



Campaign Finance Section
Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends for Barbara Hudson

Account Number: ***** Date of this Report: 10/06/2008

Reporting Period Start: 08/04/2008 Reporting Period End: 10/05/2008

Office: State House Of Representatives - District 40

Check the box that applies to this report:

Primary Election 8-DAY 30-DAY
General Election 8-DAY X 30-DAY
Other Election 8-DAY 30-DAY
Special Election 8-DAY 30-DAY

YEAR END

Final Organization Closing: YES X NO Closing Date:
Amendment: YES X NO

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE DATE

CANDIDATE SIGNATURE DATE



SCHEDULE A - TOTAL RECEIPTS

Account Number: *****

Reporting Period: 08/04/2008
FROM

10/05/2008
TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
08/04/2008	Chad T Robinson	93 Marsh Branch Rd. Greenwood De. 19950	\$300.00	\$300.00
08/04/2008	Farmstead Antiques Benjamin Hudson	113 Carvel Ave Laurel De 19956	\$600.00	\$600.00
08/04/2008	Deborah Keenan	2836 Cypress Lane Laurel De 19956	\$200.00	\$200.00
08/20/2008	House Democrats	117 Cobble Creek Curve Newark De 19702	\$600.00	\$600.00
08/20/2008	Democratic Legislative Campaign Comm.	117 Cobble Creek Curve Newark De 19702	\$200.00	\$200.00
08/20/2008	Democrats 2008	117 Cobble Creek Curve Newark De 19702	\$300.00	\$300.00
08/22/2008	Friends For Pete Schwartzkopf	24 Coventry Rd Rehoboth Beach De 19971	\$300.00	\$300.00
09/05/2008	40th District Democratic Comm.	102 Lansing Ave Laurel De 19956	\$600.00	\$600.00
09/11/2008	Marian Lee Gordy	32676 Gordy Rd Laurel De 19956	\$200.00	\$200.00
09/24/2008	Sussex County Womens Democratic Club	22480 Sussex Pines Rd Georgetown De 19947	\$600.00	\$600.00
09/27/2008	Brotherhood Of Carpenters	P.O. Box 44 Seaford De 19973	\$600.00	\$600.00
09/27/2008	DSEA Advocacy Fund For Children & Public Education	136 East Water St Dover De 19901	\$600.00	\$600.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$5,100.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$3,080.00
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$8,180.00

10/03/2008	Morning Star Publications	P.O. Box 1000 Seaford De 19973	\$690.00	\$690.00
TOTAL EXPENDITURES IN EXCESS OF \$100				\$7,043.58
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$221.50
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$7,265.08



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: _____ ***** _____ Reporting Period: _____ 08/04/2008 _____ 10/05/2008
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURES IN EXCESS OF \$100				\$0.00
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$87.56
GRAND TOTAL EXPENDITURES				\$87.56
(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				



SCHEDULE D-2 - LOANS

Account Number: _____ ***** _____

Reporting Period: _____ 08/04/2008 _____
FROM

_____ 10/05/2008 _____
TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
08/10/2008	Barbara Hudson 113 Carvel Ave Laurel De 19956	Barbara Hudson 113 Carvel Ave Laurel De 19956	Secured by Other Personal Property	0.00%	\$805.50	\$0.00	\$805.50
TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)					\$805.50	\$0.00	\$805.50

