### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00067587	ssion Filers)	2 Total pages	s filed: 19
3 CANDIDATE /	MS / MRS / MR	FIRST	1	MI		
OFFICEHOLDER NAME	The Honorable	Rebeca A.			Date Received	E USE ONLY
					ELECTRONI	ICALLY FILED
					01/16/2024	
	NICKNAME	LAST Huddle		SUFFIX	01/10/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
MAILING ADDRESS	REDACTED PER 2	54.0313. GOV'T (	CODE		Receipt #	Amount
Change of Address						
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Gregory S.				
	NICKNAME	LAST Huddle			SUFFIX	
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	APT	/ SUITE #; CITY;	S	STATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)	REDACTED PER 2	54.0313, GOV'T (	CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (713) 397-4734	ONE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff	15th day after	campaign treasurer
						officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (/	Attach C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	07/01/2023	Tł	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	r 🛛 🗖 F	Primary	Runoff	Other	
			Seneral	Special		
				<u> </u>		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	Supreme Court Justice	Place 5				
		601	FO PAGE 2			
Formo provided by T-	was Ethios Commission			2		orcion V/2 E 1 Obtoff 0
-onns provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	5	Ve	ersion V3.5.1.0bfcfb6

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 19

L

13 C / OH NAME	Huddle, Rebeca A. (	The Honorable)		14 Filer ID 00067587	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accep These expenditures may ha d officeholders are required	ave been made without	the candidate's or of	ficeholder's kı	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRE	SS		
	1. TOTAL UNITEM					
<b>16</b> CONTRIBUTION TOTALS	N PLEDGES, LOANS CTRONICALLY)	<sup>5,</sup> <b>\$</b>	0.00			
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GU		S)	\$	0.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	IIZED POLITICAL EXPEND		0)	\$	2,881.73
101/120	4. TOTAL POLIT	ICAL EXPENDITURES			\$	15,104.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAIN	NTAINED AS OF THE L	AST DAY OF THE	\$	76,783.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUT RTING PERIOD	STANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true an	; or affirm, under penalt d correct and includes a Fitle 15, Election Code.			
			The Honor	able Rebeca A. Hi	uddle	
			Signature of	f Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	said		, this the		day
of	, 20, to c	ertify which, witness my har	nd and seal of office.			
Signature of offic	cer administering oath	Printed name of office	er administering oath	Title of offi	cer administe	ring oath
Forms provided by Te	xas Ethics Commission	n www.ethics.	state.tx.us		Version	V3.5.1.0bfcfb67

### FORM JC/OH 3

	CC	OVER SHEET PG 3 3 of 19
18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Huddle, Rebeca A. (The Honorable)	00067587	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
		•

:	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
	3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
	4.	SCHEDULE E(J): LOANS (JUDICIAL)	\$
	5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 15,104.39
-	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
-	9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
	10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SUBTOTALS - JC/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 1/16 Rpt: 4/19	luddle, Rebeca A. (The Honorable)		00067587						
4	Date	ayee name								
	07/28/2023	mazon.com								
6	Amount (\$) \$159.53 7 Payee address; City; State; Zip Code 440 Terry Ave N Scottle, M/A 08100									
_		seattle, WA 98109	1							
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Office Supplies</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held						
	Date	ayee name								
	08/07/2023	mazon.com								
	Amount (\$)	ayee address; City; State; Zip C	ode							
	\$238.14	40 Terry Ave N Seattle, WA 98109	(b) Description							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>CS</b>							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held						
	Date	ayee name								
	08/21/2023	mazon.com								
	Amount (\$) \$99.88	ayee address; City; State; Zip C 40 Terry Ave N	ode							
		eattle, WA 98109								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>ES</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office so	ught	Office held						

			EXPENDITUR	E CATEGOF	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Gift/Awards/Memorials mittee Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Sift/Awards/Memorials Expense         Printing Expense		nead/Rental Expense ense ense Iges/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/16 Rpt: 5/19		Huddle, Rebeca A. (The Ho	norable)				00067587		
4	Date 08/21/2023	5	Payee name Amazon.com							
6	Amount (\$) \$14.05	Seattle, WA 98109								
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Office Supplies</li> </ul> </li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d	
	Date		Payee name							
	10/23/2023		Amazon.com							
	Amount (\$) \$73.08		Payee address; City; 440 Terry Ave N Seattle, WA 98109	State;	; Zip Coc	e				
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categories listed at the Category Categories listed at the Office Overhead/Rental Exp</sub>		edule)		η, TX,	ide of Texas. Compl , officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d	
	Date		Payee name							
	12/04/2023		Amazon.com							
	Amount (\$) \$221.88		Payee address; City; 440 Terry Ave N	State;	; Zip Coc	e				
			Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Office Overhead/Rental Exp		edule)		ι, TX,	ide of Texas. Compl , officeholder living e		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)	
-	Sch: 3/16 Rpt: 6/19		Huddle, Rebeca A. (The Hond	orable)				00067587	
4	Date	5	Payee name						
	12/19/2023		Amazon.com						
6	Amount (\$) \$134.58		Payee address; City; 440 Terry Ave N	State;	; Zip Coo	de			
		Seattle, WA 98109							
8	PURPOSE OF		Category (See Categories listed at the t		nedule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expen	nse				ide of Texas. Complete Schedule T. X, officeholder living expense	
						Office Supp		, oncenduer wing expense	
						Onice Supp	iic5		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ght		Office held	
	Date		Payee name						
	12/21/2023		Amazon.com						
	Amount (\$)		Payee address; City;	State	; Zip Coo	he			
	\$90.27		440 Terry Ave N	State,	, zip cot				
	\$90.27		440 Terry Ave N						
			Seattle, WA 98109						
	PURPOSE OF EXPENDITURE		<ul> <li>Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete</li> <li>Check if Austin, TX, officeholder living expendence</li> <li>Office Supplies</li> </ul> </li> </ul>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ght		Office held	
	Date		Payee name						
	08/17/2023		Buc-ee's						
	Amount (\$)		Payee address; City;	State:	; Zip Coo	de			
	\$74.24		327 Hwy 2004 Rd.	,	, 1				
			Corporate						
			Lake Jackson, TX 77566						
		<u>.</u> .				<b>4</b> X			
	PURPOSE OF		Category (See Categories listed at the t	op of this sch	nedule)	(b) Description	al outo	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel In District					and officeholder living expense	
						Fuel	,	,	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ght		Office held	

			EXPEND	DITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense     Transpondence       Food/Beverage Expense     Polling Expense     Trave       Gift/Awards/Memorials Expense     Printing Expense     Trave       I Committee     Legal Services     Salaries/Wages/Contract Labor     OTH       The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Distri	ipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/16 Rpt: 7/19		Huddle, Rebeca A. (Th	ne Honorable)				00067587		
4	Date	5	Payee name							
	08/25/2023		Buc-ee's							
6	Amount (\$)	7	Payee address; City;	State:	Zip Co	de				
-	\$70.66		327 Hwy 2004 Rd.	,						
	Corporate									
	Lake Jackson, TX 77566									
8	PURPOSE	(2)				(b) Description				
0	OF	(a)	Category (See Categories list Travel In District	sted at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE		Havel III District					, officeholder living e		
						Fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	ght		Office held	1	
	Date		Payee name							
	09/25/2023		Buc-ee's							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$55.28 327 Hwy 2004 Rd.									
			Corporate							
			Lake Jackson, TX 775	66						
	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Travel In District		cuuic)	·	outsi	ide of Texas. Comple	ete Schedule T.	
	EXPENDITORE						ı, ТХ,	, officeholder living e	xpense	
						Fuel				
						1		0111		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	gnt		Office held		
		-								
	Date		Payee name							
	09/06/2023		Chateau Bellevue							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$813.71		708 San Antonio							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Event Expense					ide of Texas. Comple		
								, officeholder living e		
						Court Meetin	ษา	Sour Deverage		
-	Complete ONLY if direct		Candidate/Officeholder na	me C	Office sou	nht		Office held	1	
	expenditure to benefit C/OF				2000 3000				<u>,</u>	
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead bense pens ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 5/16 Rpt: 8/19		Huddle, Rebeca A. (The Honorable)					00067587		
4	Date	5	Payee name							
	10/12/2023		Cy-Fair Republican Women PAC							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$1,500.00		10750 Barker Cypress Rd, Ste 104 #15	53						
		Cypress, TX 77433								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political Comm	ittee		Event Sponso		, officeholder living expense hin		
							5131	ΠÞ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	08/07/2023		Four Seasons Orlando							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$696.99 10100 Dream Tree Blvd									
	+000.00									
	DUDDOOF		Lake Buena Vista, FL 32836		<u> </u>					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(D)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Travel Out of District					officeholder living expense		
						Lodging				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	Dffice sou	ght			Office held		
⊨	Date		Payee name							
	08/07/2023		Four Seasons Orlando							
-	Amount (\$)		Payee address; City; State;	Zip Co	dp					
	\$69.00		10100 Dream Tree Blvd	210 00	uc					
	φ03.00									
			Lake Buena Vista, FL 32836							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description	ot-'	de ef Teuros, Complete Celes Julis T		
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T. , officeholder living expense		
						Travel Meal	, 17,			
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	thr			Office held		
	expenditure to benefit C/Oł									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 6/16 Rpt: 9/19		Huddle, Rebeca A. (The Honorable)				00067587			
4	Date	5	Payee name							
	12/15/2023		La Fonda On Main							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$228.60		2415 N Main Ave							
			San Antonio, TX 78212							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Food/Beverage Expense	cuule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Meeting Food	d/B	everages			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office sou	ght		Office held			
	Date		Payee name							
	07/31/2023		Lyft							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$46.25		185 Berry St #5000							
			-							
			San Francisco, CA 94107							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T. , officeholder living expense			
					Transportatio					
	Complete ONLY if direct	<u>с</u>	Candidate/Officeholder name O	)ffice sou	ght		Office held			
	expenditure to benefit C/OI	Н			-					
	Date		Payee name							
	08/01/2023		Lyft							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$19.65		185 Berry St #5000							
			San Francisco, CA 94107							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel In District				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Transportatio	11				
	Openalists Oblight "		And the forth on the second							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	gnt		Office held			

			EXPENDITUR	RE CATEGOR	RIES FOR	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials nmittee Legal Services The Instruction G	s Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	5					3	Filer ID (Ethics Commission Filers)
1	Sch: 7/16 Rpt: 10/19	2	Huddle, Rebeca A. (The He	onorable)				00067587
4	Date	5	Payee name					
	08/04/2023		Lyft					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$14.88		185 Berry St #5000					
			San Francisco, CA 94107					
8	PURPOSE	(a)				(b) Description		
0	OF	(a)	Category (See Categories listed at Travel In District	the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Transportatio	n	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght		Office held
	Date		Payee name					
	08/07/2023		Lyft					
_	Amount (\$)		Payee address; City;	State:	Zip Co	de		
	\$52.43		185 Berry St #5000	Olule,	210 00			
	ψυ2.40		105 Derry 51 #5000					
			San Francisco, CA 94107					
	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Transportatio	)ri	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght		Office held
	Date		Payee name					
	09/27/2023		Lyft					
	Amount (\$)		Payee address; City;	State;	Zip Co	de		
	\$14.28		185 Berry St #5000					
			San Francisco, CA 94107					
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Transportatio	11	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght		Office held
	openditore to benefit C/Of							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 8/16 Rpt: 11/19		Huddle, Rebeca A. (The Honorable)				00067587			
4	Date	5	Payee name							
	09/28/2023		Lyft							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$40.14		185 Berry St #5000							
			San Francisco, CA 94107							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Travel In District	,		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
					Transportatio	n				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
	10/02/2023		Lyft							
	Amount (\$)		-	Zip Co	de					
	\$74.99		185 Berry St #5000	2.p 00						
	¢14.00									
			San Francisco, CA 94107							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel In District				de of Texas. Complete Schedule T. officeholder living expense			
					Transportatio		uncenoider inving expense			
					Tansportatio	/11				
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held			
	expenditure to benefit C/Oł				grit.					
_	Date									
	10/10/2023		Payee name Lyft							
				7: 0	-l -					
	Amount (\$)			Zip Co	de					
	\$13.93		185 Berry St #5000							
			San Francisco, CA 94107							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Travel In District				de of Texas. Complete Schedule T.			
					Transportatio		officeholder living expense			
	Complete ONL V if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			MICE SOU	JIIL					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			-	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense							
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 9/16 Rpt: 12/19		Huddle, Rebeca A. (The Honorable)			ľ	00067587				
4	Date	5	Payee name								
	10/31/2023		Lyft								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$43.67		185 Berry St #5000								
			San Francisco, CA 94107								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel In District	,		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE						, officeholder living expense				
					Transportation						
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	int		Office held				
	Date		Payee name								
	11/01/2023		Lyft								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$26.80	\$26.80 185 Berry St #5000									
			San Francisco, CA 94107								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Travel In District	,			ide of Texas. Complete Schedule T.				
LAFENDITORE							, officeholder living expense				
					Transportatio	n					
	Complete ONIL V if direct		Condidate/Officeholder.nome	)ffice cour	. ht		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	JIIL		Office held				
_		1									
	Date 09/06/2023		Payee name								
			Perry's Steakhouse & Grille								
	Amount (\$)			Zip Co	de						
	\$431.66		114 W 7th St.								
			Austin, TX 78701								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
							Post-conference Dinner				
-	Complete ONLY if direct	L(	Candidate/Officeholder name O	Office soug	aht		Office held				
	expenditure to benefit C/OI		······································		<b>,</b> -						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/16 Rpt: 13/19	Huddle, Rebeca A. (The Honorable)	00067587							
4	Date 10/18/2023	Payee name Phoebe's Diner								
6	Amount (\$) \$123.28	Payee address; City; State; Zip Code 53 W Oltorf St. Austin, TX 78704								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense d/Beverages							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/13/2023	Phoebe's Diner								
	Amount (\$) \$125.23	Payee address; City; State; Zip Code 53 W Oltorf St.								
		Austin, TX 78704								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>J/Beverages</b>							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/05/2023	RightSide Compliance								
	Amount (\$) \$30.00	Payee address;City;State;Zip CodePO Box 341027								
		Austin, TX 78734								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Consulting							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees G Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 11/16 Rpt: 14/19		Huddle, Rebeca A. (The Honorable)				00067587			
4	Date	5	Payee name							
	08/04/2023		RightSide Compliance							
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le					
	\$870.00		PO Box 341027							
			Austin, TX 78734							
8	PURPOSE	(a)	Category (See Categories listed at the top of this scheduler)	tule)	<b>b)</b> Description					
	OF EXPENDITURE		Consulting Expense			outsi	ide of Texas. Complete Schedule T.			
	EXPENDITORE						, officeholder living expense			
					Compliance	Cor	nsulting			
_	-									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Off	fice soug	ht		Office held			
	Date		Payee name							
	09/05/2023		RightSide Compliance							
	Amount (\$)		Payee address; City; State;	Zip Coo	le					
	\$120.00		PO Box 341027							
			Austin, TX 78734							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule)	b) Description					
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Compliance		÷ ·			
					F					
	Complete ONLY if direct		Candidate/Officeholder name Off	fice soug	ht		Office held			
	expenditure to benefit C/OI	Н		-						
	Date		Payee name							
	10/04/2023		RightSide Compliance							
	Amount (\$)		Payee address; City; State;	Zip Coo	le					
	\$120.00		PO Box 341027							
			Austin, TX 78734							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	dule)	<b>b)</b> Description					
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.			
	-				Compliance		, officeholder living expense			
					Compliance		isuning			
-	Complete ONILV if direct	Ļ	Candidate/Officeholder name Off	fice soug	ht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			nce soug	in in		Onice neid			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 12/16 Rpt: 15/19		Huddle, Rebeca A. (The Honorable)				00067587			
4	Date	5	Payee name							
	11/03/2023		RightSide Compliance							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$300.00		PO Box 341027							
			Austin, TX 78734							
8	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Compliance					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	Iffice sou	Jht		Office held			
	Date		Payee name							
	12/05/2023		RightSide Compliance							
				Zip Co	10					
	Amount (\$)			ZIP CO	le					
	\$60.00		PO Box 341027							
			Austin, TX 78734							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Compliance					
					Compliance					
	Complete ONLY if direct		candidate/Officeholder name O	ffice sou	jht		Office held			
	expenditure to benefit C/OF	H								
	Date		Payee name							
	09/25/2023		Scholz Beer Garten							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$341.29		1607 San Jacinto Blvd.							
			Austin, TX 78701							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.			
							officeholder living expense			
					Reception Fo	νυd	idevelayes			
	Operation Objective in	L	and the formation of the set of t							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name O	office soug	jnt		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services	ense als Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID (Ethics Commission Filers)	
	Sch: 13/16 Rpt: 16/19		Rebeca A. (The H	Honorable)				00067587	
4	Date 12/06/2023	Payee na Snapfish							
6	Amount (\$) \$193.44		dress; City; tgomery St #143 ncisco, CA 94104	0	; Zip Coo	le			
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Printing</li> </ul>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	(	Office sou	ıht		Office held	
	Date	Payee na	me						
	10/04/2023	Supreme	Court Benevole	nce Fund					
	Amount (\$) \$3,000.00	Payee ad PO Box 3	12248	State	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	Contribu	X 78711 (See Categories listed a tions/Donations M re/Officeholder/Po	/lade By	,			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee na	me						
	10/03/2023	The Ame	erican Law Institu	te					
	Amount (\$) \$250.00	Payee ad 4025 Ch	dress; City; estnut St.	State	; Zip Coo	le			
		Philadelp	ohia, PA 19104						
	PURPOSE OF EXPENDITURE	) Category Fees	(See Categories listed a	at the top of this sch	nedule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense <b>CS</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/	Officeholder name	(	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAM	ИЕ				3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/16 Rpt: 17/19		ebeca A. (The Hond	orable)				00067587	``````````````````````````````````````		
4	Date 12/01/2023	Payee nam The Esca									
6	Amount (\$) \$276.82	Payee add 405 Red F Austin, TX	River St.	State;	Zip Coo	e					
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Staff Meeting Entertainment</li> </ul>							expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	Office soug	ht		Office he	eld		
	Date	Payee nam	ie								
	10/25/2023	Tiki Tatsu	-Ya								
	Amount (\$) \$206.03	Payee add 1300 S La Austin, TX	amar Blvd	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the tr erage Expense	op of this sche	edule)		n, TX,	ide of Texas. Com , officeholder living <b>everages</b>			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld			
	Date	Payee nam						-			
	09/18/2023	Vonlane									
	Amount (\$) \$119.00	Payee add 6310 Lem	ress; City; mon Ave., Ste. 125	State;	Zip Coo	e					
		Dallas, TX	(75209-5812								
	PURPOSE OF EXPENDITURE	) Category Travel In I	(See Categories listed at the tr District	op of this sche	edule)		n, TX,	ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/O	fficeholder name	0	Office soug	ht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fe Fo Gi nmittee Le	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2							2	Filer ID (Ethics Commission Filers				
1	Sch: 15/16 Rpt: 18/19		Huddle, Rebe	ca A. (The Ho	onorable)					00067587	(Ethics Con			
4	Date	5	Payee name											
	09/18/2023		Vonlane											
6	Amount (\$)	7	Payee address	City;	State;	; Zip Co	de							
	\$119.00		6310 Lemmor	n Ave., Ste. 12	25									
			Dallas, TX 75	209-5812										
8	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b) [	Description						
	OF EXPENDITURE		Travel In Dist	rict			Ē	_		de of Texas. Com		Т.		
							L	<b></b> Check if Austin, <b>Fransportatio</b>		officeholder living	expense			
							I	Παπορυπατιο						
_	Operation ONITY if all a st		)							0.000	.1.1			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name		Office sou	gnt			Office he	210			
	Date		Payee name											
	09/22/2023		Vonlane											
	Amount (\$)		Payee address	City;	State;	; Zip Co	de							
	\$129.00		6310 Lemmor	n Ave., Ste. 12	25									
				·										
		<u> </u>	Dallas, TX 75											
	PURPOSE OF		Category (See		he top of this sch	edule)	(b) [ 	Description				-		
	EXPENDITURE		Travel In Dist	rict			Ļ			de of Texas. Com officeholder living		1.		
							L	 Fransportatio			onponeo			
							-							
	Complete ONLY if direct		andidate/Office	holder name		Office sou	nht			Office he	h			
	expenditure to benefit C/Oł					511100 0004	,			enice ne				
	Data													
	Date 10/30/2023		Payee name											
			Vonlane											
	Amount (\$)		Payee address			; Zip Co	de							
	\$263.00		6310 Lemmoi	n Ave., Ste. 12	25									
			Dallas, TX 75	209-5812										
	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b) [	Description						
	OF		Travel In Dist			,	Ľ	Check if travel of	outsic	de of Texas. Com	plete Schedule	т.		
	EXPENDITURE						Ľ			officeholder living	expense			
							Г	Fransportatio	n					
	Complete ONLY if direct		andidate/Office	holder name	C	Office sou	ght			Office he	eld			
	expenditure to benefit C/OI	H												

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	Tatal pages Cabadula E1.		
	Total pages Schedule F1: Sch: 16/16 Rpt: 19/19	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         Huddle, Rebeca A. (The Honorable)       00067587	5)
	-		
4	Date 11/13/2023	5 Payee name Vonlane	
6	Amount (\$) \$258.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>6310 Lemmon Ave., Ste. 125</li> <li>Dallas, TX 75209-5812</li> </ul>	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Travel In District       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Transportation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	