

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 filers)

2 Total pages filed:

5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

Bill
HUDDLESTON

OFFICE USE ONLY

Date Received
RECEIVED IN THE
JAN 15 2008
ELECTION OFFICE
Date Hand-Delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
Change of Address

301 N. GUADALUPE
#102
SAN MARCOS, TEXAS 78666

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 618-7688

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
NICKNAME LAST SUFFIX

RHONDA
KINNEY

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE

264 HUNTERS GLEN DR
SAN MARCOS, TEXAS 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(909) 225-8936

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 THROUGH Month Day Year

11 / 19 / 2007 THROUGH 12 / 31 / 2007

11 ELECTION

ELECTION DATE (Month Day Year) ELECTION TYPE

03 / 04 / 2008 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

SHERIFF HAYS COUNTY

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

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 Bill Huddleston 16 ACCOUNT # (Ethics Commission Filer)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures 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. --

<input type="checkbox"/> additional pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>— 0 —</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,000⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>— 0 —</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>861³⁵</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4,138.65</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>— 0 —</u>

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 Bill Huddleston, this the 15 day of JAN, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Joyce A. Cowan
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: <u>ONE</u>	
2 FILER NAME Bill HUDDLESTON		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11-20-07	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK J DATTORE	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 204 MEADOW WOODS DR KYLE, TEXAS 78640		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) N/A	
Date 12-11-07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANK J DATTORE	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 204 MEADOW WOODS DR. KYLE, TEXAS 78640		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A	
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

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Bill HUDDLESTON		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name JOHN H. HARLAND CO.	7 Amount (\$) \$148.66
6 Payee address; City; State; Zip Code P.O. BOX 660073 DALLAS, TEXAS 75266		
8 Purpose of payment (See instructions regarding type of information required.) PURCHASE BANK CHECKS		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name HAYS COUNTY DEMOCRATIC PARTY	Amount (\$) \$750.00
Payee address; City; State; Zip Code P.O. BOX 1509, KYLE, TEXAS 78640		
Purpose of payment (See instructions regarding type of information required.) CANDIDATE REGISTRATION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name WELLS FARGO BANK	Amount (\$) \$1.00
Payee address; City; State; Zip Code 123 N. EDWARD GARY ST. SAN MARCOS, TEXAS 78666		
Purpose of payment (See instructions regarding type of information required.) ATM FEE - INQUIRY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		
Date	Payee name UPS	Amount (\$) \$27.01
Payee address; City; State; Zip Code 350 N. GUADALUPE ST. SUITE 140 SAN MARCOS, TEXAS 78666		
Purpose of payment (See instructions regarding type of information required.) BUSINESS/CAMPAIGN CARDS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name OFFICE DEPOT	7 Amount (\$)
	6 Payee address; City; State; Zip Code 201 SPRINGTOWN WAY SAN MARCOS, TEXAS 78666	\$ 34.⁶²

8 Purpose of payment (See instructions regarding type of information required.) OFFICE SUPPLIES	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
(If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED