

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)

Additional Pages

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

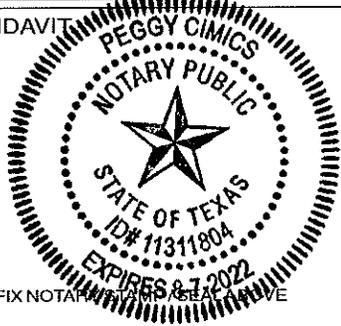
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)	\$
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 491.50
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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

Sworn to and subscribed before me, by the said Joel W. Hicks, this the 28th day of October, 2019, to certify which, witness my hand and seal of office.

[Signature] Printed name of officer administering oath
Signature of officer administering oath

Peggy Cimics Printed name of officer administering oath

[Signature] Title of officer administering oath

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>JOEL W. HICKS</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>Oct. 22, 2014</i>	5 Payee name <i>Acme Reprographics</i>	
6 Amount (\$) <i>\$58.46</i>	7 Payee address; City; State; Zip Code <i>9330 Corporate Dr., Selma, Tx.</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10/9/14</i>	Payee name <i>Cibola Post Office</i>	
Amount (\$) <i>\$410.55</i>	Payee address; City; State; Zip Code <i>725 FM 1103, Cibola, Tx. 78108</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>stamps/postage</i>	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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>10-9-14</i>	Payee name <i>LOWES</i>	
Amount (\$) <i>\$8.43</i>	Payee address; City; State; Zip Code <i>17280 IH 35 N.</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>supplies for 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
	9 Complete ONLY 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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>10-27-19</i>	5 Payee name <i>LOWES</i>	
6 Amount (\$) <i>\$13.11</i>	7 Payee address; City; State; Zip Code <i>17280 IH 35 N Schertz, TX 78154</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>sign supplies</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
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Date <i>10/23/19</i>	Payee name <i>LOWES</i>
Amount (\$) <i>95 \$</i>	Payee address; City; State; Zip Code <i>17280 IH 35 N. Schertz, TX. 78154</i>

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>sign supplies</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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
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Complete <u>ONLY</u> 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



Acme Reprographics

Invoice • #DIG-19588

\$58.46

Overdue since October 22, 2019

4x4 signs

Invoice #DIG-19588

October 22, 2019

Bill To



"City of Choice"

Joel Hicks
Councilman District 7

P.O. Box 826
200 South Main Street
Cibolo, Texas 78108

City: (210) 566-6111
Off: (210) 549-3579
Fax: (210) 658-1687
district7@cibolotx.gov
www.cibolotx.gov

sign \$54.00

15/3/31 as

4x4 computer signs

Subtotal \$54.00

Sales Tax \$4.46

Total \$58.46

Acme Reprographics

9330 Corporate Dr.
Suite 105

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CIBOLO
725 FM 1103
CIBOLO, TX 78108-9998
481745-0108
(800)275-8777
10/09/2019 08:59 AM

=====

Product	Qty	Unit Price	Price
(PstCd) Seashells	11	\$35.00	\$385.00
(PstCd) Seashells	73	\$0.35	\$25.55
Total:			\$410.55

Cash \$350.00
Credit Card Remitd \$60.55
(Card Name:AMEX)
(Account #:XXXXXXXXXX2155)
(Approval #:328480)
(Transaction #:323)

Preview your Mail
Track your Packages
Sign up for FREE @
www.informedelivery.com

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

Go to:
<https://postalexperience.com/Pos>

840-5780-0191-003-00038-51419-02

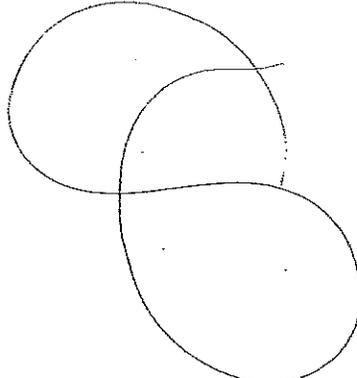
or scan this code with
your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Receipt #: 840-57800191-3-3851419-2
Clerk: 01





LOWE'S HOME CENTERS, LLC
 17200 IH 35 N
 SCHERTZ, TX 78154 (210) 619-8300

- MILITARY- PERSONAL USE SALE -
 - SALE -

SALES#: S2024001 062933 TRANS#: 2541050 10-08-19

136090 HXHDBLT 3/8-16X1-1/2RND C	1.51
1.60 DISCOUNT EACH	-0.17
136106 HX HD BOLT 3/8-16X5 RND	2.50
2.78 DISCOUNT EACH	-0.28
136068 HEX NUT 3/8-16 GRD CT-4 D	1.33
1.48 DISCOUNT EACH	-0.15
136116 LCK WSHRS CP 7/16 GRD CT	1.12
1.24 DISCOUNT EACH	-0.12
136056 FT WSHRS 3/8-16 GRD 5-CT	1.33
1.48 DISCOUNT EACH	-0.15

SUBTOTAL: 7.79
 TAX: 0.64
 INVOICE 02873 TOTAL: 8.43
 CASH: 9.00
 CHANGE: 0.57

TOTAL DISCOUNT: 0.87

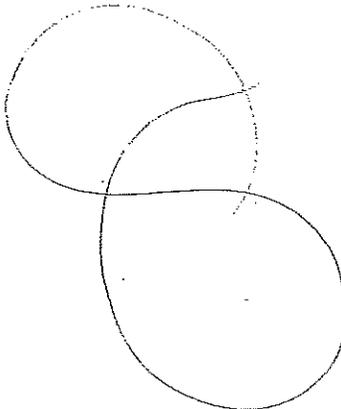
**THANK YOU FOR YOUR
 MILITARY SERVICE**

MYLOWE'S CARD NUMBER: 489001093000956
 STORE: 2024 TERMINAL: 02 10/08/19 00:37:46
OF ITEMS PURCHASED: 5
 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 # 02873 2024 281 *
 * *
 * NO PURCHASE NECESSARY TO ENTER OR WIN. *
 * UNTO WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *



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

- MILITARY- PERSONAL USE SALE -
 - SALE -

ES#: S2824LW2 2505556 TRANS#: 06195045 10-27-19

4511 1-2-8 PAM SPRUCE PNE FIR	0.88
0.98 DISCOUNT EACH	-0.10
650889 11-IN XTREME CABLE TIE 10	11.29
12.48 DISCOUNT EACH	-1.25
SUBTOTAL: 12.11	
TAX:	1.00
INVOICE 01747 TOTAL:	13.11
CASH :	13.11
TOTAL DISCOUNT:	1.35



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

- MILITARY- PERSONAL USE SALE -
 - SALE -

SALES#: S28240G1 062933 TRANS#: 2837940 10-23-19

4511 1-2-8 PAM SPRUCE PNE FIR	0.88
0.98 DISCOUNT EACH	-0.10
SUBTOTAL: 0.88	
TAX:	0.07
INVOICE 02122 TOTAL:	0.95
CASH :	1.00
CHANGE:	0.05
TOTAL DISCOUNT:	0.10

THANK YOU FOR YOUR
 MILITARY SERVICE

THANK YOU FOR YOUR
 MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001093000956
 STORE: 2824 TERMINAL: 01 10/27/19 11:51:16
OF ITEMS PURCHASED: 2
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

MYLOWE'S CARD NUMBER: 409001093000956
 STORE: 2824 TERMINAL: 02 10/23/19 08:39:12
OF ITEMS PURCHASED: 1
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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

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

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 FOR MORE DETAILS, VISIT LOWES.COM/PRICEMATCH

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 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 # 01747 2824 300 *
 *
 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 10/27/19 11:51:16

 * 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 # 02122 2824 296 *
 * *
 * 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 10/23/19 08:39:12