

# 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> FIRST: <i>JOEL</i> MI: <i>W.</i><br>NICKNAME: _____      LAST: <i>Hicks</i> SUFFIX: _____  | <b>OFFICE USE ONLY</b>   |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><i>203 Lamar St.</i><br><i>Cibolo, Tx. 78108</i>   | Date Received<br><br><i>11-6-19</i><br><i>PAC</i>  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE    PHONE NUMBER    EXTENSION<br><i>(210) 549    3579</i>   | Date Hand-delivered or Date Postmarked   |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR: <i>Mr.</i> FIRST: <i>JOEL</i> MI: <i>W.</i><br>NICKNAME: _____      LAST: <i>Hicks</i> SUFFIX: _____  | Receipt #  | Amount \$            |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE<br><i>203 Lamar St.</i><br><i>Cibolo, Tx. 78108</i>  | Date Processed   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE    PHONE NUMBER    EXTENSION<br><i>(210) 549-3579</i>  | Date Imaged  |                      |
| 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)<br><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<br><i>9 / 26 / 19</i> THROUGH <i>Nov / 6 / 2019</i>   |  |                      |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year<br><i>11 / 5 / 19</i>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Councilman</i><br><i>District 7</i>   | 13 OFFICE SOUGHT (if known)<br><i>Councilman</i><br><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)

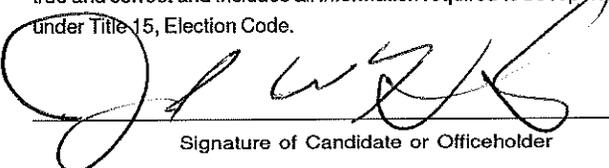
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |                      |
|-------------------------|---|----------------------|
| 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)                                  | \$ 500 <sup>00</sup> |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$                   |
| 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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel W. Hicks, this the 6 day of Nov, 2019, to certify which, witness my hand and seal of office.

Peggy Limics Printed name of officer administering oath  
Peggy Limics Signature of officer administering oath  
City Sec. Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>JOEL W. HICKS</i>     |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ <i>500<sup>00</sup></i>             |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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

*10-31-19*

5 Full name of contributor

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

*Linebarger Grogan Blair & Sampson, LLP*  
*Attorneys at Law*

6 Contributor address;

City; State; Zip Code

*P.O. Box 17428 Austin, Texas 78760*

7 Amount of contribution (\$)

*\$500*

8 Principal occupation / Job title (See Instructions)

9 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)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|                                    |   |   |
|------------------------------------|---|---|
| 1 Total pages Schedule F1:         | 2 FILER NAME <b>JOEL W. Hicks</b>   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>10-30-2019</b>        | 5 Payee name<br><b>Wal-Mart / Murphy Oil</b>  |   |
| 6 Amount (\$)<br><b>8.50</b>       | 7 Payee address; City; State; Zip Code<br><b>Wal-Mart/Murphy Oil Schertz, TX 78154</b>  |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>gas / supplies</b>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|                                    | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |   |
| Date                               | Payee name  |   |
| Amount (\$)                        | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|                                    | Candidate / Officeholder name      Office sought      Office held   |   |
| Date                               | Payee name  |   |
| Amount (\$)                        | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|                                    | Candidate / Officeholder name      Office sought      Office held   |   |
| Date                               | Payee name  |   |
| Amount (\$)                        | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>      | Category (See Categories listed at the top of this schedule)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|                                    | Candidate / Officeholder name      Office sought      Office held   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

394126

| OUR REF. NUMBER | YOUR INVOICE NUMBER | INVOICE DATE | INVOICE AMOUNT | AMOUNT PAID | DISCOUNT TAKEN | NET CHECK AMOUNT |
|-----------------|---------------------|--------------|----------------|-------------|----------------|------------------|
| 591791          |                     | 10/31/2019   | 500.00         | 500.00      | 0.00           | 500.00           |

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

FROST NATIONAL BANK  
 San Antonio, Texas

394126

VOID AFTER 90 DAYS

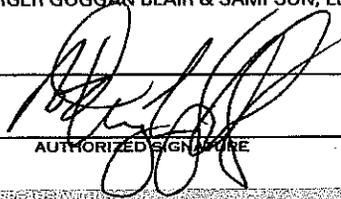
30-9/1140

| CHECK DATE | CONTROL NUMBER | AMOUNT        |
|------------|----------------|---------------|
| 10/31/2019 | 394126         | \$*****500.00 |

PAY Five Hundred and 00/100----- Dollars

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

TO THE ORDER OF JOEL HICKS CAMPAIGN

  
 \_\_\_\_\_  
 AUTHORIZED SIGNATURE

SECURITY  
 MICR LINE

⑈ 394126 ⑈ ⑆ 114000093 ⑆ 01 0411574 ⑈

