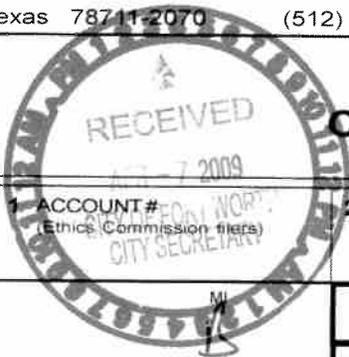


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1



The C/OH instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission files)

2 Total pages filed: **4**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

Matthew

MI

NICKNAME

Hudson

SUFFIX

OFFICE USE ONLY

Date Received:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6436 Curzon Ave Ft. Worth TX 76116

Change of Address

OFFICIAL RECORD
Date Hand-delivered or Date Postmarked
CITY SECRETARY
FT. WORTH, TX

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 377-0700

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Matthew

MI

NICKNAME

Hudson

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:

CITY:

STATE:

ZIP CODE

6436 Curzon Ave Ft. Worth, TX 76116

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 377-0700

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

03 / 09 / 09

THROUGH

Month Day Year

03 / 30 / 09

11 ELECTION

ELECTION DATE

Month Day Year

05 / 09 / 09

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 3 Fort Worth

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

N/A

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Matthew B. Hudson 16 ACCOUNT # (Ethics Commission Filers)

17 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>NIA</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 100.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
4. TOTAL POLITICAL EXPENDITURES	\$ 2303.45
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 100.00
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 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.

[Signature]
Signature of Candidate or Officeholder

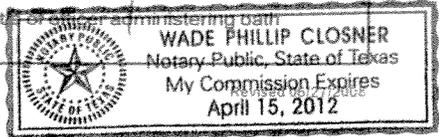
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Hudson, this the April day of 4, 2009, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Khaled Rasul
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Matthew B. Hudson</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/26/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Quik Mart Owner Vic Huskein</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>7020 W. Vickery Blvd Ft. Worth, TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>Owner</i>		10 Employer (See Instructions) <i>Owner</i>	
Date <i>3/27/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linda Corzen</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4017 Anita Ave. Ft. Worth, TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>N/A</i>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <i>Matthew Hudson</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/25/09</i>	5 Payee name <i>Quik Mart</i> 6 Payee address; City; State; Zip Code <i>7000 W. Vickory Blvd Ft. Worth, TX 76116</i>	8 Amount (\$) <i>1104.15</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign Yard Signs</i> (If travel outside of Texas, complete Schedule T)		
Date <i>3/24/09</i>	Payee name <i>Office Depot</i> Payee address; City; State; Zip Code <i>6680 W. Freeway Ft. Worth, TX 76116</i>	Amount (\$) <i>50.81</i> <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Copy Paper</i> (If travel outside of Texas, complete Schedule T)		
Date <i>3/23/09</i>	Payee name <i>Go Daddy</i> Payee address; City; State; Zip Code <i>1455 N. Hayden Scottsdale, AZ 85260</i>	Amount (\$) <i>136.99</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Email + Website Hosting</i> (If travel outside of Texas, complete Schedule T)		
Date <i>3/20/09</i>	Payee name <i>Dallas Screen Printing</i> Payee address; City; State; Zip Code <i>2978 Congressman Dallas, TX 75220</i>	Amount (\$) <i>900.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Campaign T-Shirts for Volunteers</i> (If travel outside of Texas, complete Schedule T)		
Date <i>3/18/09</i>	Payee name <i>At Sign</i> Payee address; City; State; Zip Code <i>5818 Campbell Blvd Ft. Worth, TX 76107</i>	Amount (\$) <i>111.50</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) <i>Magnetic Campaign Signs</i> (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED