

# 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)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
 MR. Cory E  
 NICKNAME LAST SUFFIX  
 Huddleston

**OFFICE USE ONLY**

Date Received

RECEIVED

APR 06 2017

City Secretary's  
Office

4:43pm JAB

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
 2510 Briarwood Dr, Grapevine TX 76051

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (682) 560-0948

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
 MR. Jonathan D  
 NICKNAME LAST SUFFIX  
 Gaspard

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
 1967 Shorewood, Grapevine TX 76051

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (972) 375-8117

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign  
treasurer appointment  
(Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
 2 / 17 / 17 THROUGH 4 / 7 / 17

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  Other  
 05 / 06 / 2017  General  Special Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Grapevine City Council  
Place Ce

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Cory Huddleston

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 875.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4390.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 162.06

4. TOTAL POLITICAL EXPENDITURES

\$ 3350.77

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 1039.23

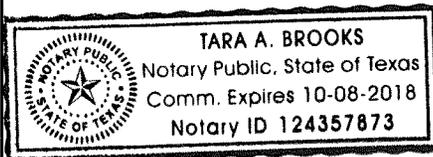
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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.



[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cory Huddleston, this the 6th day of April, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Tara A Brooks

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - C/OH

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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4390.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3350.77
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

2 FILER NAME

*Cory Huddleston*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/27/17*

5 Full name of contributor

*Cory Huddleston*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$ 100.00*

6 Contributor address;

*2510 Briarwood Dr Grapevine TX 76051*

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

*Owner*

9 Employer (See Instructions)

*Cure Studios*

Date

*3/1/17*

Full name of contributor

*Jack & Toni Hittson*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 380.00*

Contributor address;

*4410 Gary Ln Amarillo TX 79110*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

*N/A*

Employer (See Instructions)

*Pantex*

Date

*3/8/17*

Full name of contributor

*Tina Davis*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 100.00*

Contributor address;

*3316 Oxbow Amarillo TX 79106*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

*Retired*

Employer (See Instructions)

*Retired*

Date

*3/10/17*

Full name of contributor

*George Andrews*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$ 100.00*

Contributor address;

*3301 Clearfield Dr Grapevine TX 76051*

City; State; Zip Code

Principal occupation / Job title (See Instructions)

*CPA*

Employer (See Instructions)

*George Andrews CPA*

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Cory Huddleston

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

Doyle & Elizabeth Welch

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City; State; Zip Code

3130 Woodland Heights Cir, Colleyville TX 76034

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/10/17

Full name of contributor

Royce & Sharon Morgan

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

2209 Beacon Hill Dr Keller TX 76248

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

3/10/17

Full name of contributor

Fred & Julie McCarty

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

701 Peach Ct Grapevine TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

Date

3/10/17

Full name of contributor

Jeffrey Keech

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

Dallas TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Huddleston*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/10/17*

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Mike & Laura Oakley*

6 Contributor address;

City; State; Zip Code

*2121 Lakeridge Dr. Grapevine TX 76051*

7 Amount of contribution (\$)

*\$125.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/10/17*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Michael & Tracy Williams*

Contributor address;

City; State; Zip Code

*12113 Dinette St. Ft Worth TX ~~76072~~  
76244*

Amount of contribution (\$)

*\$500.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/15/17*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Cory Huddleston*

Contributor address;

City; State; Zip Code

*2510 Briarwood Dr. Grapevine*

Amount of contribution (\$)

*\$160.00*

Principal occupation / Job title (See Instructions)

*owner*

Employer (See Instructions)

*Lure Studios*

Date

*3/20/17*

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

*Eric Morgan*

Contributor address;

City; State; Zip Code

*2818 Flint Trail, Keller TX 76248*

Amount of contribution (\$)

*\$1,200.00*

Principal occupation / Job title (See Instructions)

*Owner*

Employer (See Instructions)

*Morgan Realty Group*

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Huddleston*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/20/11*

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Deverick Jordan*

7 Amount of contribution (\$)

*\$ 100.00*

6 Contributor address; City; State; Zip Code

*Grapevine TX 76051*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/24/11*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Michael McCoy*

Amount of contribution (\$)

*\$ 100.00*

Contributor address; City; State; Zip Code

*505 Chisolm Ct Colleyville TX 76034*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*N/A*

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cory Huddleston</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/14/17</i> <del>4/17/17</del>	5 Payee name <i>Grapevine Ambucs</i>		
6 Amount (\$) <i>8150.00</i>	7 Payee address; City; State; Zip Code <i>2150 W. Northwest Hwy suite 114 # 108A Grapevine TX 76051</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> <del>Golf Hole Sponsorship</del>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Golf hole Sponsorship: Tournament</i>	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <i>3/10/17</i>	Payee name <i>Kim Willis</i>		
Amount (\$) <i>\$128.59</i>	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <del>Event</del> Expense <i>Food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Reimbursement for meat/veggie fruit trays for Campaign fundraiser</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

Date <i>3/16/17</i>	Payee name <i>Danwal, INC</i>		
Amount (\$) <i>\$2325.34</i>	Payee address; City; State; Zip Code <i>12404 State Hwy 155 S. Tyler TX 75703</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Signs</i>	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Cory Huddleston</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/30/17</i>	5 Payee name <i>Campaign Sidekick, LLC</i>
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6 Amount (\$) <i>285.00</i>	7 Payee address; City; State; Zip Code <i>1550 Old Annetta Rd, Alledo TX 76008</i>
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Block Walking Software</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/4/17</i>	Payee name <i>Cal Knapp</i>
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Amount (\$) <i>\$300.00</i>	Payee address; City; State; Zip Code <i>4021 Oak Leaf Ln, Bedford TX 76021</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Photography</i>
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED