

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 files)	2 Total pages filed: <i>five (5)</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bill W NICKNAME LAST SUFFIX <p style="text-align: center;">Huddleston</p>	OFFICE USE ONLY Date Received: RECEIVED <i>gal</i> FEB 24 2010 ELECTION OFFICE <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 112 Nercrest San Marcos TX 78666		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 618-7688		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Frank J NICKNAME LAST SUFFIX <p style="text-align: center;">Dattore</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 204 Meadow Woods Drive Kyle TX 78640		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 268-1772		
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"/> 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 / 31 / 2010 02 / 02 / 2010		
11 ELECTION	ELECTION DATE Month Day Year 03 / 02 / 2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE BOUGHT (if known) Sheriff	
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 <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code <hr/> <input type="checkbox"/> additional pages		

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Revised 08/01/2007

Revised 09/01/2007

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

16 C/OH NAME Bill Huddleston	16 ACCOUNT # (Ethics Commission File)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	-- 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. --	
	COMMITTEE TYPE <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 \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 450.00	
EXPENDITURE TOTALS		
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 71.73		
4. TOTAL POLITICAL EXPENDITURES \$ 1192.43		
CONTRIBUTION BALANCE		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2502.02		
OUTSTANDING LOAN TOTALS		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bill Huddleston, this the 24 day of Feb. 2010, to certify which, witness my hand and seal of office.

Joyce A. Cowan Joyce A. Cowan NOTARY
Signature of officer administering oath Printed name of officer administering oath 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: One (1)	
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission file)	
4 Date 02/02/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Patrick J. Dattore 6 Contributor address; City; State; Zip Code 1275 Fairway Kyle TX 78640	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See instructions) Psychologist		10 Employer (See instructions) Cedar Creek Associates	
Date 02/02/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) Frederick N. Case Contributor address; City; State; Zip Code 2676 Paso Del Robles San Marcos TX 78666-1001	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See instructions) Stock Broker		Employer (See instructions) Self Employed	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR _____) 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 (OR _____) 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 (OR _____) 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 EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Two (2)
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission form)
4 Date 02/02/2010	5 Payee name P. C. Mailing Services ----- 6 Payee address; City; State; Zip Code 8120 Exchange Drive Austin TX 78754	7 Amount (\$) \$1070.00
8 Purpose of payment (See instructions regarding type of information required.) Mail out advertising (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 02/04/2010	Payee name Lowes ----- Payee address; City; State; Zip Code San Marcos TX 78666	Amount (\$) \$137.48
Purpose of payment (See instructions regarding type of information required.) Sign Repair Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/05/2010	Payee name CALL-EM-ALL ----- Payee address; City; State; Zip Code 2611 Internet Blvd. Suite 120 Frisco TX 75034	Amount (\$) \$232.74
Purpose of payment (See instructions regarding type of information required.) Political Phone Calls (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/10/2010	Payee name Allied Advertising Agency ----- Payee address; City; State; Zip Code 3700 Blanco Road San Antonio TX 78212	Amount (\$) \$481.16
Purpose of payment (See instructions regarding type of information required.) Yard Signs (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

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Two (2)
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission Use)
4 Date 02/16/2010	5 Payee name Lowe's 6 Payee address; City; State; Zip Code San Marcos TX 78666	7 Amount (\$) \$64.11
8 Purpose of payment (See instructions regarding type of information required.) Yard Sign Material (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 02/16/2010	Payee name Tuttle True Value Lumber Payee address; City; State; Zip Code San Marcos TX 78666	Amount (\$) \$54.09
Purpose of payment (See instructions regarding type of information required.) Sign Repair Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 02/19/2010	Payee name Enterprise Rent-A-Car Payee address; City; State; Zip Code San Marcos TX 78666	Amount (\$) \$151.12
Purpose of payment (See instructions regarding type of information required.) Replacement Vehicle used for sign maintenance/placement (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