



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: 10/24/2008

Reporting Period Start: 10/08/2008 Reporting Period End: 10/27/2008

Office: State House Of Representatives - District 40

Check the box that applies to this report:

Primary Election 8-DAY 30-DAY
General Election X 8-DAY 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 D-2 - LOANS

Account Number: _____ ***** _____

Reporting Period: _____ 10/08/2008 _____
FROM

_____ 10/27/2008 _____
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



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: _____*****_____ Reporting Period: _____10/08/2008_____10/27/2008_____

FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					

