CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				COVE		FORM C/OH SHEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total p	pages	s filed:
3 CANDIDATE / OFFICEHOLDER						FFIC	CE USE ONLY
NAME	NICKNAME	SUFFIX	Date Receiv	ved			
OANDIDATE /	122220 / PO POY	Hicks			Guadalu	pe C	ounty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	203 Lamar	Street, Cibolo, Tex	сіту; sta xas 78108	ATE; ZIP CODE	JA	N g	3 1 2022
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EX1	TENSION			eived
OFFICEHOLDER PHONE	( 210 )	255-0546	bat	ENGION		delive	ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #		Amount \$
NAME	Mrs. Ka	LAST	******	SUFFIX	Date Proces	ssed	
		atimer		JOHN	Date Image	∌d	
7 CAMPAIGN TREASURER	STREET ADDRESS (	(NO PO BOX PLEASE); APT / St	UITE #;	CITY;	ST	TATE	ZIP CODE
ADDRESS (Residence or Business)	553 Tolle F	Road, Cibolo, Texa	s 78108				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION			
TREASURER PHONE	(210 ) 74	8-5567					
9 REPORT TYPE	January 15	X 30th day before e	lection	Runoff	tre:	asure	y after campaign er appointment older Only)
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit			eport (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day	,	fear
	01	/ 01 / 2022	THROUGH	01 /	20 /	20	022
11 ELECTION	ELECTION DA	TE Year X Primary	Runoff	ELECTION TYPE Other			
	03 01	2022 General	Special	Description			
		2022	42 055	TOT COLUMN (# Instrum			_
12 OFFICE	OFFICE HELD (if any)  Cibolo City	Council District 7		FICE SOUGHT (if known)  mmissioner Pr		ļ	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	EE OF POLITICAL CONTRIBUTIONS AS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIF	ACCEPTED OR POLITI	TICAL EXPENDITURES MA	ADE BY POLITION	ICAL C	HOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		III omnonen en en	III. I Kasa	0.,_	TO GOOTEN END. STEEL
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S	_		
I						-	
		GO TO I	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	el W. Hicks	16	Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT     PLEDGES, LOANS, OR GUARANTEES     CONTRIBUTIONS MADE ELECTRONICA	OF LOANS, OR	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR C		\$ 0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	IDITURE.	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$1,507	7.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA	AINTAINED AS OF THE LAST D	DAY \$ 0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIO		\$ 0.00	
	rear, or affirm, under penalty of perjury, that the a nired to be reported by me under Title 15, Election C		nd correct and i	ncludes all information
		Signature of Candi	date or Officeho	older
	Please complete e	ther option below:		
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	pefore me by	this the	day of_	
20, to certify	rhich, witness my hand and seal of office.			
Signature of officer administer	ng oath Printed name of officer admin	istering oath	Title of off	icer administering oath
	OR			
(2) Unsworn Declaration	n			
My name is	1 W. Hick.	*	08-13.	1968
My address is 203	Lange St.	_, and my date of birth is	70,00	USA
	(street)	(city) (state	(zip code)	(country)
Executed in Gueda	County, State of Texes, on the	e 31 day of JAN (month)	, 20	-
	_	Signature of Candidate	Officeholder (De	eclarant)

### **SUBTOTALS - C/OH**

### FORM C/OH

	COVER	SHEET FG 5
19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
	Joel W. Hicks	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,007.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 500.18
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	\$

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

,				
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule	A2:
Joel W. Hicks			3 Filer ID (Ethics Comm	ission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00	
5 Date 01/12/2022	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code	Contribution \$	In-kind contribution description  door hangers  of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) Or	11 Employe Self	er (FOR NON-JUDICIAL)	(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDIC	CIAL) (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	Full name of contributor	)	Amount of   Contribution \$	In-kind contribution description
01/04/2022	Contributor address; City; State; 553Tolle Road, Cibolo, Tx 78108	Zip Code	_ i	ebsite name
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe Self	r (FOR NON-JUDICIAL)	f Texas. Complete Schedule T. See Instructions)
	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDIC	IAL) (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)			
If	ATTACH ADDITIONAL COPIES OF THE contributor is out-of-state PAC, please see Instruction	n guide for a	LE AS NEEDED	Quiremente

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

II tile reque		le tills page	iii tiie repo		
Th	ne Instruction Guide explains how to complete this form	m.	1 Total page	s Schedule 3	A2:
2 FILER NAME			3 Filer ID (E	thics Comn	nission Filers)
Jo	pel W. Hicks				
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00		
5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:  Kara Latimer	)	8 Amount o Contributi	ion \$	description
01/04/2022		Zip Code	129.90		Campaign Signs
	553 Tolle Road, Cibolo, Tx 78108		Check if tra	avel outside	of Texas. Complete Schedule T.
10 Principal occu	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-	JUDICIAL)	(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (	FOR JUDIO	CIAL) (See Instructions)
			·		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor	's spouse	(if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I			
Data	Full name of contributor	)	Amount	. 1	to the department on
Date	Kara Latimer		Amount o Contributi		In-kind contribution description
01/04/2022	Contributor address; City; State;	Zip Code	188.35	l v	website hosting
	553 Tolle Road, Cibolo, Tx 78108		Check if tra	vel outside o	of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) S Owner	Employe Self	er (FOR NON-	JUDICIAL)	(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)		itor's job title (F	FOR JUDIO	CIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor	's spouse	(if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
If	ATTACH ADDITIONAL COPIES OF THe contributor is out-of-state PAC, please see Instruction	HIS SCHEDUL	LE AS NEEDE	 D	

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Revised 8/17/2020

### 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.				s Schedule	A2:	
2 FILER NAME	E		3 Filer ID (	thics Comn	nissior	n Filers)
Jo	pel W. Hicks					
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00			
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of Contribut			kind contribution scription
	Stosh Boyle		216.50	i	Can	paign Signs
01/13/2022	7 Contributor address; City; State; 209 Turnberry Drive, Cibolo, Tx 781	Zip Code 108	Chack if tr	   	of Tev	as. Complete Schedule T.
40 Principal cool			/er (FOR NON-			
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Self	er (i oit iio	.JODIO., 1.2,	(000	mad dodo.io,
Business 12 Contributor's	principal occupation (FOR JUDICIAL)		outor's job title (	FOR JUDIO	CIAL	(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributo	r's spouse	(if an	y) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount o			kind contribution scription
	Contributor address; City; State;	Zip Code	Check if tr	       avel outside (	of Tex	as. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	/er (FOR NON-			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (	FOR JUDIO	CIAL)	(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	m of contributo	r's spouse	(if an	y) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTAQUARRIE					
If	ATTACH ADDITIONAL COPIES OF THE contributor is out-of-state PAC, please see Instruction	HIS SCHEDU on guide for	JLE AS NEED additional re	ED porting re	quire	ements.

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## 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)** Solicitation/Fundra sing Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joel Hicks 4 Date 5 Payee name 01/05/2022 1st Source Digital 6 Amount (\$) 7 Payee address; State; Zip Code City; 173.20 4390 E FM 1518, Selma, Tx 78154 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF election signs **EXPENDITURE** Printing expenses Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Tractor Supply co 1/13/2022 Payee address; Amount (\$) City; State; Zip Code 272 FM 1103, Cibolo, Tx 78108 25.95 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** hardware OF other **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1/13/2022 1st Source Digital Payee address; Amount (\$) City; State: Zip Code 86.60 4390 E. FM 1518, Selma, Tx 78154 Reimbursement from X political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Campaign signs EXPENDITURE Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 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 Office Overhead/Rental Expense ransportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Contributions/Donations Made By Printing Expense Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joel W. Hicks 2 4 Date 5 Payee name Lowes 1/14/2022 Zip Code 6 Amount (\$) 7 Payee address; State City; 36.32 17280 IH 35 N, Schertz, Tx 78154 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF hardware other EXPENDITURE Check if Austin, TX officeholder living expense Check if travel outside of Texas, Complete Schedule T. (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1st Source Digital 1/18/2022 Payee address; Amount (\$) City; State: Zip Code 129.90 4390 E. FM 1518, Selma, Tx 78154 Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF campaign signs **Printing Expense** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Lowes 1/19/2022 Amount (\$) Payee address; City; State Zip Code 42.61 Reimbursement from 17280 IH 35 N, Schertz, Tx 78154 X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF hardware EXPENDITURE other Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Joel W. Hicks 4 Date 5 Payee name Lowes 1/19/2022 7 Payee address; 6 Amount (\$) City; State: Zip Code 5.60 17280 IH 35 N, Schertz, Tx 78154 Reimbursement from X political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF hardware other EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED