#### 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 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Rebeca A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Huddle CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Gregory S. NAME NICKNAME LAST **SUFFIX** Huddle **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 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 22

13 C / OH NAME	Huddle, Rebeca A. (The Honorable)  14 Filer ID 00067587		(Ethics Com	mission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditu may have been made without t quired to report this information	the candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL					
	_	COMMITTEE ADDI	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAN CONTRIBUTIONS MADE ELEC		<b>\$</b>	0.00
		ICAL CONTRIBUT		c)	\$	0.00
EXPENDITURE	<del></del>	IZED POLITICAL EX	OR GUARANTEES OF LOANS (PENDITURES	5)	\$	1,064.24
TOTALS	4 7074 0017	IOAL EVENIENT	IDEO		<b>—</b>	1,004.24
	4. TOTAL POLIT	ICAL EXPENDITU	JRES		\$	10,600.79
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	43,871.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalty rue and correct and includes a under Title 15, Election Code.	of perjury, that the all information required	accompanying I to be reporte	report is d by me
			The Honor	able Rebeca A. Hu	ıddle	
		-		Candidate or Officeh		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of office	cer administering oath	Printed name o	of officer administering oath	Title of offic	er administer	ing oath

### SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

	3 of 22							
	L8 FILER NAME Huddle, Rebeca A. (The Honorable)  19 Filer ID (Ethics Commission Filers) 00067587							
20 SCHEDUI NAME OF	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 CONTRIBUTION	S	\$ 9,735.18					
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 865.61					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	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: 1/16 Rpt: 4/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	06/10/2025	Austin Proper Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$104.43	600 W 2nd Street
		Austin, TX 78701
8	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
		incoming 1 courses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/02/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.56	327 Hwy 2004 Rd.
	,	
		Lake Jackson, TX 77566
_	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
		Fuel to Attend Meetings
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Oxperialitate to belieff Gree	
	Date	Payee name
	04/28/2025	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.02	327 Hwy 2004 Rd.
		Lake Jackson, TX 77566
	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
		Fuel to Attend Meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### 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: 2/16 Rpt: 5/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	06/17/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.76	327 Hwy 2004 Rd.
		Lake Jackson, TX 77566
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
		Fuel to Attend Meetings
		Tao to 7 mona modango
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	06/24/2025	Chateau Bellvue
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	708 San Antonio St.
	Ψ173.00	700 Sull / Villotillo St.
		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
		Venue Rental for Court Event
		Vende Nenda for Goal Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/01/2025	Clay Pit
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.48	1601 Guadalupe St.
	÷===:10	
		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
	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 -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	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: 3/16 Rpt: 6/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	05/28/2025	Clay Pit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.68	1601 Guadalupe St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Food/Beverages
		incoming i com zoronageo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	Fifth Circuit Court of Appeals
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	600 S. Maestri Place, Suite 115
		New Orleans, LA 70130-3408
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Admission Fees
		/ Millission Lees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	06/18/2025	Four Hands
	Amount (\$)	Payee address; City; State; Zip Code
	\$431.92	2090 Woodward St
		Houston, TX 78744
	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 Furniture
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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		Legal Services  The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
┰	Total pages Schedule F1:	2 EII ED NAM					3	Filer ID	(Ethics Commission Filers)	_
ľ	Sch: 4/16 Rpt: 7/22		ebeca A. (The Honoi	rable)				00067587	(Ethics Commission Filers)	
4	Date	5 Payee name	7							_
	01/08/2025	Franklin Bi								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					_
l	\$436.01	900 E 11th		•						
l										
		Austin, TX	78702							
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				
l	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.	
						_		, officeholder living	g expense	
						Meeting Food	J/D	everages		
Ļ	Complete ONLY if direct	Candidate/Of	finalan mana	Office	, au la d			Office b	-1 <i>d</i>	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugni			Office h	eid	
F	Date	Payee name	<u> </u>							_
	01/15/2025	Go Creativ								
⊢	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					_
	\$324.75	1 ,	crest Drive, Ste 103	Otato, 2.p 0	ouc					
	Ψ324.13	33111 411	crest Drive, Ste 105							
		A	70704							
L		Austin, TX	78731							
	PURPOSE OF	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
l	EXPENDITURE	Office Ove	rhead/Rental Expen	se		<b>=</b>			plete Schedule T.	
						Website Host		, officeholder living	g expense	
						Website Hosi	uiię	1		
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ıaht			Office h	old.	_
l	expenditure to benefit C/OI		ilcendider flame	Office 30	ugnt			Office fi	Siu	
⊨		T								_
l	Date	Payee name								
	01/13/2025	Headliners	Club							
l	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$388.12	221 W. 6th	Street, Suite 2100							
l										
		Austin, TX	78701							
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedule)	(b)	Description				_
	OF EXPENDITURE		rage Expense			ш			plete Schedule T.	
	EXPENDITORE					_		, officeholder living		
l						Justice Hech	t R	etirement Lu	ıncheon Food/Beverag	es
L					<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eia	
L	Emportantial to bollolit 0/01	•								
<u>_</u>	rms provided by Tayas E	thice Commics	ion wasaa	othics state ty					Version V// 1 0 f10d0	<b>FAC</b>

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 5/16 Rpt: 8/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	04/07/2025	Huddle, Rebeca A. (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$865.61	4901 Pine St.
		Bellaire, TX 77401
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Reimbursement of Schedule G Expenditures
		Normbarcomont of Concada C Experiance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/07/2025	Hyatt Place Austin Downtown
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.79	211 E 3rd 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
		Meeting Lodging
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Dougo nama
	Date 01/08/2025	Payee name
	01/08/2025	Lyft Circumstance
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.72	185 Berry St #5000
		San Francisco, CA 94107
	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 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Ti Tintract Labor O

	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: 6/16 Rpt: 9/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	01/14/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.64	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	Food/Beverage Expense 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	H
	Date	Payee name
	02/08/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.18	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense 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/OI	
	Date	Payee name
	02/10/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.02	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense  Meeting Transportation
		Wiccumg 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 -Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense 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)

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 10/22	Huddle, Rebeca A. (The Honorable)	00067587
4	Date	5 Payee name	
L	05/07/2025	Lyft	
6	Amount (\$) \$109.16	<b>7</b> Payee address; City; State; Zip Code 185 Berry St #5000	
		,	
		San Francisco, CA 94107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Meeting Transportation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
┡	·		
	Date 05/08/2025	Payee name	
┡		Lyft City City Code	
	Amount (\$) \$69.45	Payee address; City; State; Zip Code 185 Berry St #5000	
l	Ψ09.43	103 Berry 3t #3000	
		San Francisco, CA 94107	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Meeting Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/09/2025	Lyft	
	Amount (\$)	Payee address; City; State; Zip Code	9
	\$21.73	185 Berry St #5000	
		0.5.	
L		San Francisco, CA 94107	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description     Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting Transportation
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
	Complete ONLY if direct expenditure to benefit C/OI		onice neiu

#### 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	
<u> </u>	T-t-1	<u> </u>
1	Total pages Schedule F1:	
	Sch: 8/16 Rpt: 11/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	05/10/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.70	185 Berry St #5000
		San Francisco, CA 94107
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Food/Beverage Expense 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
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/29/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.20	185 Berry St #5000
		San Francisco, CA 94107
	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 Transportation
		Meeting Transportation
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/30/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.79	185 Berry St #5000
		San Francisco, CA 94107
	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 Transportation
		weeting transportation
_	Operation ONE VIII II	Overstidets (Office healther research
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**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)
	Sch: 9/16 Rpt: 12/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	06/04/2025	Lyft
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.71	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting Transportation
		Wieeting Transportation
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/05/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.57	185 Berry St #5000
		San Francisco, CA 94107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting Transportation
		Wiccumg Transportation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	06/06/2025	Lyft
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.99	185 Berry St #5000
l		
		San Francisco, CA 94107
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Transportation
$\vdash$	Commission Chill V. V. II	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/16 Rpt: 13/22	Huddle, Rebeca A. (The Honorable)	00067587
4 Date	5 Payee name	<u> </u>
06/11/2025	Lyft	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$20.10	185 Berry St #5000	
	San Francisco, CA 94107	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Meeting Transportation
		255
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/13/2025	Lyft	
Amount (\$)	Payee address; City; State; Zip Co	de
\$31.00	185 Berry St #5000	
	San Francisco, CA 94107	
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 Transportation
		mooning manaparation
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	•
Date	Payee name	
06/17/2025	Maudie's	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$372.64	800 S. Lamar Blvd.	
, -		
	Austin, TX 78704	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	T dod/Beverage Expense	Check if Austin, TX, officeholder living expense
		Food/Beverages for Court Event
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiulture to benefit C/O	11	

#### SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (return a cotton and listed above)

	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: 11/16 Rpt: 14/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	04/29/2025	Phoebe's Diner
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$113.59	53 W Oltorf St.
		Austin, TX 78704
8	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
		Meeting Food/beverages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
	_	
	Date	Payee name
	06/17/2025	Phoebe's Diner
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.48	53 W Oltorf St.
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting Food/Beverages
		Meeting 1 oour Developes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	03/27/2025	Payee name Priceline
	Amount (\$)	Payee address; City; State; Zip Code
	\$279.63	800 Connecticut Avenue
		Norwalk, CT 06854
	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  Hotel for meeting
		notel for meeting
$\vdash$	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 Lenal 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: 12/16 Rpt: 15/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	05/27/2025	Priceline
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$353.96	800 Connecticut Avenue
		Norwalk, CT 06854
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  Hotel for meeting
		Thotal for meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	01/01/2025	RightSide Compliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7415 SW Pkwy, Bldg 6, Ste 500 #134
		Austin, TX 78735
	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 Consulting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/06/2025	RightSide Compliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	7415 SW Pkwy, Bldg 6, Ste 500 #134
		Austin, TX 78735
	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 Consulting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	•
$\vdash$		

#### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/16 Rpt: 16/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	05/06/2025	RightSide Compliance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	7415 SW Pkwy, Bldg 6, Ste 500 #134
		Austin, TX 78735
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 Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2025	Sandstin
	Amount (\$)	Payee address; City; State; Zip Code
	\$535.36	9300 Emerald Coast Pkwy W
		Miramar Beach, FL 32550
	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
		Hotel for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2025	Sonder by Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$353.73	101 15th St.
		San Francisco, CA 94103
	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
		Hotel for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	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: 14/16 Rpt: 17/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
l	02/13/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.48	2702 Love Field Dr.
l		
l		Dallas, TX 75235
8	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
l		Airfare
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	'	
l	Date	Payee name
	03/27/2025	Southwest Airlines
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$197.73	2702 Love Field Dr.
l		
		Dallas, TX 75235
	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.
l		Check if Austin, TX, officeholder living expense  Airfare
		, and
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/06/2025	Vonlane
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$123.25	6310 Lemmon Ave., Ste. 125
l	¥220.20	
		Dallas, TX 75209-5812
┝	PURPOSE	
l	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.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Transportation
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

#### 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/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: 15/16 Rpt: 18/22	Huddle, Rebeca A. (The Honorable) 00067587
4	Date	5 Payee name
	01/11/2025	Vonlane
6	Amount (\$) \$229.50	7 Payee address; City; State; Zip Code 6310 Lemmon Ave., Ste. 125 Dallas, TX 75209-5812
8	PURPOSE OF EXPENDITURE	(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.  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
	Date	Payee name
	02/10/2025	Vonlane
	Amount (\$) \$238.00	Payee address; City; State; Zip Code 6310 Lemmon Ave., Ste. 125 Dallas, TX 75209-5812
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Vonlane
	Amount (\$) \$212.50	Payee address; City; State; Zip Code 6310 Lemmon Ave., Ste. 125
		Dallas, TX 75209-5812
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Transportation
	Complete ONLY if direct expenditure to benefit C/O	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 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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.	,	category not usted above)
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
	Sch: 16/16 Rpt: 19/22	Huddle, Rebeca A. (The Honorable)			00067587	,
4	Date	5 Payee name				
	05/27/2025	Vonlane				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$238.00	6310 Lemmon Ave., Ste. 125				
		Dallas, TX 75209-5812				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In District		ш	utside of Texas. Comp	
				Transportation	TX, officeholder living	expense
				ranoportation		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ld
ľ	expenditure to benefit C/OI	dandidate/Onicensider Hame Onice 304	giit		Office fic	iu
_	Data					
	Date	Payee name				
	06/30/2025	Vonlane				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$238.00	6310 Lemmon Ave., Ste. 125				
		Dallas, TX 75209-5812				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel In District		$\Box$	utside of Texas. Comp	
					TX, officeholder living	expense
				Transportation	1	
_	Complete ONL V if direct	Candidate/Officeholder name Office sour	abt.		Office he	Id
	Complete ONLY if direct expenditure to benefit C/OI	•	grit		Office fie	iu
	•					

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee	Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction	rials Expense				Travel in Di: Travel Out o OTHER (en		
1 Total pages Schedule G:			FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/2 Rpt: 20/22	Huddle, Rebeca A. (The Honorable)					0006758	,			
4	Date	5	5 Payee name					1			
	02/08/2025		Enterprise I								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$234.78		600 Corpor	ate Park Dr.							
	X Reimbursement from political contributions intended		St. Louis, M	10 63105							
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b) Description	=		outside of Texas. Complete Schedule	Г.
	OF EXPENDITURE		Travel In Di	strict			<u> </u>			ı, TX, officeholder living expense	
							Rental car to atte	end r	neeting		
9	Complete ONLY if direct	Car	ndidate/Office	holder name			Office sought			Office held	
9	expenditure to benefit	Cal	ididate/Office	nouer name			Omice sought			Office Held	
	Date		Payee name								
	03/04/2025	L	Phoebe's D	iner							
	Amount (\$)		Payee address; City; State; Zip Code								
	\$125.28 53 W Oltorf St.										
	Reimbursement from political contributions intended		Austin, TX	78704							
	PURPOSE		Category (s	ee Categories listed	at the top of this sche	edule)	Description			outside of Texas. Complete Schedule	ī
OF EXPENDITURE		Food/Beve		erage Expense			Che	eck if Austin	n, TX, officeholder living expense		
							Clerk Lunch				
Complete ONLY if direct			ndidate/Office	holder name		_	Office sought		_	Office held	
expenditure to benefit C/OH											
	Date		Payee name								
	03/20/2025		Phoebe's D	iner							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$206.09		53 W Oltorf	St.							
	X Reimbursement from political contributions intended		Austin, TX	78704							
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	edule)	Description	_		outside of Texas. Complete Schedule	ī.
	OF EXPENDITURE		Food/Bever	age Expense	<b>!</b>			_		ı, TX, officeholder living expense	
							Lunch with UTSA	A Gr	oup		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought			Office held	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 21/22 Huddle, Rebeca A. (The Honorable) 00067587 Date Payee name 03/26/2025 Southwest Airlines 6 Amount (\$) Payee address; State; Zip Code \$299.46 2702 Love Field Dr. Reimbursement from political contributions intended Х Dallas, TX 75235 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Airfare to 5th Circuit Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# 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: 22/22
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Huddle, Rebeca	A. (The Honorable)	00067587
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee	
Southwest Airlin	es	
5 Contribution / Expe	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2	Schedule F4 X Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
• Balos of Travel	Huddle, Rebeca A.	
	Departure city or name of departure location	
05/05/2025	Houston	
33,33,2323	9 Destination city or name of destination location	
05/05/2025	Sandestin	
<b>10</b> Means of transport		other event)
Commercial Airp		outer cronty
	or / Corporation or Labor Organization / Pledgor /Payee	
Southwest Airline		
	enditure reported on:	
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
I 📛		
Schedule F2	Schedule F4 X Schedule G Schedule H	Schedule COH-UC
Dates of Travel	Name of person(s) traveling	
	Huddle, Rebeca A.	
05/07/0005	Departure city or name of departure location	
05/07/2025	Sandestin	
05/07/0005	Destination city or name of destination location	
05/07/2025	Houston	
Means of transport		other event)
Commercial Airp	lane Airfare to 5th Circuit Conference	