

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Bill HUDDLESTON	OFFICE USE ONLY Date Received JUL 28 2008 ELECTION OFFICE 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 201 N. GUADALUPE #102 SAN MARCOS, TEXAS		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 618-7688		
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 204 HUNTERS GLEN DR. SAN MARCOS, TEXAS 78666		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (909) 255-8936		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 15 / 2008 THROUGH 07 / 15 / 2008		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 2008	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SHERIFF	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	-- 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		

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 File#)

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. **

<input type="checkbox"/> additional pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		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	\$ 240 ²⁷
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,495 ²⁷
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 2 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,862 ⁸⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,769 ⁰⁴
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Bill Huddleston
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Huddleston, this the 28 day of July, 2008, to certify which, witness my hand and seal of office.

Joyce A. Cowan Printed name of officer administering oath
Joyce A. Cowan 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>2</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TOM GARNER</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>GEORGE SCOTT</u>	Amount of contribution (\$) <u>500</u>	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# _____) <u>BILL BASSETT</u>	Amount of contribution (\$) <u>200</u>	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# _____) <u>LES CARNES</u>	Amount of contribution (\$) <u>100</u>	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# _____) <u>BILL HADDLESTON</u>	Amount of contribution (\$) <u>55</u>	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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>2</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) ELIZABETH J. STILLMAN	7 Amount of contribution (\$) 150⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 23 WIMBERLEY TX 78676		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 3

2 FILER NAME Bill Huddleston 3 ACCOUNT # (Ethics Commission files)

4 Date <u>2/22/08</u>	5 Payee name <u>MYCAMPAIGNSTORE.COM</u>	7 Amount (\$) <u>\$785.80</u>
6 Payee address; City, State; Zip Code <u>902 COURT AVENUE</u> <u>P.O. BOX 596</u> <u>JEFFERSONVILLE, IND 47130</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>3x5 PUSH CARDS</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>2/29/08</u>	Payee name <u>TRACTOR SUPPLY</u>	Amount (\$) <u>\$44.20</u>
Payee address; City, State; Zip Code <u>935 Hwy 80</u> <u>SAN MARCO, TEXAS</u>		

Purpose of payment (See instructions regarding type of information required.) <u>TEE POSTS FOR SIGNS</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>3/10/08</u>	Payee name <u>ACE PRINTING</u>	Amount (\$) <u>\$1,840.25</u>
Payee address; City, State; Zip Code <u>7807 DONKASTER</u> <u>AUSTIN, TEXAS 78745</u>		

Purpose of payment (See instructions regarding type of information required.) <u>4x8 SIGNS</u> <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>3/4/08</u>	Payee name <u>GTC MEDIA</u>	Amount (\$) <u>\$150.13</u>
Payee address; City, State; Zip Code <u>2300 NW 7 AVE</u> <u>MIAMI, FL 33127</u>		

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

3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date 04-07-08	5 Payee name YAHOO Payee address: City: State: Zip Code YAHOO.COM YAHOO-ACCOUNT-SERVICES-US@C.C.YAHOO-INC.COM	7 Amount (\$) \$ 26.89
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8 Purpose of payment (See instructions regarding type of information required.) WEB SITE MAINT. (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 04-21-08	Payee name U.P.S. Payee address: City: State: Zip Code 350 GUADALUPE SAN MARCO, TEXAS 78666	Amount (\$) \$ 120.60
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Purpose of payment (See instructions regarding type of information required.) BANNERS - X - 2 (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 5-30-08	Payee name JENNI SMALL Payee address: City: State: Zip Code 115 TWISTED CREEK KYLE, TEXAS 78640	Amount (\$) \$ 700-
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Purpose of payment (See instructions regarding type of information required.) WEB SITE DESIGN (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 07-07-08	Payee name YAHOO Payee address: City: State: Zip Code YAHOO-ACCOUNT-SERVICES-US@C.C.YAHOO-INC.COM	Amount (\$) \$ 35.85
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Purpose of payment (See instructions regarding type of information required.) WEB SITE MAINT. (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date
07-02-08

5 Payee name SAMS CLUB

7 Amount (\$)

6 Payee address; City; State; Zip Code
1350 LEAH AVE
SAN MARCOS, TEXAS 78166

\$ 59.16

8 Purpose of payment (See instructions regarding type of information required.)
WATER -
PARADE THROW CANDY
(If travel outside of Texas, complete Schedule T)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <i>one</i>
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name <i>WIMBERLEY CHAMBER of COMMERCE</i>	8 Amount (\$) <i>100⁰⁰</i>
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.) <i>PARADE ENTRY FEE</i> (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<input type="checkbox"/> Reimbursement from political contributions intended

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