

# 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 file)	2 Total pages filed: <b>BH 7 8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <b>Bill</b> <b>Huddleston</b>	<b>OFFICE USE ONLY</b> <b>RECEIVED IN THE</b> JAN 06 2009 <b>ELECTION OFFICE</b> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>201 N GUADALUPE</b> <b>#102</b> <b>SAN MARCOS, TEXAS 78666</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(512) 618-7688</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <b>Rhonda</b> <b>KINNEY</b>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>2604 HUNTERS CLEN DR</b> <b>SAN MARCOS TEXAS 78666</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(909) 255-8436</b>		
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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th 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 <b>09 / 26 / 2008</b> <b>10 / 25 / 2008</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>11 / 04 / 2008</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>SHERIFF</b>	
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 expenditures. -- 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 Files)

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	\$ 125 <sup>-</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,445 <sup>-</sup>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,767 <sup>65</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,959 <sup>25</sup>
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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Huddleston, this the 6 day of JAN., 2009, to certify which, witness my hand and seal of office.

Joyce A. Cowan  
Signature of officer administering oath

NOTAR Joyce A. Cowan  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

10-25-08

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Item)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9-27-08	DAVID WALSH WIMBERLEY TEXAS	200	
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)
9-28-08	SUSAN REYBUCK WIMBERLEY TEXAS	50	
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)
10-11-08	CATHERINE ALLEN WIMBERLEY TEXAS	500	
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)
10-01-08	DAVID WALSH CANYON LAKE VIEW — AD		220
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)	

**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**

10-25-08

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10/22 2	
2 FILER NAME <b>BILL HUDDLESTON</b>		3 ACCOUNT # (Ethics Commission Item)	
4 Date 10-17-08	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>RICHARD EARL</b> 6 Contributor address; City; State; Zip Code <b>SAN MARCOS TX 78666</b>	7 Amount of contribution (\$) \$ 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions)		10 Employer (See instructions)	
Date 10-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>BOBBY HARPER</b> Contributor address; City; State; Zip Code <b>DRIPPING SPRINGS TX 78620</b>	Amount of contribution (\$) \$ 50 <sup>00</sup>	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>R. BORCHT</b> Contributor address; City; State; Zip Code <b>WIMPERLEY TX</b>	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>A. ALLEN</b> Contributor address; City; State; Zip Code <b>DRIPPING SPRINGS TX</b>	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	
Date 10-17-08	Full name of contributor <input type="checkbox"/> out-of-state PAC (DR) <b>BOB BARTON</b> Contributor address; City; State; Zip Code <b>KYLE TX</b>	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions)		Employer (See instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

10-25-08

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

one of 3 3

2 FILER NAME

Bill Huddleston

3 ACCOUNT # (Ethics Commission files)

4 Date

9-25

5 Payee name

SHELL OIL

7 Amount (\$)

56.60

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

BILL BOARD VAN FUEL

(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

9-29

Payee name

SHELL OIL

Amount (\$)

89.27

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

BILL BOARD VAN FUEL

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10-02

Payee name

TRACTOR SUPPLY

Amount (\$)

7.35

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

SIGN TIE WIRE

(If travel outside of Texas, complete Schedule T)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

10-06

Payee name

YAHOO

Amount (\$)

35.85

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

WEB SITE

(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**

10-25-08

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 2 of 2	3
2 FILER NAME Bill HUDDLESTON		3 ACCOUNT# (Ethics Commission Use)	
4 Date 10-08	5 Payee name RITINO GRAPHICS Payee address: City, State, Zip Code SAN MARCOS TX	6 Amount (\$) 129.90	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) TEE SHIRTS (If travel outside of Texas, complete Schedule T)		
10-08	Payee name UPS Payee address: City, State, Zip Code	Amount (\$) 45.36	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) SHIPPING (If travel outside of Texas, complete Schedule T)		
10-15	Payee name LOWES Payee address: City, State, Zip Code	Amount (\$) 53.42	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) SIGN STEAKS (If travel outside of Texas, complete Schedule T)		
10-15	Payee name PAINT BRUSH PRODUCTIONS Payee address: City, State, Zip Code SAN MARCOS TX	Amount (\$) 1,000	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) AD PRODUCTION (If travel outside of Texas, complete Schedule T)		
9-30	Payee name RITINO GRAPHICS Payee address: City, State, Zip Code	Amount (\$) 129.90	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) TEE SHIRTS (If travel outside of Texas, complete Schedule T)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

10-25-06

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 3-2/3 <span style="float:right">3</span>
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date  10-27-06	5 Payee name  CANYON LAKE VIEW 6 Payee address; City; State; Zip Code  WIMBERLEY TX	7 Amount (\$)  220-
8 Purpose of payment (See instructions regarding type of information required.)  IN KIND / DWAYNE PUBLISH AD (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

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