CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 33	OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Gerard NICKNAME LAST Huc	MI D. SUFFIX	RECEIVED AUG 1 8 2020		
4	ORIGINAL REPORT TYPE	30th day before election 15th app	off Other (specify) eeded \$500 limit day after treasurer cointment (officeholder only)	City Manager's / City Secretary's Office Date Hand-delivered or Date Postmarked Receipt # Amount \$		
5	ORIGINAL PERIOD COVERED	Month Day Year 01 / 01 / 2020 TH	Month Day Year ROUGH 06 / 30 / 2020	Date Processed Date Imaged		
6	6 EXPLANATION OF CORRECTION When originally filing my July 15, 2020 Semi-Annual report, one page for Schedule A1 (shown as Page 16 of 16 on the attached corrected report) was left off. That schedule/page is now included. The report is being included in its entirety and supersedes the previous filing. I understand both filings are official.					
7	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.					
	ROSA A. RIOS ROSA A. RIOS Notary Public, State of Texas Comm. Expires 05-23-2024 Notary ID 8760780 Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Signature of Candidate or Officeholder					
~	Sworn to and subscribed before me, by the said					
	Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections					

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:		
The O'O' matricular			32		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
NAME	Mr. Gerard		Date Received		
o constanting and constanting	NICKNAME LAST	SUFFIX	RECEIVED		
	Hudspeth	***************************************			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	PITY: STATE, ZIP CODE	AUG 1 8 2020 City Manager's / City Secretary's Office		
Change of Address	606 Wilson Street, Denton, T	(76205			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
PHONE	⁽ 940 ⁾ 367-0244				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
NAME	Mrs. Melinda	Merrittsuffix	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 EXTENSION (940) 453 - 1660				
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 Sth day before elect	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	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 15 Filer ID (Ethics Commission Filers)						
Gerard Hudspeth						
16 NOTICE FROM POLITICAL COMMITTEE(S)	DLITICAL SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	N/A				
	SPECIFIC	SPECIFIC COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS						
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 33,379.00						
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$			\$ 2,515.91			
	4. TOTAL POLITICAL EXPENDITURES \$ 24,979.62					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 13,706.29					
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LY OF THE REPORTING PERIOD	* 0.00			
18 AFFIDAVIT						
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. Notary Public, State of Texas Comm. Expires 05-23-2024 Notary ID 8760780						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAM	P/SEALABOVE					
Sworn to and subscribed before me, by the said						
day of August, 20_20, to certify which, witness my hand and seal of office.						
don O. Lies Rosa A. Riss Polacy Public						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)			
Gerar				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	S		SUBTOTAL AMOUNT	
1. X SCHEDULEA	1: MONETARY POLITICAL CONTRIBUTIONS		\$ 33,379.00	
2. SCHEDULE A	2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B	: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E	4. SCHEDULE E: LOANS			
5. X SCHEDULE F	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6. SCHEDULE F	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. SCHEDULE F	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8. SCHEDULE F	4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10. SCHEDULE H	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHEDULE I:	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12. SCHEDULE K	: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 of 16 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# Kimberly McCary 6 Contributor address; City; State; Zip Code 1/9/2020 P.O. Box 51544, Denton, TX 76206 \$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 (\$) Berdy Tjandramulia Contributor address; City; State; Zip Code 310 Bonnie Brae, Denton, TX 76201 \$650.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Michael Holmes v: State; Zip Code Contributor address; City; 1/13/2020 325 North St. Paul Street, Dallas, TX 75201 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Jack Becker Contributor address; City; State; Zip Code 1/16/2020 912 Sandpiper Drive, Denton, TX 76205 \$100.00 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. 2 of 16 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gerard Hudspeth 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Frank Dudowicz City; State; Zip Code 6 Contributor address; 1/23/2020 3605 Falcon Court, Denton, TX 76210 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor __ out-of-state PAC (ID#:____ Date Amount of contribution (\$) Philip Strange City; State; Zip Code Contributor address; 1/23/2020 350 Quorum Drive #1402, Roanoke, TX 76262 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:____ Date Amount of contribution (\$) Harold Holigan Contributor address; City; State; Zip Code \$500.00 1/28/2020 14114 Dallas Parkway#265, Dallas, TX 75254 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ____ out-of-state_PAC (ID#:____ Amount of contribution (\$) Mike Drury City; State; Zip Code 1/29/2020 2115 Highland Park Road, Denton, TX 76205 \$100.00 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. 3 of 16 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 (\$) Noble Crawford III 6 Contributor address; State: Zip Code City; 1/30/2020 | 8901 Tehama Ridge Parkway, Fort Worth, TX 76177 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Greg Brinkley Contributor address: City; State; Zip Code 1/30/2020 7920 Meadow Ridge Drive, Northlake, TX 76247 \$200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Philip Waldick City; Contributor address: State; Zip Code \$1,000,00 1/30/2020 8105 Rasor Boulevard, #228, Plano, TX 75204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Richard Hayes Contributor address; City; State; Zip Code 1225 Sycamore Bend Road, Hickory Creek, TX 75065 \$500.00 Employer (See Instructions) Principal occupation / Job title (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. 4 of 16 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#:_____ Carl R. Anderson 6 Contributor address; City; State; Zip Code 1/30/2020 114 Mustang Trail, Shady Shores, TX 76208 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Sandy Kristoferson Contributor address; City; State; Zip Code 1/30/2020 912 Chiquita Street, Denton, TX 76205 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Greg Coward City; State; Zip Code 1/30/2020 624 El Paseo Street, Denton, TX 76205 \$100.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ____ out-of-state PAC (ID#:____ Amount of contribution (\$) Robert Nelson Contributor address; City; State; Zip Code \$100.00 1/30/2020 303 Cottonwood Trial, Denton, TX 76208 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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. 5 of 15 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gerard Hudspeth 5 Full name of contributor ut-of-state PAC (ID#.____ 4 Date 7 Amount of contribution (\$) Gary Steele 6 Contributor address; City; State; Zip Code 1/30/2020 1600 Angelina Bend Drive, Denton, TX 76205 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) City; State; Zip Code Contributor address; 1/30/2020 2101 Pembrooke Place, Denton, TX 76205 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Kelly Sayre City; State; Zip Code 1/30/2020 1603 Fairway Drive, Corinth, TX 76210 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ____ out-of-state PAC (ID#:____ Amount of contribution (\$) Ken Gold Contributor address; City; State; Zip Code 1/30/2020 2512 Natchez Trce, Denton, TX 76210 \$100.00 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. 6 of 16 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 (\$) .Glenn.Carlton 6 Contributor address; City; State; Zip Code 1/30/2020 13217 Cashs Mill Road, Sanger, TX 76266 \$100.00 8 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Douglass Robison Contributor address; City; State; Zip Code 1/31/2020 120 N. Austin Street, Denton, TX 76201 Principal occupation / Job title (See Instructions) Employer (See In \$500.00 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Richard Remski State: Zip Code City; Contributor address; 2/5/2020 11904 Glenbrook Street, Denton, TX 76207 \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Nicholas Woods Contributor address; City; State; Zip Code 2/7/2020 1024 East McKinney Street, Denton, TX 76209 \$200.00 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. 7 of 16 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gerard Hudspeth 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Bob Moses 6 Contributor address; City; State; Zip Code 2/8/2020 1702 Pine Hills Lane, Corinth, TX 76210 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:___ Amount of contribution (\$) Ronald L. Johnson Contributor address; City; State; Zip Code 2/10/2020 | 10/2020 | 6025 Sun Ray Drive, Denton, TX 76205 | Principal occupation / Job title (See Instructions) | Employer (See In Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Craig Irwin itv: State; Zip Code City; Contributor address; 2/20/2020 1104 East Hickory Hill Road, Argyle, TX 76226 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Reginald T. Logan Sr. Contributor address; City; State; Zip Code 2/7/2020 705 Park lane, Denton, TX 76205 \$100.00 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. 8 of 16 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#: Jim Strange 6 Contributor address; City; State; Zip Code 2/9/2020 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..... City; State; Zip Code Contributor address; 1004 North Locust, Denton, TX 76201 2/18/2020 \$100.00 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 City; Contributor address; 2/11/2020 832 South Mont Drive, Denton, TX 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Bobbie J. Mitchell Contributor address; City; State; Zip Code 2/13/2020 1032 Springwood, Lewisville, TX 75067 \$75.00 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. 9 of 16 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#:____ Jacee Kiefer 6 Contributor address; City; State; Zip Code 3/1/2020 1824 South Bonnie Brae, Denton, TX 76207 \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) City; State; Zip Code 3/5/2020 | 1824 South Bonnie Brae, Denton, TX 76207 | \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Jeanne S. Jones City: State; Zip Code 3/5/2020 1824 South Bonnie Brae, Denton, TX 76207 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Barbara P. Russell Contributor address; City; State; Zip Code 1/30/2020 1324 Heather Lane, Denton, TX 76209 \$100.00 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. 10 of 16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerad Hudspeth 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:____ Lee Ramsey 6 Contributor address; City; State; Zip Code 525 South Loop 288, Suite 105, Denton, TX 76205 3/4/2020 \$2,500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Brandon A. Martino Contributor address; City; State; Zip Code 3/4/2020 | 525 South Loop 288, Suite 105, Denton, TX 76205 \$2,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Thomas J. Shannon Jr. City; State; Zip Code 3/2/2020 | 17635 Tobacco Road, Lutz, Florida 33558 \$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 (\$) Kenny A. Zollinger Contributor address; City; State; Zip Code 1720 Westminster street, Denton, TX 76205 \$500.00 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. 11 of 16 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 (\$) Byron D. Woods City; State; Zip Code 6 Contributor address; 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 out-of-state PAC (ID#:____ Date 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 Contributor address; City; State; Zip Code 100.00 2/29/2020 122 Industrial Street, Denton, TX 76201 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. 12 of 16 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, Denton, TX 76210 \$100.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Eric Schmitz Contributor address; City; State; Zip Code 3/9/2020 207 West Hickory, Suite 103, Denton, TX 76201 \$500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Billy Kellum Contributor address; City; State; Zip Code 3/10/2020 1009 Ridgecrest Circle, Denton, TX 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Richard Smith Contributor address; City; State; Zip Code 3/19/2020 721 West Hobson, Denton, TX 76205 \$100.00 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. 13 of 16 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 Contributor address; 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) out-of-state PAC (ID#:____ Date Full name of contributor Amount of contribution (\$) Ryan Griffin v: State; Zip Code City; Contributor address; 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 16 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#: .Amy.Griffin . . . City; State; Zip Code 6 Contributor address; 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 out-of-state PAC (ID#:____ Date Amount of contribution (\$) Dole Cole State; Zip Code Contributor address; 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 State; Zip Code Contributor address; 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; City; State: Zip Code 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 15 of 16 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#:_____ 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) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) Carrell Simmons Contributor address; City; State; Zip Code 6/8/2020 709 Ticonderoga Drive, Denton, TX 76205 \$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 Contributor address; 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 Amount of contribution (\$) out-of-state PAC (ID#: City; Contributor address: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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

xas Ethics Commission www.ethics.state.tx.us

Revised 1/1/2020

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 16 of 16 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# Michael Marshall 6 Contributor address; City; State; Zip Code 6/18/2020 | 2892 Marshall Road, Denton, TX 76207 | \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Heather Baker Contributor address; City; State; Zip Code 6/11/2020 8500 Normandy Way, Denton, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) TREPAC Texas Association 6/24/2020 P.O. Box 2246, Austin, TX 78768-2246 \$5,000.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ____ out-of-state_PAC (ID#:____ Amount of contribution (\$) Nathan Tune Contributor address; City; State; Zip Code 6/10/2020 3717 Merrimack Drive, Denton, TX 76210 \$500.00 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.

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 Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses a settlement and listed charge)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)	
Ground dynion	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
1 of 13	Gerard Hudspeth			
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, Bedfo	ord, TX 76021		
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description		
PURPOSE		The state of the s		
OF EXPENDITURE	Advertising Expense	Campaign sh	irto	
	p		***************************************	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
expenditure to bottom 6/01	,			
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 Lis	ting	
	Check if travel outside of Texas, Complete Schedule T,	<u> </u>	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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	0.1	Damain	in a stage . Dom avest	
EXPENDITURE	Other	Dancing with t	he stars - Banquet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
	ATTACH ADDITIONAL CODIES OF THE	SUMEDIN E VS VIEE	DED	
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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gerard Hudspeth 2 of 13 4 Date 5 Payee name Denton Black Film Festival 1/15/2020 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 8 **PURPOSE** Denton Black Film Festival EXPENDITURE Other Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 1/22/2020 Trophies and More Amount (\$) City: State: Zip Code Payee address; \$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 Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Sontx (Solutions North Texas) 1/23/2020 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 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Travel In District

Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services 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 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 3 of 13 4 Date 5 Payee name Signs on the cheap 1/24/2020 6 Amount (\$) 7 Payee address; City; State: Zip Code \$1,036.94 11525 Stonehollow Drive, Suite 100, Austin, TX 78758 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** OF EXPENDITURE Advertising Expense Political signs 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 Payee name Date 1/27/2020 Murphy Nasica Amount (\$) Payee address; City; State: Zip Code \$233.53 815-A Brazos Street, Suite 304, Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Campaign Consultation Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 1/27/2020 Groggy Dog Amount (\$) Payee address; City; State; Zip Code \$500.00 P.O. Box 1411, Denton, TX 76202 Category (See Categories fisted at the top of this schedule) Description PURPOSE OF EXPENDITURE Campaign Shirts Advertising Expense 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 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 Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category por listed above)

Candidate/Officeholder/Politic	, mang 2	and the same of the same	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:		3	3 Filer ID (Ethics Commission Filers)	
4 of 13	Gerard Hudspeth			
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				
OF EXPENDITURE	Advertising Expense	Ad placement	t	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/Oł	 			
Date	Payee name			
-				
1/30/2020	Walgreens			
Amount (\$)	Payee address;	Cíty;	State; Zip Code	
\$94.69	1700 South Loop 288, Denton, TX 76205	5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Printing Expense	Campaign Even	nt Printing	
	Check if travel outside of Texas, Complete Schedule T,		X, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH		2 33.g.	J. 1.6,6	
Date	Payee name			
1/20/2020	The Dive			
1/30/2020 Amount (\$)	Payee address;	C:t		
/ unousit (w)	rayee address,	City;	State; Zip Code	
\$1,458.28	3350 Unicorn Lake Blvd., Denton, TX 76	5210		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	3 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3 , 3			
OF EXPENDITURE	Event Expense	Campaign Viels	off Event	
EN ENDITONE		Campaign Kicko		
	Check if travel outside of Texas. Complete Schedule T.	homeone d	X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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 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

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	, intering	Expense :/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
S. O.	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File
5 of 13	Gerard Hudspeth		
4 Date	5 Payee name		
2/5/2020	Reding Advertising		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$370.00	211 Woodrow Lane, Denton, TX 762	05	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Advertising Expense	Campaign Sign	ne
LAFENDITORE		- Campaign big	
	(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		
2/10/2020	Signs on the Cheap		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1,067.30	11525 Stonehollow Drive, Suite 100, A	ustin, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Advertising Expense	Campaign Signs	S
	Check if travel outside of Texas. Complete Schedule T,		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/14/2020	Civic Plus		
Amount (\$)	Payee address;	City;	State; Zip Code
			•
\$160.00	302 South 4th Street, Suite 500, Cheste	rbrook PA 19087	
Ψ100.00	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Description	
OF	_		
EXPENDITURE	Fees	Constituent Co	mmunication Software
	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 NEED	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

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/N The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
6 of 13	Gerard Hudspeth	PART	there is the termination (note)
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	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		Manual Park (1997)
0/15/0000	Lowe's		
2/17/2020		O(L	7:- 0-1-
Amount (\$)	Payee address;	City;	State; Zip Code
,			
\$66.38	1255 South Loop 288, Denton, TX 762	05	
	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.	paner-may	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
Date	Payee name		
0/10/0000	Police Unity Tour		
2/19/2020	Police Unity Tour		
Amount (\$)	Payee address;	City;	State; Zip Code
\$100.00	12E Great Meadow Lane, East Hanover,	New Jersey 0793	36
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE	Gift	Framed photo	
ļ.	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			
	ATTAON ADDITIONAL CODITO OF THE	OHENH FACILITY	n en
	ATTACH ADDITIONAL COPIES OF THIS	OCHEDULE AS NEE	DED

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 Polling Expense

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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	•	3 Filer ID (Ethics Commission Filers)
7 of 13	Gerard Hudspeth		
4 Date	5 Payee name		
2/19/2020	Homegrown Promo	otions	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$484.44	1913 Grand Fir Driv	ve, Little Elm, TX 75068	
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE			
OF EXPENDITURE	Printing Expense	Campaign ha	ndouts
	(c) Check if travel outside of Texas. Complete Sol	hedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	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, Unit 100, Denton, TX 76201			76201
PURPOSE	Category (See Categories listed at the top of this sol	hedule) Description	
OF EXPENDITURE	Other	Banquet	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, 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		
2/21/2020	Denton County NAACP		
Amount (\$)	Payee address;	City;	State; Zip Code
\$90.00	1225 Wilson Street, Suite 127,	Denton, TX 76201	
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF EXPENDITURE	Other	Banquet	
	Check if travel outside of Texas, Complete Sche		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	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 (orbits a contagent and listed above a)

Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Other (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 8 of 13	2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)			
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				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE						
OF EXPENDITURE	Advertising Expense	Hardware f	for signage			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/2/2020	Selwyn School					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$200.00	2270 Copper Canyon Road, Argyle, T	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	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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 EXPENDITURE	Consulting Expense	Campaign Con	sulting			
	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 CODIES OF THE	COUEDINE AS NEED	NED			
	ATTACH ADDITIONAL COPIES OF THIS S	OCUENOFE V2 MFF	NED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 9 of 13 4 Date 5 Payee name Denton Black Chamber 3/6/2020 6 Amount (\$) 7 Payee address; City; State: Zip Code \$110.00 P.O. Box 51026, Denton, TX 76206 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Banquet **EXPENDITURE** Other 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 Payee name Date 3/13/2020 Homegrown Promotionals Amount (\$) Payee address; City; State; Zip Code \$78.09 1913 Grand Fir Drive, Little Elm, TX 75068 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE **Printing Expense** Handouts Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Pavee name First Graphic Services 3/25/2020 Amount (\$) Payee address; City; State; Zip Code \$1,1789.93 229 Garvon Street, Garland, TX 75040 Category (See Categories fisted at the top of this schedule) Description PURPOSE OF EXPENDITURE Advertising Expense Campaign Signs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gerard Hudspeth 10 of 13 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 78701 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF Campaign Consulting Campaign Consulting **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 Murphy Nasica 3/31/2020 Amount (\$) Payee address: City: State: Zip Code \$5,000.00 815-A Brazos Street, Suite 304, Austin, TX 78701 Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF Campaign Consulting Campaign Consulting EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 4/23/2020 Civic Plus Amount (\$) Payee address; City: State: Zip Code \$160.00 302 South 4th Street, Suite 500, Manhattan, KS 66502 Category (See Categories listed at the top of this schedule) Description PURPOSE Constituent Communication Software EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held

expenditure to benefit C/OH

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 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	Wages/Contract Labor	Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 13	2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
5/7/2020	Embassy Suites		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$225.68	3100 Town Center Trail, Denton, T	X 76201	
8	(a) Category (See Calegories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF EXPENDITURE	Gift	Gift Certifica	te
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payce name		
5/13/2020	Murphy Nasica		
Amount (\$)	Payee address;	City;	State; Zip Code
do 201 50			
\$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 Co	nsulting
	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		
5/29/2020	Sam's Club		
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		ALL CONTRACTOR OF THE PARTY OF	The state of the s
OF EXPENDITURE	Event Expense	Volunteer s	supplies
	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 NEE	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 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 (extension and listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 12 of 13	2 FILER NAME Gerard Hudspeth		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
6/6/2020	Fultons				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$159.34	3100 Fort Worth Drive, D	enton, TX 76205	;		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE			•		
OF EXPENDITURE	Adversting Expense	Sign Supp	olies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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				
6/10/2020	Trophies and More				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$134.18	505 North Industrial Dhyd	Dolfand TV 76	021		
Ψ134.10	505 North Industrial Blvd.		U21		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		T41- 441- 4	1.:		
EXPENDITURE	Gifts	Juneteenth tr	ropnies		
	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	Payee name				
Sato					
6/16/2020	Civic Plus				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$160.00	302 South 4th street, Suite	e 500, Manhattan	, 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	CHEDIII E AS NEE	DED		
	WILWOUNDSHIONWE COLIES OF 11/19 2	POLIEDULE AS NEE	ULU		

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 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	The Instruction Guide explains how to a	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		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 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Signage Su	pplies
	(C) Check if travel outside of Texas. Complete Schedule T.	(*************************************	n, TX, officeholder living expense
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
	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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED