

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 <i>Mr.</i> NICKNAME	FIRST <i>Joel</i> LAST	MI <i>W</i> SUFFIX
OFFICE USE ONLY			
Date Received <i>9-26-19</i> <i>PAC</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>203 Lamar St.</i> <i>Cibola, Tx. 78108</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 549 3579</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i> NICKNAME	FIRST <i>JOEL</i> LAST	MI <i>W</i> SUFFIX
Date Hand-delivered or Date Postmarked			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>203 Lamar St.</i> <i>Cibola, Tx. 78108</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 549-3579</i>		
9 REPORT TYPE	<input 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <i>07 / 22 / 19</i> THROUGH <i>09 / 25 / 19</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 5 / 19</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Councilman</i> <i>District 7</i>	13 OFFICE SOUGHT (if known) <i>Councilman</i> <i>District 7</i>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JOEL W. Hicks

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

\$

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

\$ 350⁰⁰

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 353.¹⁶

CONTRIBUTION
BALANCE

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

\$

OUTSTANDING
LOAN TOTALS

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

\$

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Joel W. Hicks, this the 26th day of September, 2019, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Peggy Cimics

Printed name of officer administering oath

9-26-19

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOEL W. Hicks

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 353.16
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

JOEL W. HICKS

3 Filer ID (Ethics Commission Filers)

4 Date

7/25/19

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

Joe & Gayle Cagianut 78108

6 Contributor address; City; State; Zip Code

300 Scenic Hill Lane Cibola Tx.

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/3/19

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

James Bredewater 78131

Contributor address; City; State; Zip Code

P.O. Box 310314 New Braunfels, TX

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Joel W. Hicks</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>500⁰⁰</i>	
5 Date <i>Sept. 12, 2019</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Williams Printing</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>door Hangers post cards</i>
7 Contributor address; City; State; Zip Code <i>S.A., Tx.</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner Williams Printing</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Williams Printing</i>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
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

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 <u>JOEL W. Hicks</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/25/19</u>	5 Payee name <u>Acme Reprographics</u>	
6 Amount (\$) <u>\$280</u>	7 Payee address; City; State; Zip Code <u>9330 Comp. Dr. Selma TX 78154</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Signs</u>	(b) Description <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 <u>JOEL W. Hicks</u> Office sought <u>Council District</u> Office held <u>Councilman</u>	
Date <u>9/24/19</u>	Payee name <u>Office Depot</u>	
Amount (\$) <u>\$40.60</u>	Payee address; City; State; Zip Code <u>Selma, TX 78154</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Paper/labels</u>	Description <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 <u>JOEL W. Hicks</u> Office sought <u>Councilman</u> Office held	
Date <u>9/24/19</u>	Payee name <u>The UPS Store</u>	
Amount (\$) <u>\$6.76</u>	Payee address; City; State; Zip Code <u>17460 IH 35 Schertz, TX 78154</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Print/copies</u>	Description <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 <u>JOEL W. Hicks</u> Office sought <u>Councilman</u> Office held	

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	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>JOEL W. HICKS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9-21-19</i>	5 Payee name <i>Lowe's</i>	
6 Amount (\$) <i>\$20.78</i>	7 Payee address; City; State; Zip Code <i>17280 I.H. 35 Schertz, TX 78154</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>supplies/signs</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>9-10-19</i>	Payee name <i>Lowe's</i>	
Amount (\$) <i>\$5.02</i>	Payee address; City; State; Zip Code <i>17280 I.H. 35 Schertz, TX 78154</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>supplies/signs</i>	Description <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: _____	

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 <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



Acme Reprographics

Invoice Paid

Paid \$280.00 on September 18, 2019

Signs

Invoice #000082

September 18, 2019

<https://mail.google.com/mail/u/0/?tab=wm&epi>

9/25/2019

+1 (210) 255-0576

We appreciate your business.

Sign	\$258.66
Sign (4mm Coral)	
<i>Political Signs</i>	
<i>Labor excluded</i>	

Subtotal	\$258.66
Sales Tax	\$21.34

Total Paid **\$280.00**

Cash

09/18/19, 12:12 PM

Office DEPOT OfficeMax

SELMA - (210) 658-8350
09/24/2019 2:22 PM



2PVT34PU35XMRR6H

SALE:	6625-3-1415-899912-19.7.2	
422861 LABEL, IJ, FULL,	46.89	
Coupon - 35711193	-9.38	
You Pay	37.51SS	
572398 REWARDS ENROLL	0.01	
Promotion	-0.01	
You Pay	0.00SS	
Coupon Number - 35711193		

Subtotal:	37.51
Sales Tax:	3.09
Total:	40.60
Cash:	42.00
CHANGE:	(1.40)

Joel Hicks 5735504663

Total Savings:
\$9.39

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15F7 M2WN 87QY

The UPS Store - #3403
17460 IH 35 N
Suite#430
Schertz, TX 78154
(210) 651-4510

09/24/19 09:17 AM

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shipping, postal and business needs.

We offer all the services you need
to keep your business going.



001 036001 (003)	T1 \$	6.93
8.5 X 11 Copies	QTY 77	
Reg Unit Price	\$	0.09

SubTotal	\$	6.93
Military Discount 10 % OFF	\$	0.69-
TexasSalesTax (T1)	\$	0.52
Total	\$	6.76

Cash	\$	20.00
Change	\$	13.24-

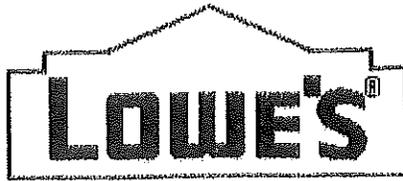
Receipt ID 83908952140988888849 077 Items
CSH: KIMBREA Tran: 4300 Reg: 001

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needs, we are here to serve you.

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great offers and resources.

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

- MILITARY- PERSONAL USE SALE -
 - SALE -
 SALES#: S2824LV2 2585556 TRANS#: 88071928 09-21-19

2311 BH FENDER WSH 3/16X1 1/4	12.38
6.88 DISCOUNT EACH	-0.69
2 @ 6.19	
276811 TEKS #8 X 3/4-IN SH PT LA	6.82
7.58 DISCOUNT EACH	-0.76

SUBTOTAL:	19.20
TAX:	1.58
INVOICE 01812 TOTAL:	20.78
CASH :	20.80
CHANGE:	0.02
TOTAL DISCOUNT:	2.14

THANK YOU FOR YOUR
 MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001093000956
 STORE: 2824 TERMINAL: 01 09/21/19 08:19:12
 # OF ITEMS PURCHASED: 3
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
 SEE REVERSE SIDE FOR RETURN POLICY.
 STORE MANAGER: DENNIS SMITH

LOWE'S PRICE MATCH GUARANTEE
 FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

 * 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 # 01812 2824 264 *
 * *
 * 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: 01 09/21/19 08:19:12



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

- MILITARY- PERSONAL USE SALE -
 - SALE -
 SALES#: S2824661 862933 TRANS#: 2123677 09 10-19

875085 PURPRO ONE EXT XL #10 X 2	2.32
2.58 DISCOUNT EACH	-0.26
875077 PURPRO ONE EXT XL #8 X 2-	2.32
2.58 DISCOUNT EACH	-0.26

SUBTOTAL:	4.64
TAX:	0.38
INVOICE 02576 TOTAL:	5.02
CASH :	5.10
CHANGE:	0.08
TOTAL DISCOUNT:	0.52

THANK YOU FOR YOUR
 MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001093000956
 STORE: 2824 TERMINAL: 02 09/10/19 08:54:50
 # OF ITEMS PURCHASED: 2
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
 SEE REVERSE SIDE FOR RETURN POLICY.
 STORE MANAGER: DENNIS SMITH

LOWE'S PRICE MATCH GUARANTEE
 FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

 * 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 # 02576 2824 259 *
 * *
 * 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: 02 09/10/19 08:54:50