

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 mr. FIRST Gerard MI NICKNAME LAST SUFFIX Hudspeth	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 29 2022 City Manager's / City Secretary's Office </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Po Box 1045, Denton, TX 76201		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 206 - 9655		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. FIRST Melinda MI NICKNAME LAST SUFFIX King		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 830 I-35E, Denton, TX 76205		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 453 - 1660		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 29 / 2022 THROUGH 04 / 27 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2022	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Place 7 (mayor)	13 OFFICE SOUGHT (if known) Place 7 (mayor)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	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 Filer 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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,780
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 502.24
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,014.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,405.28
OUTSTANDING LOAN TOTALS	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 [REDACTED]

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, 20 22
(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: 1 of 7
2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date 03-29-2022	5 Full name of contributor Juli Luke out-of-state PAC (ID#: 6 Contributor address; 2052 Driskell Dr., Denton, TX 76210 City; State; Zip Code	7 Amount of contribution (\$) 150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03-31-2022	Full name of contributor Denton Professional Fire Fighters Contributor address; Po Box 2534, Denton, TX 76202 City; State; Zip Code	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-03-2022	Full name of contributor Cole Frazier Contributor address; 633 Londonderry Ln., Denton, TX 76205 City; State; Zip Code	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-11-2022	Full name of contributor Mark Hicks Contributor address; 7420 Fm 2499, Ponder, TX 76259 City; State; Zip Code	Amount of contribution (\$) 2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 7
2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Stephen Sullivan	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 8505 Sterling Dr., Denton, TX 76207	100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Ronald Carter	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4105 Hartlee Field Rd., Denton, TX 76208	1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Leanne Harris	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4009 Barnhill Court, Denton, TX 76208	100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Sharon Rainey	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 2909 Destin Dr., Denton, TX 76205	100
Principal occupation / Job title (See Instructions)		*Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Glenn Carlton out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 03-29-2022 13217 Cashes Mill Rd., Sanger, TX 76266	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor Decole Cody out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 03-29-2022 8201 Rodeo Dr., Denton, TX 76208	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Zane & Deanna Lemon out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 03-29-2022 3829 Montecito Drive, Denton, TX 76205	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor Jerry Eastup out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 03-29-2022 1300 Lake view Blvd., Denton, TX 76208	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 7
2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# _____) Jack Becker	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code 03-31-2022 912 Sandpiper Drive, Denton, TX 76205	100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Jon Doster	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 04-13-2022 5255 Locust St., Denton, TX 76201	200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Mark Mullens	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 04-16-2022 1400 Auburn Dr., Denton, TX 76201	20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Peter McCleskey	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 04-20-2022 301 Lamplighter Dr., Denton, TX 76210	250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date 04-22-2022	5 Full name of contributor Mark Michniacki out-of-state PAC (ID#: 6 Contributor address; 3813 Cuddy Dr., Denton, TX 76210 City; State; Zip Code	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04-23-2022	Full name of contributor Hill Perot out-of-state PAC (ID#: Contributor address; 3000 Turtle Creek Blvd., Dallas, TX 75219 City; State; Zip Code	Amount of contribution (\$) 1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-24-2022	Full name of contributor Scott Jones out-of-state PAC (ID#: Contributor address; 3301 Fairway Drive, Argyle, TX 76226 City; State; Zip Code	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04-25-2022	Full name of contributor Craig Irwin out-of-state PAC (ID#: Contributor address; 525 S. Carroll Blvd, Denton, TX 76201 City; State; Zip Code	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 (\$) **950** 7 Payee address; City; State; Zip Code
PO Box 1648, Austin, TX 78767

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description
Consulting Expense **management/oversight/APP**
(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 **04/05/2022** Payee name **Murphy Nasica**
Amount (\$) **1,000** Payee address; City; State; Zip Code
PO Box 1648, Austin, TX 78767

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Consulting Expense **Consulting**
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 **04/07/2022** Payee name **Murphy Nasica**
Amount (\$) **6,500** Payee address; City; State; Zip Code
PO Box 1648, Austin, TX 78767

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Advertising Expense **Social & Digital Creative**
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3		2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)	
4 Date 04/14/2022		5 Payee name Murphy Nasica			
6 Amount (\$) 11,241.52		7 Payee address; City; State; Zip Code PO Box 1648, Austin, TX 78767			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description 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					
Date 04/27/2022		Payee name Murphy Nasica			
Amount (\$) 10,648.85		Payee address; City; State; Zip Code PO Box 1648, Austin, TX 78767			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description mailer/postage		
	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 04/22/2022		Payee name Impress Graphics			
Amount (\$) 282.64		Payee address; City; State; Zip Code 733 Fort worth Dr., Suite 100, Denton, TX 76201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Poll Handouts		
	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					

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 36F3	2 FILER NAME Gerard Hudspeth	3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2022	5 Payee name Anedot	
6 Amount (\$) 589.70	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Credit card	
(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
9 Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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](#)

This message has originated from an External Source. Please be cautious regarding links and attachments.