

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.

Joel

W

NICKNAME

LAST

SUFFIX

Hicks

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

203 Lamar Street, Cibolo, Tx 78108

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

255-0546

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Kara

NICKNAME

LAST

SUFFIX

Latimer

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

553 Tolle Road, Cibolo, Tx 78108

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

748-5567

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 Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

11 / 19 / 21

THROUGH

Month

Day

Year

1 / 15 / 22

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 1 / 22

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

Cibolo City Council Dist 7

13 OFFICE SOUGHT (if known)

Commissioner Precinct 4

14 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

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joel W. Hicks		16 Filer ID (Ethics Commission Filers)
17 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)	\$ 2,406.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,449.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

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

OR

(2) Unsworn Declaration

My name is JOEL W. Hicks, and my date of birth is 13 Aug. 2022.
 My address is 203 Lamar St., Cibola, Tx, 78108, USA.
(street) (city) (state) (zip code) (country)
 Executed in Guadalupe County, State of Tx, on the 14 day of JAN, 20 22.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

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. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,406.08
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,449.42
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 48.64
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,043.34
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME
Joel W. Hicks

3 Filer ID (Ethics Commission Filers)

4 Date
12/28/20

5 Full name of contributor out-of-state PAC (ID#: _____)
Linebarger Goggan Blair & Sampson, LLP

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
PO Box 17428, Austin, Tx 78760

1,000.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)
Linebarger Goggan Blair & Sampson, LLP

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)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Joel W Hicks		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/12/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt Williams	8 Amount of Contribution \$ 459.02	9 In-kind contribution description door hangers
7 Contributor address; City; State; Zip Code 4733 Rittiman Rd, San Antonio, Tx 78218		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Contractor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Latimer	Amount of Contribution \$ 13.95	In-kind contribution description website name
Contributor address; City; State; Zip Code 553 Tolle Road, Cibolo, Tx 78108		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
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)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	3
2 FILER NAME Joel W Hicks		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/04/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Latimer	8 Amount of Contribution \$ 129.90	9 In-kind contribution description campaign signs
	7 Contributor address; City; State; Zip Code 553 Tolle Road, Cibolo, Tx 78108	Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Contractor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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 01/04/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Latimer	Amount of Contribution \$ 188.35	In-kind contribution description website hosting
	Contributor address; City; State; Zip Code 553 Tolle Road, Cibolo, Tx 78108	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME Joel W Hicks		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/13/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stosh Boyle 7 Contributor address; City; State; Zip Code 209 Turnberry Drive, Cibolo, Tx 78108	8 Amount of Contribution \$ 216.50	9 In-kind contribution description campaign signs <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Contractor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
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 12/17/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kara Latimer Contributor address; City; State; Zip Code 553 Tolle Road, Cibolo, Tx 78108	Amount of Contribution \$ 398.36	In-kind contribution description Campaign Signs <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner		Employer (FOR NON-JUDICIAL)(See Instructions) Self employed	
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)			

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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 1		2 FILER NAME Joel W. Hicks		3 Filer ID (Ethics Commission Filers)	
4 Date 12/09/2021		5 Payee name Texas Trophies			
6 Amount (\$) 12.95		7 Payee address; 1718 Pat Boone Rd, UC, Tx 78148		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) adv. expense		(b) Description Name Tag		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/17/2021		Payee name Texas Trophies			
Amount (\$) 27.90		Payee address; 1718 Pat Boone Rd, UC, Tx 78148		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) adv. expense		Description name tag		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 01/13/2022		Payee name Tractor Supply			
Amount (\$) 25.95		Payee address; 272 FM 1103, Cibolo, Tx 78108		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description tpost		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

Date 01/13/2022		Payee name Tractor Supply			
Amount (\$) 25.95		Payee address; 272 FM 1103, Cibolo, Tx 78108		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description tpost		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2021	5 Payee name Lowes	
6 Amount (\$) 33.10	7 Payee address; 17280 IH-35 Schertz, Tx 78154	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description hardware supplies
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 01/14/2022	Payee name Lowes	
Amount (\$) 36.32	Payee address; 17280 IH-35 Schertz, Tx 78154	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description hardware supplies
	Check if travel outside of Texas. Complete Schedule T. 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
Date 12/21/2021	Payee name Lowes	
Amount (\$) 29.18	Payee address; 17280 IH-35 Schertz, Tx 78154	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description hardware supplies
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 12/21/2021	5 Payee name Lowes	
6 Amount (\$) 19.46	7 Payee address; City; State; Zip Code 17280 IH-35 Schertz, Tx 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description hardware supplies
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/13/2022	Payee name 1st Source Digital	
Amount (\$) 216.50	Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date 12/17/2021	Payee name 1st Source Digital	
Amount (\$) 398.36	Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2022	5 Payee name 1st Source Digital	
6 Amount (\$) 129.90	7 Payee address; 4390 E. FM 1518, Selma, Tx 78154	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ad. expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 12/21/2021	Payee name 1st Source Digital	
Amount (\$) 216.50	Payee address; 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. 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
Date 01/13/2022	Payee name 1st Source Digital	
Amount (\$) 86.60	Payee address; 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2022	5 Payee name 1st Source Digital	
6 Amount (\$) 173.20	7 Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ad. expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 12/17/2021	Payee name 1st Source Digital	
Amount (\$) 519.60	Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date 12/01/2021	Payee name 1st Source Digital	
Amount (\$) 43.30	Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ad. expense	Description signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2021	5 Payee name 1st Source Digital	
6 Amount (\$) 69.28	7 Payee address; City; State; Zip Code 4390 E. FM 1518, Selma, Tx 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ad. expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 01/04/2022	Payee name Wix.Com LTD	
Amount (\$) 188.35	Payee address; City; State; Zip Code 40 Namal Tel Aviv, 6350671, Isreal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description webhosting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date 01/04/2022	Payee name Wix.Com LTD	
Amount (\$) 13.95	Payee address; City; State; Zip Code 40 Namal Tel Aviv, 6350671, Isreal	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description Web name
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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: 7	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2022	5 Payee name Williams Printing	
6 Amount (\$) 459.02	7 Payee address; City; State; Zip Code 4733 Rittiman Rd, San Antonio, Tx 78218	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense	(b) Description door hangers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 11/23/2021	Payee name GOP Guadalupe County	
Amount (\$) 750.00	Payee address; City; State; Zip Code 221 CJ Jones, Cibolo, Tx 78108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fee	Description candidate filing fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Joel H. Hicks	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 12/21/2021	6 Payee name Lowe's	
7 Amount (\$) 29.18	8 Payee address; 17280 IH-35, Schertz, Tx 78154	City; State; Zip Code
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description hardware
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 12/21/2021	Payee name Lowe's	
Amount (\$) 19.46	Payee address; 17280 IH-35, Schertz, Tx 78154	City; State; Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description hardware
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: 1	2 FILER NAME Joel W. Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/2021	5 Payee name 1st Source Digital	
6 Amount (\$) 293.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4390 E FM 1518, Selma, Tx 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising Expense	(b) Description signs
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 11/23/2021	Payee name Guadalupe GOP	
Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 221 CJ Jones Cove, Cibolo, Texas 78108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Republican Candidate filling fee
	Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		


CONTROL NUMBER T245214	WORK DATE	NOTIFIED W/O COMPLETED DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
W/O PICKED UP DATE:		DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST Hicks	FIRST Joel	PHONE/EXT 210 255-0546
ORGANIZATION	UNIT/OFFICE	SALES PERSON AP
DATE 17 Dec 21	PROMISE DATE 6 Jan 22	LOGGED BY
		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

DESCRIPTION OF WORK	
WORK REQUIRED	
ENGRAVING	
LASER	2 1/2
SUBLIMATION <input checked="" type="checkbox"/>	3x4 sub name tag
TROPHIES	
PLASTIC/NAME TAG	
SPECIAL ORDER	

QUANTITY	DESCRIPTION	PRICE EACH	AMOUNT
2	MIT	10.95	21.90
2	Mag Back	2.00	4.00
1	7/8" white	2.00	2.00
ENGRAVING	REGULAR		
	LASER		
	OTHER		
ACCOUNT NAME		DEPOSIT	SUB TOTAL 27.90
ACCOUNT NUMBER		PAID	TAX
POC PHONE NUMBER		BALANCE DUE	GRAND TOTAL 27.90

ENGRAVING PLATE REQUIREMENTS					
MATERIAL	SIZE	COLOR	PLATE	HOLES/TAPE	OXIDIZE
ALUMINUM	1		NOTCH ROUND SQUARE	CENTER CORNER TAPE	YES NO
BRASS	2				
STEEL	3				
PLASTIC					
ENGRAVING					


 Texas Trophies
 1718 Pat Booker Rd
 Universal City 78148

Texas ...
PAID
 Cash
 Check _____
 Credit Card _____

CONTROL NUMBER T245153	WORK DATE	NOTIFIED W/O COMPLETED DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
W/O PICKED UP DATE:		DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST Hicks	FIRST Joel	PHONE/EXT 210-255-0546
ORGANIZATION	UNIT/OFFICE	SALES PERSON AP
DATE 9 Dec 21	PROMISE DATE ASAP - 10 Dec	LOGGED BY
	TIME	AM PM

DESCRIPTION OF WORK	
WORK REQUIRED	
ENGRAVING	
LASER	
SUBLIMATION <input checked="" type="checkbox"/>	3 x 4 sub name / tag
TROPHIES	
PLASTIC/NAME TAG	
SPECIAL ORDER	

QUANTITY	DESCRIPTION	PRICE EACH	AMOUNT
1	sub N/T	10.95	10.95
1	mag Back	2.00	2.00
ENGRAVING	REGULAR		
	LASER	.20	—
	OTHER		
ACCOUNT NAME	DEPOSIT	SUB TOTAL	12.95
ACCOUNT NUMBER	PAID	TAX	
POC PHONE NUMBER	BALANCE DUE	GRAND TOTAL	

ENGRAVING PLATE REQUIREMENTS					
MATERIAL	SIZE	COLOR	PLATE	HOLES/TAPE	OXIDIZE
ALUMINUM	1		NOTCH	CENTER	YES
BRASS	2		ROUND	CORNER	NO
STEEL	3		SQUARE	TAPE	
PLASTIC					
ENGRAVING					

Texas Trophies
1718 Pat Booker Rd
Universal City, 78148

PAID

Cash
Check _____
Credit Card _____



TractorSupply.com

272 FM 1103
CIBOLO, TX 78108
210-566-1151

Ticket: 392203
Date: 1/13/22 Time: 2:37 PM
Store: 2231 Register: 1
Cashier: Kaitlynn

Item	Qty	Price	Amount
TPOST 8FT 3609146	1.25 GN 3	7.99	23.97

Subtotal	23.97
Tax	1.98
Total	25.95

Cash 50.00

Change Cash (24.05)

Neighbor's Club
Neighbor
Loyalty #: *****4389

For more details on your point balance, rewards, and exclusive benefits, download the Tractor Supply mobile app or go to www.neighborsclub.com

As a member of Neighbor's Club, earn 5% Back in Rewards when you use a TSC Personal Card to make a purchase. Subject to credit approval. Learn more @ www.applyforTSCcard.com or see a team member for more details.

For our Returns Policy, visit TractorSupply.com/returns

Help a neighbor. Review your products. www.tractorsupply.com/reviews

Go to tellttractorsupply.com or Call 1-800-541-4429 within 7 days to complete a survey and be entered in a monthly drawing for a chance to win a \$2500 shopping spree. (Awarded as Gift Cards) Ends 12/31/2022
Click on "Sweepstakes Rules" for complete details or to participate without purchase or survey.

Enter Survey Code #:
2231-01-392203-011322-1437-1
SOLD ITEM COUNT = 3



□ T6CR31TD7P4AWHEQ □

Please call 1-877-718-6750 for Customer Solutions.

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LOWE'S HOME CENTERS, LLC
 17280 IH 35 N
 SCHERTZ, TX 78154 (210) 619-8300

- MILITARY- PERSONAL USE SALE -

- SALE -

SALES#: S2824HM1 1373694 TRANS#: 88184419 01-14-22

4511 1-2-8 PRM SPRUCE PNE FIR	10.68
1.98 DISCOUNT EACH	-0.20
6 @ 1.78	
2311 BH FENDER WSH 3/16X1 1/4	12.56
6.98 DISCOUNT EACH	-0.70
2 @ 6.28	
68807 BH FH PHIL WS 10X1 100CT	4.93
5.48 DISCOUNT EACH	-0.55
59184 BH HWH SELF DRL 12X3/4 50	5.38
5.98 DISCOUNT EACH	-0.60

SUBTOTAL:	33.55
TAX:	2.77
INVOICE 01138 TOTAL:	36.32
CASH :	100.02
CHANGE:	63.70

TOTAL DISCOUNT: 3.75

THANK YOU FOR YOUR
 MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001093000956

STORE: 2824 TERMINAL: 01 01/14/22 12:20:42

OF ITEMS PURCHASED: 10

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.

FOR DETAILS ON OUR RETURN POLICY, VISIT
 LOWES.COM/RETURNS

A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
 AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: TIFFANY OLIVAS

LOWE'S PRICE PROMISE
 FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE

*	SHARE YOUR FEEDBACK!	*
*	ENTER FOR A CHANCE TO BE	*
*	ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!	*
*	¡ENTRE EN EL SORTEO MENSUAL	*
*	PARA SER UNO DE LOS CINCO GANADORES DE \$500!	*
*		*
*	ENTER BY COMPLETING A SHORT SURVEY	*



LOWE'S HOME CENTERS, LLC
17280 IH 35 N
SCHERTZ, TX 78154 (210) 619-8300

- MILITARY- PERSONAL USE SALE -
- SALE -

SALES#: S2824BDS 3803900 TRANS#: 88907703 12-30-21

757005 NATURAL 11-IN CABLE TIES 30.58
33.98 DISCOUNT EACH -3.40

SUBTOTAL: 30.58
TAX: 2.52
INVOICE 01854 TOTAL: 33.10
CASH: 50.10
CHANGE: 17.00
TOTAL DISCOUNT: 3.40

THANK YOU FOR YOUR
MILITARY SERVICE

STONE: 2824 TERMINAL: 01 12/30/21 17:42:00
OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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STORE MANAGER: TIFFANY OLIVAS

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* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *
* ENTRE EN EL SORTEO MENSUAL *
* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *
* ENTER BY COMPLETING A SHORT SURVEY *
* WITHIN ONE WEEK AT: www.Lowes.com/survey *
* YOUR ID # 018541 282443 649043 *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* VOTE WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
* FULL RULES & WINNERS AT: www.Lowes.com/survey *

TERMINAL: 01 12/30/21 17:42:00



LOWE'S HOME CENTERS, LLC
17280 IH 35 N
SCHERTZ, TX 78154 (210) 619-8300

- MILITARY - PERSONAL USE SALE -
- SALE -

SALES#: S2824UC4 4006755 TRANS#: 23106657 12-21-21

2638239 AEROFLEX UNIVERSAL UPGRAD 26.96
29.96 DISCOUNT EACH -3.00

SUBTOTAL: 26.96
TAX: 2.22
INVOICE 23730 TOTAL: 29.18
AMEX: 29.18

TOTAL DISCOUNT: 3.00

THANK YOU FOR YOUR
MILITARY SERVICE

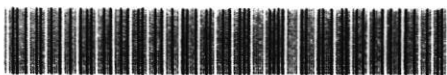
AMEX: XXXXXXXXXXXX2155 AMOUNT:29.18 AUTHCD: 657789

SWIPED REFID:282423084742 12/21/21 11:10:40

STORE: 2824 TERMINAL: 23 12/21/21 11:10:57

OF ITEMS PURCHASED: 1

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: TIFFANY OLIVAS

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¡ENTRE EN EL SORTEO MENSUAL *

PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

ENTER BY COMPLETING A SHORT SURVEY *

WITHIN ONE WEEK AT: www.lowes.com/survey *

YOUR ID #237308 282483 554052 *

NO PURCHASE NECESSARY TO ENTER OR WIN. *

VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 2824 TERMINAL: 23 12/21/21 11:10:57



LOWE'S HOME CENTERS, LLC
17280 IH 35 N
SCHERTZ, TX 78154 (210) 619-8300

- MILITARY - PERSONAL USE SALE -
- SALE -

SALES#: S2824SWP 4001597 TRANS#: 20116180 12-21-21

785895 TRAMONTINA 18-IN MACHTE (17.98
19.98 DISCOUNT EACH -2.00

SUBTOTAL: 17.98
TAX: 1.48
INVOICE 20428 TOTAL: 19.46
AMEX: 19.46

TOTAL DISCOUNT: 2.00

THANK YOU FOR YOUR
MILITARY SERVICE

AMEX: XXXXXXXXXXXX2984 AMOUNT:19.46 AUTHCD: 202173

SWIPED REFID:282420069783 12/21/21 13:49:27

STORE: 2824 TERMINAL: 20 12/21/21 13:49:40

OF ITEMS PURCHASED: 1

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: TIFFANY OLIVAS

LOWE'S PRICE PROMISE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE

SHARE YOUR FEEDBACK! *

ENTER FOR A CHANCE TO BE *

ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *

¡ENTRE EN EL SORTEO MENSUAL *

PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

ENTER BY COMPLETING A SHORT SURVEY *

WITHIN ONE WEEK AT: www.lowes.com/survey *

YOUR ID #204288 282463 558895 *

NO PURCHASE NECESSARY TO ENTER OR WIN. *

VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 2824 TERMINAL: 20 12/21/21 13:49:40

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12921

Payment Receipt

PAYMENT DATE
01/13/2022

DETAILS
: -XXXX-2876, BAuth: 200682

CLIENT
Joel Hicks

CONTACT INFO

Payment # **# 12921**
Payment Date **01/13/2022**
Amount **\$216.50**
Applied **\$216.50**
Balance **\$0**

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIE
1	4x8 HICKS ELECTION SIGNS (stosh boyle paying)	56606	\$216.50	\$216.50	\$0	\$216.50

Total: \$216.50

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12790

Payment Receipt

PAYMENT DATE
12/17/2021

DETAILS
Check 7921

CLIENT
Kara Latimer

CONTACT INFO

Payment #	# 12790
Payment Date	12/17/2021
Amount	\$398.36
Applied	\$398.36
Balance	\$0

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIED
1	Joel Hicks Signs	56375	\$398.36	\$398.36	\$0	\$398.36

Total: \$398.36

SIGNATURE:

DATE:

Kara Latimer

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12864

Payment Receipt

PAYMENT DATE
01/04/2022

DETAILS
Check 7923

CLIENT
Kara Latimer

CONTACT INFO

Payment # # 12864
Payment Date 01/04/2022
Amount \$129.90
Applied \$129.90
Balance \$0

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIE
1	Joel Hicks Signs	56438	\$129.90	\$129.90	\$0	\$129.9

Total: \$129.90

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12818

Payment Receipt

PAYMENT DATE
12/21/2021

DETAILS
Cash

CLIENT
Joel Hicks

CONTACT INFO

Payment # **# 12818**
Payment Date **12/21/2021**
Amount **\$216.50**
Applied **\$216.50**
Balance **\$0**

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIE
1	2x4 HICKS ELECTION SIGNS	56410	\$216.50	\$216.50	\$0	\$216.5

Total: \$216.50

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12919

PAYMENT DATE
01/13/2022

DETAILS
Cash

Payment Receipt

CLIENT
Joel Hicks

CONTACT INFO

Payment #	# 12919
Payment Date	01/13/2022
Amount	\$86.60
Applied	\$86.60
Balance	\$0

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPL
1	2x4 HICKS ELECTION SIGNS	56596	\$259.80	\$259.80	\$0	\$86

*Paid
cash
1-13-2022*

Total: \$86.60

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1st sourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1st sourcedigital.com

12871

PAYMENT DATE
01/05/2022

DETAILS
Cash

Payment Receipt

CLIENT
Joel Hicks

CONTACT INFO

Payment # **# 12871**
Payment Date **01/05/2022**
Amount **\$173.20**
Applied **\$173.20**
Balance **\$0**

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIE
1	2x4 HICKS ELECTION SIGNS	56527	\$173.20	\$173.20	\$0	\$173.20

Total: \$173.20

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1st sourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1st sourcedigital.com

12791

Payment Receipt

PAYMENT DATE
12/17/2021

DETAILS
Cash

CLIENT
Joel Hicks

CONTACT INFO

Payment # **# 12791**
Payment Date **12/17/2021**
Amount **\$519.60**
Applied **\$519.60**
Balance **\$0**

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIED
1	4X4 HICKS ELECTION SIGNS	56374	\$519.60	\$519.60	\$0	\$519.60

Total: \$519.60

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12653

PAYMENT DATE
12/01/2021

DETAILS
Cash

Payment Receipt

CLIENT
Joel Hicks

CONTACT INFO

Payment #	# 12653
Payment Date	12/01/2021
Amount	\$43.30
Applied	\$43.30
Balance	\$0

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIED
1	4X4 HICKS ELECTION SIGNS	56148	\$43.30	\$43.30	\$0	\$43.30

Total: \$43.30

SIGNATURE:

DATE:

1st Source Digital
4390 E FM 1518, SELMA, TX, 78154
mandy@1stsourcedigital.com
(210) 566-8800
EIN #: 20-3982119



www.1stsourcedigital.com

12741

Payment Receipt

PAYMENT DATE
12/10/2021

DETAILS
Cash

CLIENT
Joel Hicks

CONTACT INFO

Payment #	# 12741
Payment Date	12/10/2021
Amount	\$69.28
Applied	\$69.28
Balance	\$0

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIED
1	magnetics	56250	\$69.28	\$69.28	\$0	\$69.28

Total: \$69.28

SIGNATURE:

DATE:



Wix.com LTD
40 Namal Tel Aviv, 6350671
Israel

Issued to:
kara latimer
553 Tolle Road Cibolo
Texas United States
Joel Hicks for CC

Invoice #974021155 | Jan 4, 2022 | Paid

Description	Site	Billing Period	Quantity	Amount
Premium Plan Unlimited	Joel Draft	2 Year Jan 4, 2022 - Jan 4, 2024	1	\$348.00


Coupon discount	- \$174.00
Subtotal	\$174.00
TAX (8.25%)	\$14.35

Total	\$188.35
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* Any deductions listed above apply to the current invoice only.

Feel free to contact us:

 wix.com/support

 1-415-639-9034

 wix.com/contact



Wix.com LTD
40 Namal Tel Aviv, 6350671
Israel

Issued to:
kara latimer
553 Tolle Road Cibolo
Texas United States
Joel Hicks for CC

Invoice #974021675 | Jan 4, 2022 | Paid


Description	Site	Billing Period	Quantity	Amount
Domain joelhicks.info	Joel Draft	2 Year Jan 4, 2022 - Jan 4, 2024	1	\$13.95

Subtotal \$13.95

Total \$13.95

Feel free to contact us:

 wix.com/support

 1-415-639-9034

 wix.com/contact

Size

3.5" x 8.5"

✓ 4.5" x 11.0"

Quantity

✓ 10000



Price \$459.02

in kind Contribution for doorhangers

1/12/2022
Pickup
Williams Printing

900078923

November 23, 2021

*****750.00

Guadalupe GOP

Joel Wayne Hicks
Joel Hicks Canidate

Guadalupe GOP

NON-NEGOTIABLE

900078923

November 23, 2021

*****750.00

Guadalupe GOP

Joel Hicks Canidate
Joel Wayne Hicks

109184 Schertz

10014

11-23-2021

11-23-2021 09:20:01 AM

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
665985	12172021	12/17/2021	1,000.00	1,000.00	0.00	1,000.00

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LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
 ATTORNEYS AT LAW
 P.O. BOX 17428
 AUSTIN, TEXAS 78760
 (512) 447-6675

FROST NATIONAL BANK
 San Antonio, Texas

426669

VOID AFTER 90 DAYS

30-9/1140

CHECK DATE	CONTROL NUMBER	AMOUNT
12/28/2021	426669	\$*****1,000.00

PAY One Thousand and 00/100----- Dollars

TO THE ORDER OF
 JOEL HICKS CAMPAIGN

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP



AUTHORIZED SIGNATURE



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LINEBARGER GOGGAN
 BLAIR & SAMPSON, LLP
 ATTORNEYS AT LAW
 112 E. PECAN STREET, SUITE 2200
 SAN ANTONIO, TEXAS 78205

Joel Hicks Campaign