

# 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 - News)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS. MR FIRST MI <p style="text-align: center; font-size: 1.2em;">Bill</p> MIDDLENAME LAST ZIP CODE <p style="text-align: center; font-size: 1.2em;">Huddleston</p>	<b>OFFICE USE ONLY</b>  Date Received <p style="font-size: 1.5em; font-weight: bold;">RECEIVED IN THE</p> <p style="font-size: 1.2em; font-weight: bold;">for JAN 22, 2010</p> <p style="font-size: 1.5em; font-weight: bold;">ELECTION OFFICE</p> Date  Receipt # Amount  Date Processed  Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (NO BOX) CITY STATE ZIP CODE <p>112 Norcrest San Marcos, Texas 78666</p> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p>(512 ) 618-7688</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS. MR FIRST MI <p style="text-align: center; font-size: 1.2em;">Frank</p> MIDDLENAME LAST ZIP CODE <p style="text-align: center; font-size: 1.2em;">Dattore</p>		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX) PAGE CITY STATE ZIP CODE <p>204 Meadow Wood Dr., Kyle, Texas 78640</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p>( )</p>		
9 REPORT TYPE	<input checked="" type="checkbox"/> May 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (if/when req'd) <input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Extended 3500 limit <input type="checkbox"/> Final report (After CON - TR)		
10 PERIOD COVERED	Month Day Year MONTH DAY YEAR <p>07 / 01 / 2009 THROUGH 01 / 01 / 2010</p>		
11 ELECTION	MONTH DAY YEAR ELECTION TYPE <p>03 / 02 / 2010 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>		
12 OFFICE	THE 13 OFFICE SOUGHT (if none): <p style="font-size: 1.2em; font-weight: bold;">Sheriff</p>		
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  <input type="checkbox"/> additional pages		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

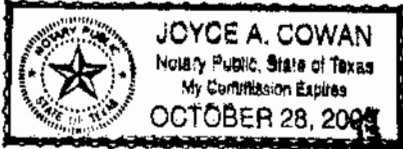
FORM C/OH  
COVER SHEET PG 2

16 C/OH NAME	16 ACCOUNT # (Ethics Commission Form)
--------------	---------------------------------------

17 NOTICE FROM POLITICAL COMMITTEE(S)  Bill Huddleston	-- 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	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 74.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 216.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3135.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Bill Huddleston this the 22 day of Jan, 2016, to certify which, witness my hand and seal of office.

<i>[Signature]</i> 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: 1	
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission File)	
4 Date 12/09/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Patrick 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 12/09/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) James Jordan Contributor address; City; State; Zip Code 8803 Cattail Creek San Antonio, TX 78239	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self Employed	
Date 12/09/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Frank Dunlevy Contributor address; City; State; Zip Code 101 California St. San Francisco, CA 94111	Amount of contribution (\$) \$1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Self Employed	
Date 12/21/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) Texas Democratic Party Contributor address; City; State; Zip Code 505 West 12th Street Suite 202 Austin, TX 78701	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable) Voter File Access
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.

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME Bill Huddleston		3 ACCOUNT # (Ethics Commission Use)
4 Date 10/29/09	5 Payee name USPS ..... 6 Payee address: City: State: Zip Code 308 North Guadalupe San Marcos, TX 78666	7 Amount (\$) \$72.00
8 Purpose of payment (See instructions regarding type of information required.) Push Cards (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 12/21/09	Payee name Exxon Mobil ..... Payee address: City: State: Zip Code Kyle, TX 78640	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Gasoline (sign postings) (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 12/22/09	Payee name Texas Democratic Party ..... Payee address: City: State: Zip Code 505 West 12th Street Suite 202 Austin, TX 78701	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Voter File Access (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**