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 (Et	nics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mrs.	FIRST Joyce		МІ	OFFICE	USEONLY
NAME	NICKNAME	LAST Hudman		SUFFIX	Date Received	24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	800 Perry St Angleton, TX	•	CITY; STA	COUNT BY	JOYCE HULL CLEAK, BRAZ	ONIA CO., TEXAS
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION)
OFFICEHOLDER PHONE	(979)	9971044				d or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME	Mr.	Paul			Date Processed	
	NICKNAME LAST SUFFIX Hudman			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Same as abo	NO PO BOX PLEASE); APT	/ SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE	(979) 2482782					
9 REPORT TYPE	January 15	30th day befor	re election	Runoff		fter campaign appointment er Only)
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	
GOVERED	1 ,	/ 1 / 24	THROUGH	, 6	/ 30 / 24	
11 ELECTION	ELECTION DA Month Day	Year Prima 26 Gener	. =	Other Description	4	
12 OFFICE	OFFICE HELD (if any) County Cle			TICE SOUGHT (If know	n)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADDRES	ss		
		GO TO	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16	Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	l '				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	I 3 (OIALINITEMIZED POLITICAL EXPENDITIBLE				
	4. TOTAL POLITICAL EXPENDITURES	\$ 650.00			
CONTRIBUTION BALANCE	1 D. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$			
į.	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	d correct and includes all information			
Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEA	-				
Sworn to and subscribed	before me by this the	day of			
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
My name is	and my date of birth is	4.1			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3,	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 650.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED \$		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilf/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 & Refated Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Cledit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Joyce Hudman		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
02/22/2024	Joyce Hudman			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
600.00	800 Perry Angleton, TX 77515			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	other paid myself back for auction item			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/21/2024	Brazosport Breakfast Lions Club			
Amount (\$)	Payee address;	City;	State; Zip Code	
50.00	unknown			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	event expense			
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/OF	Candidate / Officeholder name ।	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	