FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00067587 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rebeca A. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Huddle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4901 Pine St. MAILING Amount Receipt # **ADDRESS** Change of Address Bellaire, TX 77401 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Mr. Gregory S. NAME NICKNAME LAST **SUFFIX** Huddle STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4901 Pine Street **ADDRESS** (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 397-4734 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Supreme Court Justice Place 5

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Huddle, Rebeca A. (1	The Honorable)	14 Filer ID 00067587	(Ethics Com	mission Filers)	
15 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.					
Additional Pages	·					
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER I	NAME			
		COMMITTEE CAMPAIGN TREASURER A	ADDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHE ES OF LOANS, OR CONTRIBUTIONS MA		\$	0.00	
		ICAL CONTRIBUTIONS	ELOANS)	\$	0.00	
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	2,678.52	
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	15,433.80	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OI RIOD	F THE LAST DAY OF THE	\$	56,469.39	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT			or penalty of perjury, that the acc cludes all information required Code.			
		The	e Honorable Rebeca A. Hud	ddle		
		Sign	nature of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL AB	DVE				
		aid			_ day	
of	, 20, to co	ertify which, witness my hand and seal of of	fice.			
Cianatura et "	oor odministavies:	Drinted name of officer administrative	ooth Tillt-"	or odesisists !	ng ooth	
Signature of offi	cer administering oath	Printed name of officer administering	oath little of office	er administeri	ny oatn	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 25
I	ER NAN	19 Filer ID 00067587	(Ethics Commission Filers)	
I	HEDULI	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
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	6	\$ 15,433.80
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
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 CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 436.20

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 4/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	07/14/2024	Amazon.com
6	Amount (\$) \$21.63	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/16/2024	Amazon.com
	Amount (\$) \$316.19	Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/18/2024	Payee name Amazon.com
	Amount (\$) \$11.38	Payee address; City; State; Zip Code 440 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 5/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	10/07/2024	Amazon.com
6	Amount (\$) \$105.01	7 Payee address; City; State; Zip Code 440 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/07/2024	Amazon.com
	Amount (\$) \$31.28	Payee address; City; State; Zip Code 440 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/08/2024	Amazon.com
	Amount (\$) \$8.65	Payee address; City; State; Zip Code 440 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 6/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	10/08/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.21	440 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/18/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.04	440 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office Supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/04/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.10	440 Terry Ave N
	Φ34.10	440 Telly Ave IV
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
_	Total manage Calcadula F1.		2 Files ID (Ethica Commission Filese)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 7/25	Huddle, Rebeca A. (The Honorable)	00067587
4	Date	5 Payee name	
	12/08/2024	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$129.83	440 Terry Ave N	
		Seattle, WA 98109	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Chies eveniedan tentai Expense	TX, officeholder living expense
		Office Supplie	es
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
_	Date	Payee name	
	12/08/2024	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$27.05	440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Office Supplie	25
	0 1: 0: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:		000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	'		
	Date	Payee name	
	09/05/2024	B&B Butchers & Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$697.69	1814 Washington Ave	
		Houston, TX 77007	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Food/Beveraç	ges
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
Ec:	me provided by Tevas F	thics Commission www.athics state ty us	Version VA 1 0 5dd2ace2

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 8/25	Huddle, Rebeca A. (The Honorable)	00067587
4	Date	5 Payee name	
	09/13/2024	Buc-ee's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.98	327 Hwy 2004 Rd.	
		Lake Jackson, TX 77566	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		side of Texas. Complete Schedule T.
	EXPENDITURE	I	X, officeholder living expense
		Fuel	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	10/23/2024	Buc-ee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.85	327 Hwy 2004 Rd.	
		Lake Jackson, TX 77566	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	side of Texas. Complete Schedule T.
		Fuel	X, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	10/31/2024	Buc-ee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$60.54	327 Hwy 2004 Rd.	
	Ψ00.04		
		Lake Jackson, TX 77566	
L	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel out	side of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	X, officeholder living expense
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	П	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel III

Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 6/20 Rpt: 9/25	Huddle, Rebeca A. (The Honorable)		00067587	
4 Date	5 Payee name			
12/02/2024	Buc-ee's			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$63.09	327 Hwy 2004 Rd.			
	Lake Jackson, TX 77566			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Travel In District		outside of Texas. Con	nplete Schedule T.
EXPENDITURE		_	ı, TX, officeholder livin	g expense
		Fuel		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou DH	ught	Office h	eld
	·			
Date	Payee name			
12/02/2024	Buc-ee's			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$49.28	327 Hwy 2004 Rd.			
	Lake Jackson, TX 77566			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District	ı <u>—</u>	outside of Texas. Con	
		Fuel Check if Austin	ı, TX, officeholder livin	g expense
		ruei		
Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office h	eld.
expenditure to benefit C/0		agni	Office fi	Ciu
Data	T			
Date 09/23/2024	Payee name Corinne			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$331.69	555 S. Alamo St.			
	2 4 4 5 70 7000			
	San Antonio, TX 78205			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Event Expense	I 🛏	outside of Texas. Con	
			Food/Beverag	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office h	eld
expenditure to benefit C/C		3		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to	compl	plete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 10/25		Huddle, Rebeca A. (The Honorable)		00067587
4	Date	5	Payee name		·
	12/09/2024		Enterprise Rent-A-Car		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$477.26		600 Corporate Park Dr.		
			St. Louis, MO 63105		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	'	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Rental Car for Meetings
					3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
9	Complete ONLY if direct	C	andidate/Officeholder name Office so	_ ought	t Office held
	expenditure to benefit C/OI	Н			
	Date	Т	Payee name		
	07/11/2024		Jimmy John's 491		
	Amount (\$)	\vdash	Payee address; City; State; Zip C	Code	
	\$237.07		515 Congress Suite 1200		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Meeting Food/Beverages
					meening i cour zororages
	Complete ONLY if direct	C	andidate/Officeholder name Office so	 ought	t Office held
	expenditure to benefit C/OI	Н			
	Date	T	Payee name		
	09/10/2024		Limelight Catering		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$784.89		509 W 8th		
			Austin, TX 78701		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Court Meeting Food/Beverages
					Court Weeting 1 Courbeverages
	Complete ONLY if direct		andidate/Officeholder name Office so	L ouaht	t Office held
	expenditure to benefit C/OI			9	-
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 11/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	07/12/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.95	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Para and a second secon
		Payee name
	08/16/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.08	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/23/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.98	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 9/20 Rpt: 12/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	08/25/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.18	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/06/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.99	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting Transportation
		mooning manapartation.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	11/20/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.67	185 Berry St #5000
	Ψ30.01	200 2011, 01,10000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Transportation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 13/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	11/23/2024	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.34	185 Berry St #5000
		San Francisco, CA 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Transportation
		Weeting Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	12/12/2024	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.71	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting Transportation
		Wieeting Transportation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date 08/27/2024	Payee name
		Panther Taxis
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.89	6-8 Underwood Street
		London N1 7JQ United Kingdom
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Taxi while attending Judicial Conference in London
		Taxi wille attending Judicial Conference in London
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 14/25	Huddle, Rebeca A. (The Honorable)	00067587
4	Date	5 Payee name	'
	09/01/2024	Panther Taxis	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$191.88	6-8 Underwood Street	
		London N1 7JQ United Kingdom	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
		''	axi while attending Judicial Conference in London
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data		
	Date 08/08/2024	Payee name Paris Texas Apparel	
	Amount (\$) \$532.59	Payee address; City; State; Zip Code 2614 Westheimer Rd.	
	Φ332.59	2014 Westileillier Ru.	
		Houston TV 77000	
		Houston, TX 77098	
	PURPOSE OF	`	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
		G	Gifts for Law Clerks & Court Staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	07/04/2024	RightSide Compliance	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	PO Box 341027	
		Austin, TX 78734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Compliance Consulting
	Complete ONLY if alias -t	Candidata/Officabalder name	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 15/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
L	08/05/2024	RightSide Compliance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$330.00	PO Box 341027
		Austin, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance Services
		Compliance Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	09/04/2024	RightSide Compliance
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 341027
	4000.00	1 0 DOX 0 12021
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance Services
		Compliance Services
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/04/2024	RightSide Compliance
H	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	PO Box 341027
	Ψ210.00	1 0 50% 041027
		Austin, TX 78734
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Compliance Consulting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 13/20 Rpt: 16/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	11/28/2024	Scholz Garten
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$319.50	1607 San Jacinto Blvd.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Court Dinner Food/Beverages, Facility Rental
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit e/of	<u> </u>
	Date	Payee name
	11/08/2024	Shutterfly, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.00	2800 Bridge Parkway
		Redwood City, CA 94065
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing
		T Tillung
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/09/2024	Southwest Airlines
\vdash		
	Amount (\$) \$256.98	Payee address; City; State; Zip Code 2702 Love Field Dr.
	φ230.96	2702 Love Field DI.
		Dollar TV 75225
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel in District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 17/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	07/13/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$493.96	2702 Love Field Dr.
		Dallas, TX 75235
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare
		Airitaic
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	07/14/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.00	2702 Love Field Dr.
		Dallas, TX 75235
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
		, and
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Davies same
	Date 07/31/2024	Payee name
		Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.98	2702 Love Field Dr.
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Airfare
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	plete th	is form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
	Sch: 15/20 Rpt: 18/25	Huddle, Rebeca A. (The Honorable)		00067587	
4	Date	5 Payee name			
	08/04/2024	Southwest Airlines			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	е		
	\$11.20	2702 Love Field Dr.			
		Dallas, TX 75235			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Des	cription	
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
			∐ ° Airf	Check if Austin, TX, officeholder living expense	
			AIII	ale	
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	nt.	Office held	
9	expenditure to benefit C/O		ıı	Office field	
_	D-1-				
	Date	Payee name			
	08/23/2024	Southwest Airlines			
	Amount (\$)	Payee address; City; State; Zip Coo	е		
	\$134.98	2702 Love Field Dr.			
		Dallas, TX 75235			
	PURPOSE	(a) Cotogon		erintion	
		(a) Category (See Categories listed at the top of this schedule)	Des	•	
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.	
	OF	2 (Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF	2 (Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE	Travel In District	☐ ⁽ Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF	Travel In District Candidate/Officeholder name Office soug	☐ ⁽ Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Travel In District Candidate/Officeholder name Office soug	☐ ⁽ Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Travel In District Candidate/Officeholder name Office sought	☐ ⁽ Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024	Candidate/Officeholder name Office sough Payee name Southwest Airlines	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$)	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Coo	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024	Candidate/Officeholder name Office sough Payee name Southwest Airlines	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$)	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Coo 2702 Love Field Dr.	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule)	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held ccription	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cicription Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule)	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule)	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 08/26/2024 Amount (\$) \$278.97	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Travel In District	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024 Amount (\$) \$278.97 PURPOSE OF EXPENDITURE	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sough	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024 Amount (\$) \$278.97 PURPOSE OF EXPENDITURE	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sough	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 08/26/2024 Amount (\$) \$278.97 PURPOSE OF EXPENDITURE	Travel In District Candidate/Officeholder name Payee name Southwest Airlines Payee address; City; State; Zip Cod 2702 Love Field Dr. Dallas, TX 75235 (a) Category (See Categories listed at the top of this schedule) Travel In District Candidate/Officeholder name Office sough	Airf	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are Office held Cription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense are	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/20 Rpt: 19/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	09/08/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$269.96	2702 Love Field Dr.
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	12/01/2024	Payee name Supreme Court Benevolence Fund
	Amount (\$)	Payee address; City; State; Zip Code PO Box 12248
	\$2,000.00	PO Box 12248
		Austin, TX 78711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	12/13/2024	The Driskill
	Amount (\$)	Payee address; City; State; Zip Code
	\$278.30	604 Brazos St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lodging for Meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 20/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	09/23/2024	The Palm - San Antonio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$331.52	233 E Houston St, Ste 100
		O A TV 70005
L		San Antonio, TX 78205
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Court Dinner Food/Beverages
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	08/09/2024	United Airlines
	Amount (\$) \$255.46	Payee address; City; State; Zip Code 233 S Wacker Dr.
	Φ255.40	255 S Wacker Dr.
		Chicago, IL 60606
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	08/15/2024	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	233 S Wacker Dr.
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airfare
		, unter c
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 18/20 Rpt: 21/25	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	08/25/2024	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$599.00	233 S Wacker Dr.
l		
		Chicago, IL 60606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Airfare
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
	07/10/2024	Vonlane
l	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	6310 Lemmon Ave., Ste. 125
L		Dallas, TX 75209-5812
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Transportation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/13/2024	Vonlane
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$120.00	6310 Lemmon Ave., Ste. 125
l		
l		Dallas, TX 75209-5812
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 22/25		00067587
4		5 Payee name	
	09/19/2024	Vonlane	
6	Amount (\$) \$125.00	7 Payee address; City; State; Zip Code	
	Φ125.00	6310 Lemmon Ave., Ste. 125	
	1	Dallas, TX 75209-5812	
8	PURPOSE		
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	,	TX, officeholder living expense
	!	Transportation	n
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Π	Date	Payee name	
	11/12/2024	Vonlane	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.00	6310 Lemmon Ave., Ste. 125	
	1		
		Dallas, TX 75209-5812	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the Check if travel or the Check if the Check i	outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	TX, officeholder living expense
	1	Transportation	n
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought OH	Office held
_			
	Date 12/03/2024	Payee name Vonlane	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00		
	!	Dallas, TX 75209-5812	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel of	outside of Texas. Complete Schedule T.
	1	Transportation	TX, officeholder living expense n
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O)H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial: ∟egal Services The Instruction G			ages	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed abo	ve)
۰	T.1 01 11 =:	<u>-</u>					۲.۰	1	_	- 1 -	(Edding Co. 1)	. =1. \
1	Total pages Schedule F1: Sch: 20/20 Rpt: 23/25	ı		eca A. (The H	onorable)					Filer ID 00067587	(Ethics Commission	on Filers)
4	Date	5	Payee name									
•												
L	12/09/2024	L	Vonlane									
6	Amount (\$)	7	Payee addres	s; City;	State	; Zip Co	de					
	\$114.75		6310 Lemm	on Ave., Ste. 1	25							
				•								
			D. II	5000 F010								
L		L	Dallas, TX 7	5209-5812								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis			·			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Transportatio	n			
9	Complete ONLY if direct		Candidate/Offic	eholder name	(ght			Office h	eld	
	expenditure to benefit C/O						-					
⊨	Date	г	_									
	Date	ı	Payee name									
L	12/14/2024		Vonlane									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de					
	\$114.75		6310 Lemm	on Ave., Ste. 1	25							
				,								
			D. II	5000 F010								
			Dallas, TX 7	5209-5812								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis								nplete Schedule T.	
	-/ LINDITONE									officeholder livin	g expense	
								Transportatio	n			
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 24/25 2 FILER NAME Filer ID (Ethics Commission Filers) Huddle, Rebeca A. (The Honorable) 00067587 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/11/2024 Enterprise Rent-A-Car \$300.00 6 Address of person from whom amount is received; City; State; Zip Code St. Louis, MO 63105 Purpose for which amount is received Check if political contribution returned to filer Credit: Rental Car for Meetings Name of person from whom amount is received Amount (\$) Date 10/15/2024 Southwest Airlines \$11.20 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 76155 Purpose for which amount is received Check if political contribution returned to filer Credit: Airfare Date Name of person from whom amount is received Amount (\$) 10/25/2024 Vonlane \$125.00 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75209-5812 Purpose for which amount is received Check if political contribution returned to filer Credit: Transportation

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 25/25
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Huddle, Rebeca	A. (The Honorable)	00067587
4 Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee	
Panther Taxis		
5 Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
• Balos of Fravor	Huddle, Rebeca A.	
	Departure city or name of departure location	
08/27/2024	London	
33,21,2021	Destination city or name of destination location	
08/27/2024	London	
10 Means of transport		other event)
Commercial Auto		outer eventy
	<u> </u>	
Panther Taxis	or / Corporation or Labor Organization / Pledgor /Payee	
	enditure reported on:	
		Schodulo D V Schodulo F1
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC
Dates of Travel	Name of person(s) traveling	
	Huddle, Rebeca A.	
	Departure city or name of departure location	
09/01/2024	London	
	Destination city or name of destination location	
09/01/2024	London	
Means of transpor		other event)
Commercial Aut	omobile Taxi while attending Judicial Conference in London	