

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090201	2 Total pages filed: 52								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Kason		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026								
	<hr/> NICKNAME LAST SUFFIX Huddleston										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 855 Rockwall, TX 75087		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Deanna										
	<hr/> NICKNAME LAST SUFFIX Hayes										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1841 S. Lakeline Blvd. Suite 101-110 Cedar Park, TX 78613										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 217-5814										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2025 12/31/2025										
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special								
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 9								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Huddleston, Kason	14 Filer ID	(Ethics Commission Filers)
		00090201	

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 53,424.49
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 61,247.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,281.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kason Huddleston

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Huddleston, Kason		19 Filer ID (Ethics Commission Filers) 00090201
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 52,524.49
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 900.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 39,242.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 10,852.43
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 11,152.43
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albracht, Patricia <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75028	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) Customer Success Mana		9 Employer (See Instructions) M-Files, Inc.
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Montgomery <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ashford Inc
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Elizabeth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75203	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Linecook		Employer (See Instructions) Star Concessions
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruner, Anthony <hr/> Contributor address; City; State; Zip Code Mineola, TX 75773	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burden, Brandon <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Kingdom Life

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cain, Dewayne <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75067	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Victor <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Corporate Director		Employer (See Instructions) Germania Mutual Insur
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Leslie <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75067	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Flight Crew Training		Employer (See Instructions) Southwest Airlines
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chis, Solomon <hr/> Contributor address; City; State; Zip Code Fate, TX 75087	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Sales Engineering		Employer (See Instructions) Engineering
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D&I Properties & Storage LLC <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Tyrone <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Triple Creek Red Angus Ranch
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeJong, Curtis <hr/> Contributor address; City; State; Zip Code De Soto, TX 75115	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Upbring
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubose, Joseph <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Benefits Advisor		Employer (See Instructions) Willis Towers Watson
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Thomas <hr/> Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Dry Law PLLC		Employer (See Instructions) Attorney
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Karen <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Katherine 6 Contributor address; City; State; Zip Code Zellwood, FL 32798	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Susan Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Susan Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, S. Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Law Enforcement offic		Employer (See Instructions) Rockwall County
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, John Contributor address; City; State; Zip Code Lindale, TX 75771	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Highland River Ranch

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gladu, Christopher <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) Salesman		9 Employer (See Instructions) Fortinet
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gualtierre, Craig <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Lisa <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) State of Texas
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Lewis <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Awakeningsusa.org
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Rachel <hr/> Contributor address; City; State; Zip Code Arlington, TX 76017	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) United Cry

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holston, Carter <hr/> 6 Contributor address; City; State; Zip Code Rowlett, TX 75089	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huddleston, Elizabeth <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Self-Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Justin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Chief Justice		Employer (See Instructions) 5th District Court
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Steven <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Claude <hr/> Contributor address; City; State; Zip Code Denver, CO 80227	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Mitch <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75053	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Scheef Stone
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacInnis, Gregg <hr/> Contributor address; City; State; Zip Code Caddo Mills, TX 75135	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gmac Family Financial
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, Rick <hr/> Contributor address; City; State; Zip Code Malvern, AR 72104	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) House of Representative		Employer (See Instructions) AR State representative
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Michael <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mings, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Money, Brent <hr/> 6 Contributor address; City; State; Zip Code Greenville, TX 75401	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Money Law Firm
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickell, Billy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) First Assembly of God
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickell, Billy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) First Assembly of God
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norton, Aimee <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Realtor
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer II, Bradley <hr/> Contributor address; City; State; Zip Code Woodbridge, VA 22192	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parigi, John <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) Healthcare consultant		9 Employer (See Instructions) Self-Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Kevin <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Defender of life		Employer (See Instructions) Self-Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, Jack <hr/> Contributor address; City; State; Zip Code Richardson, TX 75082	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, Jonathan <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Insurance broker		Employer (See Instructions) RHSB Insurance
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, Jonathan <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) Insurance broker		Employer (See Instructions) RHSB Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Jeffery <hr/> 6 Contributor address; City; State; Zip Code Farmersville, TX 75442	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Technician Trainer		9 Employer (See Instructions) Protech Automotive
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Paula <hr/> Contributor address; City; State; Zip Code Farmersville, TX 75442	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Splunk
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiers, Terry <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Related Companies
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomsic, Kevin <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75089	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Concentra
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trebes, James <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/52
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twiford, Breanna <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028	7 Amount of Contribution (\$) \$208.20
8 Principal occupation / Job title (See Instructions) Intern		9 Employer (See Instructions) For Liberty Justice
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Twiford, Don <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Twiford Ministries
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vick, John <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) Bob Hall
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vines, Robert <hr/> Contributor address; City; State; Zip Code Rowlett, TX 75088	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) L3Harris
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Frances <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 15/52	
2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/18/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Leslie	8 Amount of contribution (\$) \$450.00	9 In-kind contribution description Roundtrip Airfare for Kason Huddleston Using Points (Estimated Value)
7 Contributor address; City; State; Zip Code Rockwall, TX 75067		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Flight Crew Training		11 Employer (FOR NON-JUDICIAL) (See instructions) Southwest Airlines	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Leslie	Amount of contribution (\$) \$450.00	In-kind contribution description Roundtrip Airfare for Kason Huddleston Using Points (Estimated Value)
Contributor address; City; State; Zip Code Rockwall, TX 75067		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Flight Crew Training		Employer (FOR NON-JUDICIAL) (See instructions) Southwest Airlines	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/19 Rpt: 16/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/21/2025	5 Payee name Chainbridge Bank	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chainbridge Bank		
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chainbridge Bank		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/19 Rpt: 17/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/18/2025	5 Payee name Chainbridge Bank	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chainbridge Bank		
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Chainbridge Bank		
Amount (\$) \$19.70	Payee address; City; State; Zip Code 1445-A Laughlin Ave McLean, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/19 Rpt: 18/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/21/2025	5 Payee name Grand Slam Finance	
6 Amount (\$) \$2,100.00	7 Payee address; City; State; Zip Code 1841 S Lakeline Blvd Ste 101-110 Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Grand Slam Finance	
Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 1841 S Lakeline Blvd Ste 101-110 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Hendrickson, Lisa	
Amount (\$) \$3,166.65	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Argyle, TX 76226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/19 Rpt: 19/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/18/2025	5 Payee name Hendrickson, Lisa	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Argyle, TX 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Hernandez, Matt	
Amount (\$) \$750.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Canton, TX 75103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Field Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Hidden Creek	
Amount (\$) \$4,398.75	Payee address; City; State; Zip Code 215 Chris Cuny Heath, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Facility Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/19 Rpt: 20/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Payee name Hidden Creek	
6 Amount (\$) \$828.00	7 Payee address; City; State; Zip Code 215 Chris Cuny Heath, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Facility Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/18/2025	Candidate/Officeholder name Huddleston, Elizabeth	
Amount (\$) \$2,500.00	Office sought Office held	
	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design and Development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/17/2025	Candidate/Officeholder name Huddleston, Elizabeth	
Amount (\$) \$2,500.00	Office sought Office held	
	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design and Development
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/19 Rpt: 21/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/20/2025	5 Payee name Huddleston, Kason	
6 Amount (\$) \$2,150.30	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses Reimbursement of Capital One Visa Paid From Personal Funds (See Schedule F4 & G)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Huddleston, Kason	
Amount (\$) \$5,824.56	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses Reimbursement of Capital One Visa Paid From Personal Funds (See Schedule F4 & G)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Huddleston, Kason	
Amount (\$) \$3,177.57	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses Reimbursement of Capital One Visa Paid From Personal Funds (See Schedule F4 & G)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/19 Rpt: 22/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/11/2025	5 Payee name Keepers Press	
6 Amount (\$) \$3,767.10	7 Payee address; City; State; Zip Code 1905 Alpha Drive Suite 170 Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Yard Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name MacSon Protection Services LLC	
Amount (\$) \$162.38	Payee address; City; State; Zip Code 345 Gladstone Cir Fate, TX 75189	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Security
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Maddskillz Media	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 130 Maverick Ln Pilot Point, TX 76258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/19 Rpt: 23/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/07/2025	5 Payee name Winred	
6 Amount (\$) \$0.04	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$10.25	Payee name Winred	
	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/08/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$20.51	Payee name Winred	
	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/19 Rpt: 24/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/10/2025	5 Payee name Winred	
6 Amount (\$) \$39.40	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Winred	
Amount (\$) \$197.00	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name Winred	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/19 Rpt: 25/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/14/2025	5 Payee name Winred	
6 Amount (\$) \$19.70	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2025	Payee name Winred	
Amount (\$) \$19.70	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Winred	
Amount (\$) \$19.70	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/19 Rpt: 26/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/17/2025	5 Payee name Winred	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Winred	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Winred	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/19 Rpt: 27/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/18/2025	5 Payee name Winred	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name Winred	
Amount (\$) \$41.02	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Winred	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/19 Rpt: 28/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/05/2025	5 Payee name Winred	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2025	Payee name Winred	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name Winred	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/19 Rpt: 29/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/11/2025	5 Payee name Winred	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$19.70	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/19 Rpt: 30/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Payee name Winred	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/19 Rpt: 31/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Payee name Winred	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.10	Payee name Winred Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.25	Payee name Winred Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/19 Rpt: 32/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Payee name Winred	
6 Amount (\$) \$205.08	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$2.05	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name Winred	
Amount (\$) \$0.08	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/19 Rpt: 33/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/14/2025	5 Payee name Winred	
6 Amount (\$) \$2.05	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/14/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.05	Payee name Winred	
	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$8.20	Payee name Winred	
	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/19 Rpt: 34/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 12/15/2025	5 Payee name Winred	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name Winred	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/24/2025	Payee name Winred	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 4250 Fairfax Dr Ste 600 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/16 Rpt: 35/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution Capital One		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$114.14	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
7 PAYEE	(a) Payee name Quince Lakehouse		(b) Payee address; City, State, Zip Code 3825 Lake Austin Blvd #201 Austin, TX 78703
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$407.92	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Print Place		(b) Payee address; City, State, Zip Code 1130 Avenue H East Arlington, TX 76011
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$155.45	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Rideshare
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/16 Rpt: 36/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$180.00	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025	
7 PAYEE		(a) Payee name Family Policy Alliance		(b) Payee address; City, State, Zip Code 8675 Explorer Drive Suite 112 Colorado Springs, CO 80920	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) TRAINING		(b) Description Policy Training	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$53.26	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025	
PAYEE		(a) Payee name Revival East Bakery		(b) Payee address; City, State, Zip Code 704 Elm Ave Waco, TX 76704	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel Meal	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$56.23	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025	
PAYEE		(a) Payee name Chevron		(b) Payee address; City, State, Zip Code 1400 Smith St Houston, TX 77002	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Fuel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/16 Rpt: 37/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$20.84	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
7 PAYEE	(a) Payee name 5013 Coffee		(b) Payee address; City, State, Zip Code 506 N Goliad St Rockwall, TX 75087
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$36.24	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Joe Willy's		(b) Payee address; City, State, Zip Code 2006 S Goliad St Rockwall, TX 75087
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$49.95	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Exxon Mobile		(b) Payee address; City, State, Zip Code 22777 Springwoods Village Pkwy Spring, TX 77389
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/16 Rpt: 38/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$307.47	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
7 PAYEE	(a) Payee name Texas Values		(b) Payee address; City, State, Zip Code 1005 Congress Avenue Suite 830 Austin, TX 78701
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Faith, Family, & Freedom Gala in Dallas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Texas Values		(b) Payee address; City, State, Zip Code 1005 Congress Avenue Suite 830 Austin, TX 78701
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Faith, Family, & Freedom Gala in Dallas
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$318.80	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/20/2025
PAYEE	(a) Payee name Square Space		(b) Payee address; City, State, Zip Code 8 Clarkson Street New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) WEBSITE		(b) Description Domain/Website Hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/16 Rpt: 39/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$4,243.40	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
7 PAYEE		(a) Payee name BBQ & A Prayer		(b) Payee address; City, State, Zip Code 1455 N Trade Days Blvd Canton, TX 75103	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Catering	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$20.04	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
PAYEE		(a) Payee name Exxon Mobile		(b) Payee address; City, State, Zip Code 22777 Springwoods Village Pkwy Spring, TX 77389	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$76.00	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
PAYEE		(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/16 Rpt: 40/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$77.13	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
7 PAYEE	(a) Payee name QuikTrip		(b) Payee address; City, State, Zip Code 1120 N Industrial Blvd Euleless, TX 76039
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.68	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name QuikTrip		(b) Payee address; City, State, Zip Code 1120 N Industrial Blvd Euleless, TX 76039
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$223.57	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name Print Place		(b) Payee address; City, State, Zip Code 1130 Avenue H East Arlington, TX 76011
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Business Cards / Push Cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/16 Rpt: 41/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$170.14	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Rideshare
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$482.13	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name Enterprise Car Rental		(b) Payee address; City, State, Zip Code 600 Corporate Park Dr St. Louis, MO 63105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Car Rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$204.75	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Kickoff Party Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/16 Rpt: 42/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$40.00	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
7 PAYEE		(a) Payee name Dallas Love Field		(b) Payee address; City, State, Zip Code 8008 Herb Kelleher Way Dallas, TX 75235	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Parking	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$72.00	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
PAYEE		(a) Payee name Southwest Airlines		(b) Payee address; City, State, Zip Code 2702 Love Field Dr Dallas, TX 75235	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Airfare	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$27.36	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025	
PAYEE		(a) Payee name Brisket Love BBQ & Icehouse		(b) Payee address; City, State, Zip Code 15338 FM 849 Lindale, TX 75771	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Travel Meal	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/16 Rpt: 43/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$13.23	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
7 PAYEE	(a) Payee name Exxon Mobile		(b) Payee address; City, State, Zip Code 22777 Springwoods Village Pkwy Spring, TX 77389
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$4.06	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name 5013 Coffee		(b) Payee address; City, State, Zip Code 506 N Goliad St Rockwall, TX 75087
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$38.14	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name QuikTrip		(b) Payee address; City, State, Zip Code 1120 N Industrial Blvd Euleless, TX 76039
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/16 Rpt: 44/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$107.71	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
7 PAYEE	(a) Payee name FedEx Printing		(b) Payee address; City, State, Zip Code 7900 Legacy Drive Plano, TX 75024
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Flyer Printing
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$12.22	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid 12/10/2025
PAYEE	(a) Payee name 7-Eleven		(b) Payee address; City, State, Zip Code 3200 Hackberry Road Irving, TX 75063
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$63.56	(b) Date of Charge 12/27/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name 30 Brunch House		(b) Payee address; City, State, Zip Code 2455 Ridge Rd #101 Rockwall, TX 75087
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/16 Rpt: 45/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$40.90	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Get Healthy		(b) Payee address; City, State, Zip Code 1129b Ridge Rd Rockwall, TX 75087
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$103.96	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name True Food Kitchen		(b) Payee address; City, State, Zip Code 8383 Preston Center Plaza #100 Dallas, TX 75225
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel Meal
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$56.40	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Loves Travel Center		(b) Payee address; City, State, Zip Code 8800 S Polk St Dallas, TX 75232
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Fuel
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/16 Rpt: 46/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$141.03	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
7 PAYEE		(a) Payee name UPS Printing		(b) Payee address; City, State, Zip Code 3090 N Goliad St Ste 102 Rockwall, TX 75087	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Flyer Printing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$80.32	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name Standard Service Restaurant		(b) Payee address; City, State, Zip Code 4240 Ridge Rd Heath, TX 75032	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$367.29	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name Hobby Lobby		(b) Payee address; City, State, Zip Code 2004 S Goliad St Rockwall, TX 75087	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Kickoff Party Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/16 Rpt: 47/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$818.37	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name BBQ & A Prayer		(b) Payee address; City, State, Zip Code 1455 N Trade Days Blvd Canton, TX 75103
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Event Catering
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.55	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Luigi's		(b) Payee address; City, State, Zip Code 2002 S Goliad St Rockwall, TX 75087
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food/Beverage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$199.50	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
PAYEE	(a) Payee name Walmart		(b) Payee address; City, State, Zip Code 782 E Interstate 30 Rockwall, TX 75087
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Kickoff Party Supplies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/16 Rpt: 48/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$482.13	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
7 PAYEE		(a) Payee name Enterprise Car Rental		(b) Payee address; City, State, Zip Code 600 Corporate Park Dr St. Louis, MO 63105	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Car Rental	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$74.33	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name QuikTrip		(b) Payee address; City, State, Zip Code 1120 N Industrial Blvd Eules, TX 76039	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Fuel	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$330.29	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Kickoff Party Supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/16 Rpt: 49/52		2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$26.31	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
7 PAYEE		(a) Payee name Lonestar Republican Club		(b) Payee address; City, State, Zip Code 500 Park Dr Athens, TX 75751	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Luncheon	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$223.57	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name Print Place		(b) Payee address; City, State, Zip Code 1130 Avenue H East Arlington, TX 76011	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Push Cards	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$81.14	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025	
PAYEE		(a) Payee name Facebook		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Facebook Ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/16 Rpt: 50/52	2 FILER NAME Huddleston, Kason		3 Filer ID (Ethics Commission Filers) 00090201
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$62.92	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid 12/31/2025
7 PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1725 3rd Street San Francisco, CA 94158
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description Rideshare
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 51/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/20/2025	5 Payee name Capital One Visa	
6 Amount (\$) \$1,850.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1680 Capital One Drive McLean, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name Capital One Visa	
Amount (\$) \$5,824.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1680 Capital One Drive McLean, VA 22102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Capital One Visa	
Amount (\$) \$3,177.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1680 Capital One Drive McLean, VA 22102	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 52/52	2 FILER NAME Huddleston, Kason	3 Filer ID (Ethics Commission Filers) 00090201
4 Date 11/18/2025	5 Payee name The Republican Party of Texas	
6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Republican Primary Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held