFFICE	OFFICE HELD (if any) <i>Place 7 (mayor)</i>			13 OFFICE SOUGHT (if known) <i>Place 7 (mayor)</i>		
14 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.					
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filter ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 1,000
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 16,780
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 502.24
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 31,014.95
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 34,405.28
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 SIGNATURE 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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gerard Hudspeth, and my date of birth is _____.

My address is 606 Wilson Street, Denton, TX, 76205, USA.

(street)

(city)

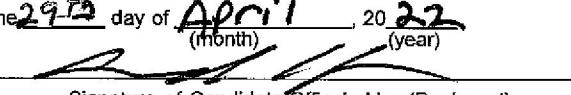
(state)

(zip code)

(country)

Executed in Denton, County, State of TX, on the 29th day of April, 2022.

(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,780
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,512.71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>1 of 7</i>
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>03-29-2022</i>	5 Full name of contributor <i>Juli Luke</i>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>150</i>
6 Contributor address; <i>2052 Driskell Dr., Denton, TX 76210</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>03-31-2022</i>	Full name of contributor <i>Denton Professional Fire Fighters</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>1,000</i>
Contributor address; <i>Po Box 2534, Denton, TX 76202</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-03-2022</i>	Full name of contributor <i>Cole Frazier</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; <i>633 Londonderry Ln., Denton, TX 76205</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-11-2022</i>	Full name of contributor <i>Mark Hicks</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2,500</i>
Contributor address; <i>7420 FM 2499, Ponder, TX 76259</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 2 of 7
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date 04-06-2022	5 Full name of contributor <i>Stephen Sullivan</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04-04-2022	Full name of contributor <i>Ronald Carter</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04-04-2022	Full name of contributor <i>Leanne Harris</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) 100
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04-03-2022	Full name of contributor <i>Sharon Rainey</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) 100
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		*Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>3 of 7</i>
2 FILER NAME <i>Gerard Hudspeh</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>04-03-2022</i>	5 Full name of contributor <i>John Rainey</i>	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; <i>2909 Destin Dr., Denton, TX 76205</i>		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04-01-2022</i>	Full name of contributor <i>wayne orchid</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>5,000</i>
Contributor address; <i>2804 Warren St, Austin, TX 78703</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>03-31-2022</i>	Full name of contributor <i>Thomas Guthrie</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>2,000</i>
Contributor address; <i>2015 North Dunn St., Bloomington, IN 47408</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>03-30-2022</i>	Full name of contributor <i>Robert Sherman</i>	out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500</i>
Contributor address; <i>3411 Shadow Brook Court, Denton, TX 76210</i>		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>4 of 7</i>
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>03-29-2022</i>	5 Full name of contributor <i>Glenn Carlton</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>100</i>
6 Contributor address;	City;.....	State;.....	Zip Code
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>03-29-2022</i>	Full name of contributor <i>Decole Cody</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100</i>
Contributor address;	City;.....	State;.....	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>03-29-2022</i>	Full name of contributor <i>Zane & Deanna Lemon</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100</i>
Contributor address;	City;.....	State;.....	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>03-29-2022</i>	Full name of contributor <i>Jerry Eastup</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>100</i>
Contributor address;	City;.....	State;.....	Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>50F 7</i>
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>03-31-2022</i>	5 Full name of contributor <i>Jack Becker</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04-13-2022</i>	Full name of contributor <i>Don Doster</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>200</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-16-2022</i>	Full name of contributor <i>Mark Mullens</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>20</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-20-2022</i>	Full name of contributor <i>Peter McCleskey</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>250</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>6 of 7</i>
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>04-22-2022</i>	5 Full name of contributor <i>Mark Michniacki</i>	out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>100</i>
6 Contributor address;	City;	State;	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04-23-2022</i>	Full name of contributor <i>Hill Perot</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>1,000</i>
Contributor address;	City;	State;	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-24-2022</i>	Full name of contributor <i>Scott Jones</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>200</i>
Contributor address;	City;	State;	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04-25-2022</i>	Full name of contributor <i>Craig Irwin</i>	out-of-state PAC (ID#:)	Amount of contribution (\$) <i>500</i>
Contributor address;	City;	State;	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>7 of 7</i>
2 FILER NAME <i>Gerard Hudspeth</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>04-26-2022</i>	5 Full name of contributor <i>Gary Chang</i>	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>200</i>
6 Contributor address; <i>1600 West Hickory St, Denton, TX 76201</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04-05-2022</i>	Full name of contributor <i>Glen Duncan</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>60</i>
Contributor address; <i>9713 Freeport Drive, Denton, TX 76207</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 OF 3 **2 FILER NAME:** Gerard Hudspeth **3 Filer ID (Ethics Commission Filers)**

4 Date: 04/04/2022 **5 Payee name:** Murphy Nasica

6 Amount (\$): 850 **7 Payee address:** Po Box 1648, Austin, TX 78767 **City:** _____ **State:** _____ **Zip Code:** _____

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<u>Consulting Expense</u>	<u>management/oversight/App</u>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct
expenditure to benefit C/OH** **Candidate / Officeholder name:** _____ **Office sought:** _____ **Office held:** _____

Date	Payee name		
<u>04/05/2022</u>	<u>Murphy Nasica</u>		
Amount (\$)	Payee address:	City:	State:
<u>1,000</u>	<u>Po Box 1648, Austin, TX 78767</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<u>Consulting Expense</u>	<u>Consulting</u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
<u>04/07/2022</u>	<u>Murphy Nasica</u>		
Amount (\$)	Payee address:	City:	State:
<u>6,500</u>	<u>Po Box 1648, Austin, TX 78767</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<u>Advertising Expense</u>	<u>Social & Digital creative</u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
<u>04/07/2022</u>	<u>Murphy Nasica</u>		
Amount (\$)	Payee address:	City:	State:
<u>6,500</u>	<u>Po Box 1648, Austin, TX 78767</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<u>Advertising Expense</u>	<u>Social & Digital creative</u>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)	
2 of 3	Gerard Hudspeth		
4 Date	5 Payee name		
04/14/2022	Murphy Nasica		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
11,241.52	Po Box 1648, Austin, TX 78767		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	mailer/postage	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/27/2022	Murphy Nasica		
Amount (\$)	Payee address;	City;	State; Zip Code
10,648.85	Po Box 1648, Austin, TX 78767		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	mailer/postage	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/22/2022	Impress Graphics		
Amount (\$)	Payee address;	City;	State; Zip Code
282.64	733 Fort Worth Dr, Suite 100, Denton, TX 76201		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	poll Handouts	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fliers)
36 F3	Gerard Hudspeth	
4 Date	5 Payee name	
6/27/2022	Anedot	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
589.70	1340 Poydras Street, Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Credit card
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name Office sought Office held	
Amount (\$)	Payee name	
PURPOSE OF EXPENDITURE	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

From: [Gerard Hudspeth](#)
To: [City Secretary](#)
Cc: [Rios, Rosa](#); [Mayor Gerard Hudspeth](#)
Subject: 8 Day 2022 Campaign Finance Report - Gerard Hudspeth
Date: Friday, April 29, 2022 11:26:13 PM
Attachments: [Gerard Hudspeth 8 day campaign finance report 2022.pdf](#)

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