

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 filer's)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY RECEIVED IN THE OCT 07 2008 ELECTION OFFICE <small>Date Hand-Delivered or Date Postmarked</small>	
	NICKNAME LAST SUFFIX		
301 N. GUADALUPE #102 SAN MARCOS, TEXAS 78666			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address			
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		Receipt # Amount	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Processed	
AREA CODE PHONE NUMBER EXTENSION		Date Imaged	
(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		
	2604 HUNTER 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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input 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 MONTH DAY YEAR		
	07 / 16 / 2008 THROUGH / /		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 / 04 / 2008			
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 Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

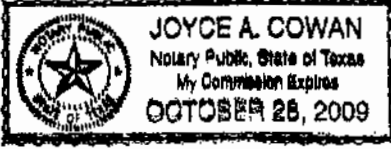
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to 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
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

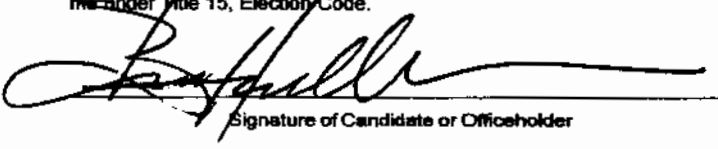
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ #328 ⁻
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ #4595 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,553.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,123.77
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.




JOYCE A. COWAN
Notary Public, State of Texas
My Commission Expires
OCTOBER 26, 2009



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Huddleston, this the 7 day of OCT., 2008, to certify which, witness my hand and seal of office.



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: 4	
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission file)	
4 Date 7-29-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) RAYMOND MOORE JR	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 333 ROCKY CREEK RD DRIPPING SPRINGS TX 78620		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VICKIE CHAFFEE	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 805 BLUE HILLS DR DRIPPING SPRINGS TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARRY COUNN	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1101 DARDEN HILL DRIPPING SPRINGS TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KATHY CARRIKER	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 R.R. 165 / POB 1113 DRIPPING SPRINGS TX 78620		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BARRY CUNNINGHAM	Amount of contribution (\$) \$1000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1400 W. FITZTUGH RD DRIPPING SPRINGS TX 78620		(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.

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME BILL ADDLESTON		3 ACCOUNT # (Ethics Commission files)	
4 Date 8-21-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE SCOTT	7 Amount of contribution (\$) \$500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 514 DEEP EDDY AUSTIN, TX 78703		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANTHONY FERRIS	Amount of contribution (\$) \$375	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1612 WESTOVER AUSTIN, TX 78703		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES & MARTHA AKERS	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 506 TOM SAWYER RD. DRIPPING SPRINGS TX 78620		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-21-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) FRANK KINSTLER	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 FRANK MEADOW DR DRIPPING SPRINGS TX 78620		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10-02-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) NIKKOLAS HOOVER	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 CARNLEY WIMBERLEY TEXAS 78676		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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1120

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission Bars)	
4 Date 8-29-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MIKE MOELER & NORA	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 2412 WIMBERLEY, TEXAS 78676		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 8-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LINDA LANG	Amount of contribution (\$) \$20	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 35 BROOK HOLLOW DR WIMBERLEY, TX 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JIM & SHERAL TURNER	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 LANG WIMBERLEY TX 78676		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HUGH & PEPPER DANIEL	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2560 WINDSOR RD AUSTIN TX 78603		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-29-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MERL & JOY MODEN	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1111 THOMPSON RD WIMBERLEY, TX 78603		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>1</u>	
2 FILER NAME <u>Bill HODDLESTON</u>		3 ACCOUNT # (Ethics Commission files)	
4 Date <u>8-29-08</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>STEVE CARRIKER</u> Contributor address; City; State; Zip Code <u>P.O. Box 165 DRIPPING SPRINGS, TX 78620</u>	7 Amount of contribution (\$) <u>\$50</u>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>9-12-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>EDDY & MARY ETHRIDGE</u> Contributor address; City; State; Zip Code <u>P.O. Box 603 KYLE, TEXAS 78640</u>	Amount of contribution (\$) <u>\$500</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9-15-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JERRY FIELDS</u> Contributor address; City; State; Zip Code <u>55 WAUGH DR #1250 HOUSTON TX 77007</u>	Amount of contribution (\$) <u>\$1000</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>9-15-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>STEVE KLEPFER</u> Contributor address; City; State; Zip Code <u>600 CR 1492 WIMBERLEY, TX 78676</u>	Amount of contribution (\$) <u>\$100</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-02-08</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>FREDERICK & MARCO CASE</u> Contributor address; City; State; Zip Code <u>2870 PASO DEL ROBLES SAN MARCOS TEXAS 78666</u>	Amount of contribution (\$) <u>\$25</u>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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1673

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME John HUDDESTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-01-08	5 Payee name HILL COUNTRY TROPHY 6 Payee address; City; State; Zip Code	7 Amount (\$) \$ 8.27
8 Purpose of payment (See instructions regarding type of information required.) NAME TAG FOR CANDIDATE (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 9-05-08	Payee name MASTER MAGNETS Payee address; City; State; Zip Code	Amount (\$) \$ 135.84
Purpose of payment (See instructions regarding type of information required.) VAN SIGN MAGNETS (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-15-08	Payee name ACE HARDWARE Payee address; City; State; Zip Code	Amount (\$) \$ 19.79
Purpose of payment (See instructions regarding type of information required.) SIGN GLUE (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-15-08	Payee name LOWE'S Payee address; City; State; Zip Code	Amount (\$) \$ 23.77
Purpose of payment (See instructions regarding type of information required.) SIGN SUPPORTS (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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147.67

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 9-09-08	5 Payee name WELLS FARGO BANK 6 Payee address; City; State; Zip Code 123 N. EDWARD GARY ST. SAN MARCOS, TEXAS 78666	7 Amount (\$) \$ 3⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) BANK CHARGE FEE (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 08-04-08	Payee name CITY OF DRIPPING SPRINGS Payee address; City; State; Zip Code	Amount (\$) \$ 150⁰⁰
Purpose of payment (See instructions regarding type of information required.) PAVILLION RENT (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 SHELL OIL Payee address; City; State; Zip Code	Amount (\$) \$ 145.87
Purpose of payment (See instructions regarding type of information required.) FUEL FOR SIGN VAN (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 DAVID SHURT Payee address; City; State; Zip Code	Amount (\$) \$ 1,500⁰⁰
Purpose of payment (See instructions regarding type of information required.) CAMPAIGN CONSULTING (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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1794.87

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 9-18-08	5 Payee name HOBBY LOBBY	7 Amount (\$) \$34.55
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) TEE SHIRTS FOR PARADE <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
Date 08-22-08	Payee name UNITED SPECIALTY Payee address; City; State; Zip Code P.O. BOX 5725 BUFFALO GROVE, IL. 60089	Amount (\$) \$299.⁰⁰
Purpose of payment (See instructions regarding type of information required.) <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
Date 9-17-08	Payee name TRACTOR SUPPLY Payee address; City; State; Zip Code	Amount (\$) \$76.⁶⁴
Purpose of payment (See instructions regarding type of information required.) <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
Date 9-18-08	Payee name MC LOYS LUMBER Payee address; City; State; Zip Code	Amount (\$) \$19.29
Purpose of payment (See instructions regarding type of information required.) <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
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

429.48