CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	Mr. Gerard	D	Date Received
	Hudspeth		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	ITY; STATE, ZIP CODE	JUL 1 5 2020 City Manager's / City
Change of Address	606 Wilson Street, Denton, T		Secretary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	(940) 367-0244	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mrs. Melinda	Merritt	Date Processed
	King		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			
	830 South I-35 East, Denton,	TX 76205	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 453 - 1660	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	X July 15 8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	01 / 01 / 2020	THROUGH 06	30 / 2020
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	11 03 2020 X General	Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	District 1 Denton City Council	Mayor - City of	Denton
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	15 Filer ID (Ethics Commission Filers)		
Ge	erard Hudsp	eth	And		
16 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 OF 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	N/A			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$ 1,629.00		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,379.00		
EXPENDITURE TOTALS	3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,515.91		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 24,979.62		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 13,706.29		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$ 0.00		
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					
AFFIX NOTARY STAMP/SEALABOVE					
Sworn to and subscribed before me, by the said <u>Gerard D. Hudpet</u> , this the <u>1511</u> day of <u>Tuly</u> , 20 <u>30</u> , to certify which, witness my hand and seal of office.					
day of July		o corting without, with least my flather and sear of office.			
Fignature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath Title officer administering oath					
\					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			
Gerard Hudspeth				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 33,379.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 1 of 15
2 FILER NAME	Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	_	C (ID#:)	7 Amount of contribution (\$)
	Kimberly McCary 6 Contributor address; City;	State; Zip Code	
1/9/2020	P.O. Box 51544, Denton, TX	(76206	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Berdy Tjandramulia Contributor address; City;	State; Zip Code	
1/9/2020	310 Bonnie Brae, Denton, T	X 76201	\$650.00
	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Michael Holmes Contributor address; City;	State; Zip Code	
1/13/2020	325 North St. Paul Street, Da	Ilas, TX 75201	\$200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
	Jack Becker Contributor address; City;	State; Zip Code	
1/16/2020	912 Sandpiper Drive, Dento	n, TX 76205	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (

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

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2 of 15	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Gerard Hudspeth			
4 Date	5 Full name of contributor out-of-state PAC (IE	D#	7 Amount of contribution (\$)	
	Frank Dudowicz 6 Contributor address; City;	State; Zip Code		
1/23/2020	3605 Falcon Court, Denton, TX	x 76210	\$100.00	
		Employer (See Instruct		
Date	Full name of contributor	D#)	Amount of contribution (\$)	
	Philip Strange			
	*	State; Zip Code		
1/23/2020	350 Quorum Drive #1402, Roanok	e TX 76262	\$100.00	
	eation / Job title (See Instructions)	Employer (See Instructi	•	
Date	Full name of contributor	D#:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
4/20/2020	14444 Delles Delley #265 De	Usa TV 7505	\$500.00	
Principal occup	14114 Dallas Parkway#265, Da	Employer (See Instruction		
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Mike Drury	OCCUPANTE ANALONS		
	Contributor address; City;	State; Zip Code		
	2115 Highland Park Road, Dent			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
V.				
Sentiment of the Control of the Cont				
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	FEDEO	
***************************************	If contributor is out-of-state PAC, please see Instruct			

SCHEDULE A1

The	Instruction Guide explains how to co	mplete this form.	1 Total pages Schedule A1: 3 of 15
2 FILER NAME	Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 0	it-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Noble Crawford III		
1/30/2020	8901 Tehama Ridge Parkwa	y, Fort Worth, TX 76177	\$75.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor 🔲 ou	it-of-state PAC (ID#:)	Amount of contribution (\$)
	Greg Brinkley Contributor address; C	City; State; Zip Code	
1/30/2020	7920 Meadow Ridge Drive	Northlake TX 76247	\$200.00
	pation / Job title (See Instructions)	Employer (See Instruc	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor 🔲 ou	t-of-state PAC (ID#:)	Amount of contribution (\$)
	Philip Waldick Contributor address; C	ity; State; Zip Code	
1/30/2020	8105 Rasor Boulevard, #2	228, Plano, TX 75204	\$1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🔲 ou	t-of-state PAC (ID#:)	Amount of contribution (\$)
		ty; State; Zip Code	
1/30/2020	1225 Sycamore Bend Road,	Hickory Creek, TX 75065	\$500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
	ATTACHADDITIONAL	COPIES OF THIS SCHEDULE AS N	EEDED

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gerard Hudspeth		
4 Date		(ID#)	7 Amount of contribution (\$)
	Carl R. Anderson		
		State; Zip Code	
		-	
1/30/2020			·
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Canaly Kristofora an		
		Chata Tie Cada	
	Contributor address; City;	State; Zip Code	
1/30/2020	040 Chinnita Street Donton	TV 76205	#400 00
	912 Chiquita Street, Denton, ation / Job title (See Instructions)	Employer (See Instructi	\$100.00 ions)
, ,			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Gred Coward		
	Greg Coward Contributor address; City;	State; Zip Code	
	,		
1/30/2020	624 El Paseo Street, Denton,	TX 76205	\$100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Robert Nelson		
	Contributor address; City;	State; Zip Code	
1/30/2020			\$100.00
Principal occup	action / Job title (See Instructions)	Employer (See Instructi	ions)
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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 5 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gerard H	udeneth		
4 Date	-	D#:)	7 Amount of contribution (\$)
	Gary Steele Contributor address; City;		
1/30/2020	1600 Angelina Bend Drive, Dent	ton. TX 76205	\$100.00
8 Principal occu		Employer (See Instruct	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Melinda King Contributor address; City;	1	
1/30/2020 Principal occup	2101 Pembrooke Place, Dento ration / Job title (See Instructions)	on, TX 76205 Employer (See Instruction	\$250.00 ions)
Date	Full name of contributor	D#)	Amount of contribution (\$)
	Kelly Sayre Contributor address; City;	State; Zip Code	
1/30/2020	1603 Fairway Drive, Corinth, TX	X 76210	\$500.00
	pation / Job title (See Instructions)	Employer (See Instructi	
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Ken Gold Contributor address; City;	State; Zip Code	
1/30/2020	2512 Natchez Trce, Denton, TX	¥ 76210	\$100.00
	pation / Job title (See Instructions)	Employer (See Instructi	-
	<u> </u>		
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Parasonae			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gerard Hudspeth		
4 Date		: (ID#:)	7 Amount of contribution (\$)
	Gat of state y/s	/ (1011)	
	Glenn Carlton City;		
1/30/2020	13217 Cashs Mill Road, Sar	nger. TX 76266	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Douglass Robison City;	State; Zip Code	
1/31/2020	120 N. Austin Street, Denton,	TX 76201	\$500.00
	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Richard Remski City;	State; Zip Code	
2/5/2020	11904 Glenbrook Street, Den	ton, TX 76207	\$250.00
	pation / Job title (See Instructions)	Employer (See Instruct	• • • • • • • • • • • • • • • • • • • •
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)
	Nicholas Woods Contributor address; City;	State; Zip Code	
2/7/2020	1024 East McKinney Street, Dent	on. TX 76209	\$200.00
	pation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES O	DE THIS SCHEDULE AS N	FEDED
=	If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

The	Instruction Guide explains how to complete this form	l×	1 Total pages Schedule A1: 7 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gerard Hudspeth		
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
	Bob Moses City; Sta		
2/8/2020	1702 Pine Hills Lane, Corinth, TX	(76210	\$100.00
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
	Ronald L. Johnson Contributor address; City; Sta	ite; Zip Code	
2/10/2020	6025 Sun Ray Drive, Denton, TX	76205	\$100.00
Principal occup		mployer (See Instructi	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Craig Irwin Contributor address; City; Sta	te; Zip Code	
2/20/2020	1104 East Hickory Hill Road, Argyle,	TX 76226	\$500.00
Principal occup		mployer (See Instructi	ons)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
	Reginald T. Logan Sr. City; Sta		
2/7/2020	705 Park lane, Denton, TX 76205		\$100.00
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 8 of 15 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gerard Hudspeth 4 Date 5 Full name of contributor out-of-state PAC (ID#:_____ 7 Amount of contribution (\$) Jim Strange 6 Contributor address; City; State; Zip Code 3613 Falcon Court, Denton, TX 76210 \$250.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Tim Shoopman Contributor address; City; 1004 North Locust, Denton, TX 76201 \$100.00 2/18/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Charles Parker City; State; Zip Code 2/11/2020 832 South Mont Drive, Denton, TX 76205 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Bobbie J. Mitchell Contributor address; City; State; Zip Code \$75.00 2/13/2020 1032 Springwood, Lewisville, TX 75067 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 9 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gerard Hudspeth		
4 Date	5 Full name of contributor	<i>†</i>)	7 Amount of contribution (\$)
Tariffordadamentos	Jacee Kiefer		
осущина учений на поставлений на поставлений на поставлений на поставлений на поставлений на поставлений на по Поставлений на поставлений на поставлений на поставлений на поставлений на поставлений на поставлений на поста	6 Contributor address; City; S		
0.14.00000	40040		
3/1/2020 8 Principal occu	1824 South Bonnie Brae, Dento		\$500.00
	, , , , , , , , , , , , , , , , , , , ,	Limpioyon (God Mondon	(and)
Date	Full name of contributor	#)	Amount of contribution (\$)
	Judy Jones		
	Contributor address; City; S	State; Zip Code	
Indicated			
3/5/2020	1824 South Bonnie Brae, Dento	n, TX 76207 Employer (See Instructi	\$500.00
T tincipal occu	nation / Job title (See mandenous)	Employer (See Instructi	ons)
		T	
Date	Full name of contributor	<u>+</u>)	Amount of contribution (\$)
	Jeanne S. Jones		
	Contributor address; City; S	State; Zip Code	
0/5/0000			
3/5/2020	1824 South Bonnie Brae, Dento	n, TX 76207 Employer (See Instructi	\$500.00
, mopul coca	ALIGN / LOS MIC (GGC MOLITACIONS)	Employer (Occ manach	0.13)
Date	Full name of contributor out-of-state_PAC (ID#.		Amount of contribution (\$)
	Barbara P. Russell		
	Contributor address; City; S		
1/30/2020			\$100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2020

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 10 of 15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Gerad Hudspeth		
4 Date	5 Full name of contributor out-of-state PAI	C (ID#:)	7 Amount of contribution (\$)
	Lee Ramsey 6 Contributor address; City;		
3/4/2020	525 South Loop 288, Suite 105, Der	nton, TX 76205	\$2,500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	. ,
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	. Brandon A. Martino	State; Zip Code	
3/4/2020	525 South Loop 288, Suite 105, Der	nton, TX 76205	\$2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Thomas J. Shannon Jr. Contributor address; City;	State; Zip Code	
3/2/2020	17635 Tobacco Road, Lutz, I	Florida 33558	\$1,000.00
	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Kenny A. Zollinger	State; Zip Code	
3/15/2020	1720 Westminster street, De	enton, TX 76205	\$500.00
	ation / Job title (See Instructions)	Employer (See Instruct	
		A transfer from the first of th	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instri		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 11 of 15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 4 Date out-of-state PAC (ID#:_____ 5 Full name of contributor 7 Amount of contribution (\$) Byron D. Woods 6 Contributor address; City; State; Zip Code 3/13/2020 3821 Montecito Road, Denton, TX 76205 \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Donald R. White Contributor address; City; State; Zip Code 3/23/2020 2105 Savannah Trl, Denton, TX 76205 \$300.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Philip J. Gallivan City; State; Zip Code 3/21/2020 6 Timbergreen Circle, Denton, TX 76205 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____) Amount of contribution (\$) Melissa Lenaburg City: State; Zip Code 2/29/2020 122 Industrial Street, Denton, TX 76201 100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
:	Gerard Hudspeth			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
	Nedra Mitchell 6 Contributor address; City;	State; Zip Code		
3/2/2020	3310 Belmont Street, Dento	n, TX 76210	\$100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Eric Schmitz			
	Contributor address; City;	State; Zip Code		
3/9/2020	207 West Hickory, Suite 103, Den	ton, TX 76201	\$500.00	
	ation / Job title (See Instructions)	Employer (See Instruct	•	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Billy Kellum City;	State; Zip Code		
3/10/2020	1000 Ridgecrest Circle Denton	TY 76205	\$100.00	
3/10/2020 1009 Ridgecrest Circle, Denton, TX 76205 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date		(ID#:)	Amount of contribution (\$)	
	Richard Smith Contributor address; City;	State; Zip Code		
3/19/2020	721 West Hobson, Denton, TX 7		\$100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
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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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 13 of 15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID#: Kirk Wilson 6 Contributor address; City; State; Zip Code 4/21/2020 4418 Brookview Drive, Denton, TX 75220 \$1,000,00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Wesley Marshall City; State; Zip Code 5/27/2020 4898 Oakhurst Lane, Frisco,, TX 75034 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Ryan Griffin City: State; Zip Code 5/28/2020 P.O. Box 190829, Dallas, TX 75219 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Stephan Alexander Contributor address; City; State; Zip Code 5/28/2020 13391 George Foster Road, Ponder, TX 76259 \$1,000.00 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 14 of 15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 4 Date 5 Full name of contributor out-of-state PAC (ID#:____ 7 Amount of contribution (\$) . Amy Griffin 6 Contributor address; City; State: Zip Code 5/27/2020 8912 Crestview Drive, Denton, TX 76207 \$1,000.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Dole Cole Contributor address; City; State; Zip Code 5/29/2020 4109 Hampton Road, Denton, TX 76207 \$1,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) William Neu Contributor address; State; Zip Code 1116 Ellison Park Circle, Denton, TX 76205 \$100.00 6/8/2020 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Dena Meek Contributor address; State; Zip Code City; 6/17/2020 560 Diamond Point Drive, Oak Point, TX 75068 \$300.00 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 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 15 of 15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Craig Fitzgearld 6 Contributor address; City; State; Zip Code 6/12/2020 504 Hillcrest Lane Krum, TX 76249 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Carrell Simmons Contributor address; City; State; Zip Code 709 Ticonderoga Drive, Denton, TX 76205 6/8/2020 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Eddie Renz City; State; Zip Code 6/8/2020 | 3200 South Interstate 35 East, #1100, Denton, TX 76210 \$100.00 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.

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 Filers) Gerard Hudspeth 1 of 13 4 Date 5 Payee name 1/2/2020 Trophies and More 6 Amount (\$) 7 Payee address; City; State; Zip Code \$151.55 505 North Industrial Blvd, #100, Bedford, TX 76021 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Advertising Expense Campaign shirts Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/7/2020 Denton Odd Fellows Amount (\$) Payee address; City; State; Zip Code \$90.00 1415 Eden Lane, Denton, TX 76209 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Advertising Expense Directory Listing Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 1/8/2020 United Way Denton County Amount (\$) Payee address: City; State; Zip Code \$250.00 1314 Teasley Lane, Denton, TX 76205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Other Dancing with the stars - Banquet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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)

Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 2 of 13 4 Date 5 Payee name 1/15/2020 Denton Black Film Festival 6 Amount (\$) 7 Payee address: City; State: Zip Code \$220.44 P.O. Box 1217, Denton, TX 76202 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Denton Black Film Festival Other Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 1/22/2020 Trophies and More Amount (\$) Payee address; City: State: Zip Code \$115.83 505 North Industrial Blvd, #100, Bedford, TX 76021 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Advertising Expense Campaign Shirts Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/23/2020 Sontx (Solutions North Texas) Amount (\$) Payee address; City; State: Zip Code \$170.00 1516 North Ruddell Street, Denton, TX 76021 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Other Banquet Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
		ns how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
3 of 13	Gerard Hudspeth		
4 Date	5 Payee name		
1/24/2020	Signs on the cheap		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,036.94	11525 Stonehollow Drive, Suite	100. Austin. TX 78758	
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF		(2) 2000. p.c	
EXPENDITURE	Advertising Expense	Political signs	S
	(c) Check if travel outside of Texas. Complete Sc		in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
	ſ		
1/27/2020	Murphy Nasica		
Amount (\$)	Payee address;	City;	State; Zip Code
	ı		
\$233.53	815-A Brazos Street, Suite 304, A	Austin, TX 78701	
	Category (See Categories listed at the top of this sch		
PURPOSE			
OF EXPENDITURE	Consulting Evennes	Compaign Co.	•
	Consulting Expense	Campaign Con	isultation
	Check if travel outside of Texas, Complete Sch	nedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
expenditure to bonding of of.			
Date	Payee name		
Daic	Fayee Hame		
1/27/2020	Groggy Dog		
Amount (\$)	Payee address;	Cih.	_ ·
	t ayou day, oos,	City;	State; Zip Code
\$500.00			
\$500.00	P.O. Box 1411, Denton, TX 76202		
- 1 - 4 man ann ann ann ann ann	Category (See Categories listed at the top of this sche	nedule) Description	
PURPOSE OF			
	Advertising Expense	Campaign Shirt	ts
	Check if travel outside of Texas. Complete Sche-		TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name		
expenditure to benefit C/OH	Control of Control of Control	Office sought	Office held
	ATTACH ADDITIONAL CODICO		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	JED

SCHEDULE F1

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Polling Expense Travel In District Printing Expense Travel Out Of District 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 Filers) Gerard Hudspeth 4 of 13 4 Date 5 Payee name 1/28/2020 Denton Breakfast Kiwanis 6 Amount (\$) 7 Payee address; City; State: Zip Code 240.00 P.O. Box 14, Denton, TX 76202 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE Advertising Expense Ad placement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 1/30/2020 Walgreens Amount (\$) Payee address: City; State; Zip Code \$94.69 1700 South Loop 288, Denton, TX 76205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **Printing Expense** EXPENDITURE Campaign Event Printing Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 1/30/2020 The Dive Amount (\$) Payee address; City: State; Zip Code 3350 Unicorn Lake Blvd., Denton, TX 76210 \$1,458.28 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE Event Expense** Campaign Kickoff Event Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

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

Credit Card Payment	al Committee Legal Services Salarie The Instruction Guide explains how to	es/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:		.o complete tins form.	
5 of 13	Gerard Hudspeth		3 Filer ID (Ethics Commission Filers
4 Date	5 Payee name		<u>L</u>
2/5/2020	Reding Advertising		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
ha=a aa			
\$370.00	211 Woodrow Lane, Denton, TX 762		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			
EXPENDITURE	Advertising Expense	Campaign Sig	gns
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date			
Date	Payee name		
2/10/2020	Signs on the Cheap		
Amount (\$)	Payee address;	City;	
	,	Gity,	State; Zip Code
61,067.30	11525 Stonehollow Drive, Suite 100, A	uistin TX 78758	
	Category (See Categories listed at the top of this schedule)		
PURPOSE	b 3 (100 2003 and according top of this scriedule)	Description	
OF	A. I		
EXPENDITURE	Advertising Expense	Campaign Signs	S
	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		
/14/2020	Civic Plus		
Amount (\$)	Payee address;	City;	State; Zip Code
\$160.00	302 South 4th Street, Suite 500, Cheste	rbrook, PA 19087	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Fees	Constituent Co	mmunication Software
	Check if travel outside of Texas. Complete Schedule T.		
omplete ONLY if direct	Candidate / Officeholder name		TX, officeholder living expense
expenditure to benefit C/OH	- Section of the sect	Office sought	Office held
	ATTACH ADDITIONAL CODICS OF THE	CONTRACTOR	
' 1 1)	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED -
e provided by Toyne Ethios	Campaning		

SCHEDULE F1

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 Gilt/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 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 6 of 13 4 Date 5 Payee name 2/14/2020 1And1.com 6 Amount (\$) 7 Payee address; City; State; Zip Code \$80.85 701 Lee Road, Suite 300, Chesterbrook, PA 19087 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Fees Website Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 2/17/2020 Lowe's Amount (\$) Payee address; City: State; Zip Code \$66.38 1255 South Loop 288, Denton, TX 76205 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Advertising Expense Hardware for signage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 2/19/2020 Police Unity Tour Amount (\$) Payee address; City; State: Zip Code \$100.00 12E Great Meadow Lane, East Hanover, New Jersey 07936 Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Gift Framed photo Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses the Expenses to the Control of Process t

Candidate/Officeholder/Politic Credit Card Payment	The state of the s	Printing Expense Salaries/Wages/Contract Labor how to complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		The second secon	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
2/19/2020	Homegrown Promot	ions	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$484.44		e, Little Elm, TX 75068	
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description	
OF EXPENDITURE	Printing Expense	Campaign han	douts
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/19/2020	Our Daily Bread		
Amount (\$)	Payee address;	City;	State; Zip Code
\$200.00	300 West Oak Street, U	Jnit 100, Denton, TX 76	5201
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description	
OF EXPENDITURE	Other	Banquet	
	Check if travel outside of Texas. Complete Schedu	ule 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		
2/21/2020	Denton County NAACP		
Amount (\$)	Payee address;	City;	State; Zip Code
\$90.00	1225 Wilson Street, Suite 127, D	enton, TX 76201	
PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	
OF EXPENDITURE	Other	Banquet	
	Check if travel outside of Texas. Complete Schedul		X, 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 NEEDE	ED

SCHEDULE F1

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 Filers) Gerard Hudspeth 8 of 13 4 Date 5 Payee name 2/25/2020 Lowe's 6 Amount (\$) 7 Payee address; City; State: Zip Code \$79.33 1255 South Loop 288, Denton, TX 76205 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** Advertising Expense Hardware for signage Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Selwyn School 3/2/2020 Amount (\$) Payee address; City; State: Zip Code \$200.00 2270 Copper Canyon Road, Argyle, TX 76226 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Advertising Expense Event Ad Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 3/5/2020 Murphy Nasica Amount (\$) Payee address; City; State: Zip Code \$2,500.00 815-A Brazos Street, Suite 304, Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description PURPOSE OF Campaign Consulting **EXPENDITURE** Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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)

Candidate/Officeholder/Politic Credit Card Payment	Printing Commentation Company	g Expense es/Wages/Contract Labor to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)
9 of 13	Gerard Hudspeth		Charles (Ethics Commission Fries)
4 Date	5 Payee name		
3/6/2020	Denton Black Chamber		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$110.00	P.O. Box 51026, Denton		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Other	Banquet	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/13/2020	Homegrown Promotionals		
Amount (\$)	Payee address;	City;	State; Zip Code
\$78.09	1913 Grand Fir Drive, Little Elm, TX	75068	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Printing Expense	Handouts	
	Check if travel outside of Texas. Complete Schedule T,		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name i	Office sought	Office held
Date	Payee name		
3/25/2020	First Graphic Services		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,1789.93	229 Garvon Street, Garland, TX 75040)	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Advertising Expense	Campaign Sign	ıs
	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 NEED)ED

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	Expense Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Cledit Card Payment	The instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10 of 13	Gerard Hudspeth		(24/35 Commission Friers)
4 Date	5 Payee name		
3/30/2020	Murphy Nasica		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$500.00	815-A Brazos Street, Suite	304, Austin, TX 78	8701
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Campaign Consulting	Campaign Consulting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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		
3/31/2020	Murphy Nasica		
Amount (\$)	Payee address;	City;	State; Zip Code
\$5,000.00	815-A Brazos Street, Suite 3	04, Austin, TX 78	701
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Campaign Consulting	Campaign Co	onsulting
	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
expenditure to beliefit C/On			
Date	Payee name		
	. Gyoo namo		
4/23/2020	Civic Plus		
Amount (\$)	Payee address;	O:L	
.,,	. aywo addross,	City;	State; Zip Code
\$160.00	302 South 4th Street, Suite 500, Manh	nattan, KS 66502	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Fees	Constituent Communication Software	
	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 S	SCHEDULF AS NFFT	DED.

SCHEDULE F1

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

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 Filers) Gerard Hudspeth 11 of 13 4 Date 5 Payee name 5/7/2020 **Embassy Suites** 6 Amount (\$) 7 Payee address; City; State; Zip Code 3100 Town Center Trail, Denton, TX 76201 \$225.68 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Gift Gift Certificate EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 5/13/2020 Murphy Nasica Amount (\$) Payee address: City; State; Zip Code \$2,381.50 815-A Brazos Street, Suite 304, Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Campaign Consulting Campaign Consulting Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Sam's Club 5/29/2020 Amount (\$) Payee address; City; State; Zip Code \$135.82 2850 West University Drive, Denton, TX 76201 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE Event Expense** Volunteer supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

Travel Out Of District 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 Filers) Gerard Hudspeth 12 of 13 4 Date 5 Payee name 6/6/2020 **Fultons** 6 Amount (\$) 7 Payee address; City; State; Zip Code \$159.34 3100 Fort Worth Drive, Denton, TX 76205 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Sign Supplies Adversting Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 6/10/2020 Trophies and More Amount (\$) Payee address; City; State; Zip Code \$134.18 505 North Industrial Blvd., Bedford, TX 76021 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Gifts Juneteenth trophies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 6/16/2020 Civic Plus Amount (\$) Payee address; City; State: Zip Code 302 South 4th street, Suite 500, Manhattan, KS 66502 \$160.00 Category (See Categories fisted at the top of this schedule) Description **PURPOSE** OF Constituent Communication Software **EXPENDITURE** Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Consulting Expense
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (online)

Candidate/Officeholder/Politic		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME	4100	3 Filer ID (Ethics Commission Filers)
13 of 13	Gerard Hudspeth		,
4 Date	5 Payee name		
6/27/2020	Lowe's		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$61.18	1255 South Loop 288, Denton,	TX 76205	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		(12) 2227,243	
OF			
EXPENDITURE	Advertising Expense	Signage Su	pplies
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1	_	2 2
Date	Payee name		
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Amount (\$)	Payee address;	City;	State; Zip Code
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	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH		3	emes neig
Date	Payee name		
A			
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
-	Check if travel outside of Texas. Complete Schedule T.		TV C
01-1-0		· · · · · · · · · · · · · · · · · · ·	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 NEED	DED
