

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:

8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Gerard Hudspeth

OFFICE USE ONLY

Date Received

RECEIVED

JAN 17 2023

City Manager's / City
Secretary's Office

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

PO Box 1045, Denton, TX 76201

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 206-9655

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MRS. Melinda King

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

830 I-35, Denton, TX 76205

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 453-1660

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

07/01/2022

THROUGH

12/31/2022

11 ELECTION

ELECTION DATE

Month

Day

Year

7 - -

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Place 7 (Mayor)

13 OFFICE SOUGHT (if known)

N/A

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

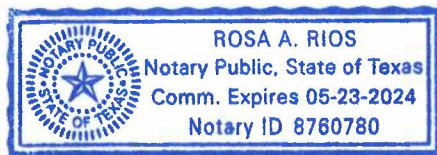
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,000.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>3,715.18</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8,155.23</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,182.22</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gerard Hudspeth this the 17th day of January, 2023, to certify which, witness my hand and seal of office.
Rosa A. Rios Rosa A. Rios Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (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	\$ 4,000.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	☐ SCHEDULE E: LOANS	\$ 0
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,440.05
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: <u>1</u>
2 FILER NAME <u>Gerard Hudspeth</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>7/25/22</u>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Apartment Association of Greater Dallas</u> 6 Contributor address; City; State; Zip Code <u>5728 LBJ Freeway #100, Dallas, TX 75240</u>	7 Amount of contribution (\$) <u>\$2,500</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12/14/22</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Victor Vital</u> Contributor address; City; State; Zip Code <u>906 West Pleasant Run Road, DeSoto, TX 75115</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>12/21/22</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Kenny Merchant</u> Contributor address; City; State; Zip Code <u>2125 N. Josey Ln, Suite 200, Carrollton, TX 75006</u>	Amount of contribution (\$) <u>\$1,000.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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	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: <u>10F4</u>	2 FILER NAME <u>Gerard Hudspeth</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>7/31/22</u>	5 Payee name <u>North Texas Athletics</u>	
6 Amount (\$) <u>\$1,020.00</u>	7 Payee address; City; State; Zip Code <u>1155 Union Circle, Denton, TX 76203</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Advertising Expense</u>	(b) Description <u>Advertising at events</u>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date <u>7/12/22</u>	Payee name <u>University of North Texas</u>		
Amount (\$) <u>\$350.00</u>	Payee address; City; State; Zip Code <u>1155 Union Circle Denton TX 76203</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Gala Tickets</u>	
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date <u>7/22/22</u>	Payee name <u>City of Denton</u>		
Amount (\$) <u>\$300.00</u>	Payee address; City; State; Zip Code <u>321 E. McKinney Street, Denton TX 76201</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Fundraising Event</u>	
	☐ Check if travel outside of Texas. Complete Schedule T	☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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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: 2024	2 FILER NAME Gerard Hudspeth	3 Filer ID (Ethics Commission Filers)
4 Date 7/1/22	5 Payee name United Way of Denton County	
6 Amount (\$) \$241.35	7 Payee address; 1314 Teasley Lane, Denton, TX 76205	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 7/1/22	Payee name Denton Breakfast Kiwanis	
Amount (\$) \$529.00	Payee address; P.O. Box 14, Denton, TX 76202	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Dues
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/24/22	Payee name QTEGO Auction - Dean McCumy	
Amount (\$) \$200.00	Payee address; 306 N. Loop 288, Denton, TX 76209	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Gift Purchase
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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: <u>3 of 4</u>		2 FILER NAME <u>Gerard Hudspeth</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>12/31/22</u>		5 Payee name <u>Nebraska Furniture Mart</u>			
6 Amount (\$) <u>\$1,019.69</u>		7 Payee address; City; State; Zip Code <u>5600 Nebraska Furn mart pr, The Colony, TX 75056</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Video editing monitor</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <u>12/31/22</u>		Payee name <u>Linked in</u>			
Amount (\$) <u>194.76</u>		Payee address; City; State; Zip Code <u>1000 W Maude Ave, Sunnyvale, CA 94085</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Campaign data</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date <u>12/31/22</u>		Payee name <u>Kinsta</u>			
Amount (\$) <u>\$191.52</u>		Payee address; City; State; Zip Code <u>8605 Santa Monica Blvd. 92581, West Hollywood, CA 90069</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Website fees</u>		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
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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: <i>4 of 4</i>	2 FILER NAME <i>Gerard Hudspeth</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/22</i>	5 Payee name <i>Sidewalk Cafe</i>	
6 Amount (\$) <i>\$393.73</i>	7 Payee address; City; State; Zip Code <i>2900 Windrunner Lane, unit 130, Denton, TX 76210</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	(b) Description <i>Fundraising event hosting</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> 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. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

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