FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085388 3 COMMITTEE NAME **OFFICE USE ONLY** Rosedale Huddle Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5501A Balcones Dr. #157 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78731 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Mina K. NAME NICKNAME LAST **SUFFIX** Loomis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4412 Sinclair Ave STREET **ADDRESS** (Residence or Business) Austin, TX 78756 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4412 Sinclair Ave. MAILING **ADDRESS** Austin, TX 78756 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 797-3525 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Rosedale Huddle			00085	388		
ACTIVITY (Identify	andidates A. Supply by name or, if ble, classify by party.)	pported Democrat				
(Attach lists on plain paper to complete this report if necessary.)	В. Ор	posed				
(Descrit	be by date and location ion and nature of issue.)	pported				
	B. Op	posed				
As (Identify	fficeholders ssisted y by name or, if ble, classify by party.)					
TOTALS PL	LEDGES, LOANS, OR GU ONTRIBUTIONS MADE E eck here if this report qualifies	for the higher itemization threshold	\$	0.00		
	OTAL POLITICAL CON OTHER THAN PLEDGES,	ITRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$	256.00		
EXPENDITURE 3. TO TOTALS	OTAL UNITEMIZED POLIT	FICAL EXPENDITURES	\$	6.19		
4. TC	OTAL POLITICAL EXP	ENDITURES	\$	6.19		
I	OTAL POLITICAL CONTR F THE REPORTING PERI	IBUTIONS MAINTAINED AS OF THE LAST OD	DAY \$	4,507.24		
	OTAL PRINCIPAL AMOUN AST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS OF TITING PERIOD	THE \$	0.00		
16 AFFIDAVIT						
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
		Ms. Mina	ı K. Loomi	is		
Signature of Campaign Treasurer						
AFFIX NOTARY STAM	P / SEAL ABOVE					
Sworn to and subscribed before	me, by the said	, t	his the	day		
of, 20	, to certify which, v	vitness my hand and seal of office.				
Signature of officer administe	ering oath Printed	name of officer administering oath	Title of	officer administering oath		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

				Page 3 of 6
			13 Filer ID	(Ethics Commission Filers)
			00085388	
Candidates (Identify by name or, if applicable, classify by party.)				
2. Measures (Describe by date and location of election and nature of issue.) A. Supported Ballot ID:Prop A Election Date:2024-11-05 Desc:Tatchild care				
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:Prop A Election Date:20 increase)24-11-05 Des	c:Austin ISD tax rate
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if				
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Child care B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed	1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Ballot ID:Prop A Election Date:2024-11-05 Describe to child care B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) B. Opposed A. Supported Clescribe by date and location of election and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported J. Candidates (identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported J. Candidates (identify by name or, if applicable, classify by party.) B. Opposed A. Supported J. Candidates (identify by name or, if applicable, classify by party.) B. Opposed A. Supported J. Candidates (identify by name or, if applicable, classify by party.)

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				4 of 6
		EE NAME Huddle	18 Filer ID 00085388	(Ethics Commission Filers)
	HEDULE ME OF S	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 256.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 6.1
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S 		SCHEDUL	E A1
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/6		
2	FILER NAME Rosedale Hu	ER NAME sedale Huddle				3	Filer ID (Ethics Commission 00085388	n Filers)
4	Date 10/01/2024	5 Full name of contributor Beck, Deborah (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78751						
8	Principal occu Teacher	pation / Job title (See Instructions	9		Employer (See Instructions University of Texas at A		in	
	Date 10/13/2024	Full name of contributor DeStefano, Deborah (Ms. Contributor address; City; St	·				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Austin, TX 78756 pation / Job title (See Instructions	(;)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 10/15/2024	Full name of contributor Flowers, Harry Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	(2)		Employer (See Instructions	رد آ		
	Theater Tecl				Bullock Museum	·,		
	Date 10/26/2024	Full name of contributor Haden, Lorri Contributor address; City; St Austin, TX 78757	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occupation / Job title (See Instructions) Not employed				Employer (See Instructions Not employed	5)		
	Date 10/14/2024	Full name of contributor Hiller, Jay Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$25.00
	Principal occu Yoga Instruc	pation / Job title (See Instructions ctor	s)		Employer (See Instructions LASR	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				. Total pages Schedule A1: Sch: 2/2 Rpt: 6/6	
2	FILER NAME Rosedale Hu		3	Filer ID (Ethics Commission 00085388	ı Filers)	
4	Date 09/28/2024 5 Full name of contributor out-of-state PAC (ID#:) Keysor, Georgia 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$50.00
		Austin, TX 78757				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Loomis, Mina (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78756 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_Spain, Diana Contributor address; City; State; Zip Code Austin, TX 78751		-	Amount of Contribution (\$)	\$10.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>l</u> s)		