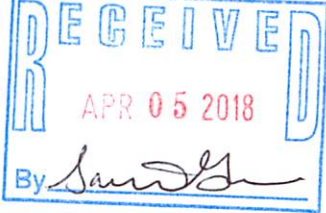


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI N NICKNAME LAST SUFFIX KRISTEN HUDSON	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 COVALLIS CT ARLINGTON, TX 76006	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 793-6423	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2305 PERCYLAND DR ARLINGTON, TX 76006	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input type="checkbox"/> FIRST MI C NICKNAME LAST SUFFIX BARBARA NIESEL	AREA CODE PHONE NUMBER EXTENSION (817) 692-7084	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9 REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
8 CAMPAIGN TREASURER PHONE	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 01/01/2018 03/26/2018		
9 REPORT TYPE	ELECTION DATE Month Day Year 05/05/18	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 ELECTION	OFFICE HELD (if any) TRUSTEE, PLACE 2	13 OFFICE SOUGHT (if known) TRUSTEE, PLACE 2	
12 OFFICE	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME KRISTEN HUDSON 15 Filer ID (Ethics Commission Filers)

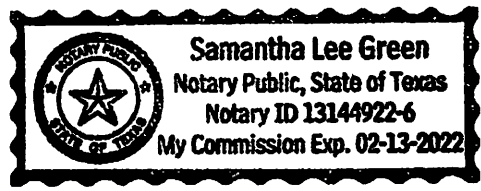
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>UEA GOOD SCHOOLS PAC</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>4900 SE Loop 820 #200 Fort Worth, TX 76140</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>ROSE ELLIOT</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>4900 SE Loop 820 #200 Fort Worth, TX 76140</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>274⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>7,914⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>24⁰⁰</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>24⁰⁰</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3765⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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.

Kristen Hudson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristen Hudson, this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

Samantha Lee Green Signature of officer administering oath
Samantha Lee Green Printed name of officer administering oath
Clerk-Superintendent Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

KRISTEN HUDSON

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3789 ⁰⁰
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4125 ⁰⁰
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2400
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

KRISTEN HUDSON

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

CAROLINE LANE

6 Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76011

7 Amount of contribution (\$)

\$ 100⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

ERICA CZOSLEY

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76013

Amount of contribution (\$)

\$ 150⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

HELENA UNDERWOOD

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76012

Amount of contribution (\$)

\$ 6500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/22/18

Full name of contributor

out-of-state PAC (ID#: _____)

MARCY HELEN BROWN

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76015

Amount of contribution (\$)

\$ 75⁰⁰

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:

2 FILER NAME

KRISTEN HUDSON

3 Filer ID (Ethics Commission Filers)

4 Date

1/29/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

MARY PETICKEN

6 Contributor address;

City; State; Zip Code

[REDACTED] DALLAS, TX 75201

7 Amount of contribution (\$)

\$ 200⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/11/18

Full name of contributor

out-of-state PAC (ID#: _____)

JULIE BARGANIER

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76017

Amount of contribution (\$)

\$ 100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/20/18

Full name of contributor

out-of-state PAC (ID#: _____)

MATTHEW HAYES

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76002

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/24/18

Full name of contributor

out-of-state PAC (ID#: _____)

DEBBIE MOORE

Contributor address;

City; State; Zip Code

[REDACTED] ARLINGTON, TX 76017

Amount of contribution (\$)

\$ 75⁰⁰

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:

2 FILER NAME **KRISTEN HUDSON** 3 Filer ID (Ethics Commission Filers)

4 Date **3/19/18** 5 Full name of contributor out-of-state PAC (ID#: _____) **MATTHEW LAYES** 7 Amount of contribution (\$) **\$ 250⁰⁰**
6 Contributor address; City; State; Zip Code
[REDACTED] ARLINGTON TX 76010

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date **3/18/18** Full name of contributor out-of-state PAC (ID#: _____) **STEVEN POOLE** Amount of contribution (\$) **\$ 2,000⁰⁰**
Contributor address; City; State; Zip Code
[REDACTED] TX 76107

Principal occupation / Job title (See Instructions) **EXECUTIVE DIRECTOR** Employer (See Instructions) **UNITE EDUCATORS ASSOCIATION**

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$)
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$)
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>Kristen Hudson</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>125⁰⁰</u>	
5 Date <u>3/26/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARY HELEN BIRNSON</u>	8 Amount of Contribution \$ <u>\$4,000⁰⁰</u>	9 In-kind contribution description <u>Signs + Photo</u>
7 Contributor address; _____ City; State; Zip Code <u>[REDACTED] TX 76015</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; _____ City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.