

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u> FIRST <u>Troy</u> MI <u>W</u> NICKNAME LAST SUFFIX <u>Hill</u> <u>Jr</u>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">APR 05 2018</div> <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.1em;">By <u>Scabtree</u></div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1901 Rio Saco Leander TX 76441</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 745-2813</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <u>Self</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>Same as above</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 745-2813</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <u>1 / 16 / 16</u> THROUGH <u>3 / 26 / 18</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 5 / 18</u>	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)	13 OFFICE SOUGHT (if known)	
	<u>Council Place 6</u>	<u>Mayor</u>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Troy Hill 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 <input type="checkbox"/> SPECIFIC <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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,200 7,000
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 699.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 3207.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6267.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Troy Hill, this the 5 day of April, 2018, to certify which, witness my hand and seal of office.

Dara Crabtree
Signature of officer administering oath

Dara Crabtree
Printed name of officer administering oath

Notary/City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Troy Hill</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7000
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3207.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1/3**

2 FILER NAME
Troy Hill

3 Filer ID (Ethics Commission Filers)

4 Date: **1/18/18**
 5 Full name of contributor: out-of-state PAC (ID#: _____)
Texas Stronger PAC
 6 Contributor address; City; State; Zip Code: **3550 Lakeland #1507 League TX 76441**

7 Amount of contribution (\$)
5000

8 Principal occupation / Job title (See Instructions)
PAC

9 Employer (See Instructions)

Date: **1/23/18**
 Full name of contributor: out-of-state PAC (ID#: _____)
James Bechtel
 Contributor address; City; State; Zip Code: **23305 Windy Valley League TX 76441**

Amount of contribution (\$)
150.00

Principal occupation / Job title (See Instructions)
Consultant

Employer (See Instructions)
Self employed

Date: **3/6/18**
 Full name of contributor: out-of-state PAC (ID#: _____)
~~Maria~~ **Susan Crawford**
 Contributor address; City; State; Zip Code: **1901 Palo Alto League TX 78641**

Amount of contribution (\$)
250.

Principal occupation / Job title (See Instructions)
~~Retired~~

Employer (See Instructions)

Date: **3/6/18**
 Full name of contributor: out-of-state PAC (ID#: _____)
Jim Augustine
 Contributor address; City; State; Zip Code: **1529 El Cielo League TX 76641**

Amount of contribution (\$)
100.

Principal occupation / Job title (See Instructions)
Hardy Man

Employer (See Instructions)
Self employed

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/3
2 FILER NAME Troy Hill		3 Filer ID (Ethics Commission Filers)
4 Date 3/20/18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Polk	7 Amount of contribution (\$) 1000.00
6 Contributor address: City; State; Zip Code 10800 Pecan Park #125 Austin TX 78750		
8 Principal occupation / Job title (See Instructions) Broker/Realtor		9 Employer (See Instructions) Self employed
Date 3/19/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micky Woods	Amount of contribution (\$) 150.00
Contributor address: City; State; Zip Code 23084 Nameless, Leander TX 78641		
Principal occupation / Job title (See Instructions) Concrete Contractor		Employer (See Instructions) Self employed
Date 3/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javier Urea	Amount of contribution (\$) 150.00
Contributor address: City; State; Zip Code 1720 Mira Vista, Leander 78641		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Guerin	Amount of contribution (\$) 100.00
Contributor address: City; State; Zip Code 202 Picea Dr Lakeway TX 78734		
Principal occupation / Job title (See Instructions) Attorney		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3/3**

2 FILER NAME **Troy Hill**

3 Filer ID (Ethics Commission Filers)

4 Date **3/21/18** 5 Full name of contributor out-of-state PAC (ID#: _____)
Kathryn J Kotra
6 Contributor address: _____ City: _____ State: _____ Zip Code
22974 Nameless, Leander TX 77641

7 Amount of contribution (\$) **100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **3/9/18** Full name of contributor out-of-state PAC (ID#: _____)
Cheryl Thomas
Contributor address: _____ City: _____ State: _____ Zip Code
3602 Lajitas, Leander TX 78645

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.

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: 1/3	2 FILER NAME Troy Hill	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/18	5 Payee name Vicki Bevers	
6 Amount (\$) 100.00	7 Payee address; City: State: Zip Code 1200 CR 152 th 79, Georgetown TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2/14/18	Payee name Vistaprint	
Amount (\$) 97.71	Payee address; City: State: Zip Code Hudsonweg 8 Venlo, 5928 Low Netherlands	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Brochures	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 3/3/18	Payee name Marcos Pizza	
Amount (\$) 64.89	Payee address; City: State: Zip Code 2800 S. Argus Rd Leander TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense event food	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event food
	9 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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/3	2 FILER NAME Troy Hill	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------------	---------------------------------------

4 Date 2/24/18	5 Payee name Bastrop Signs
-------------------	-------------------------------

6 Amount (\$) 940.00	7 Payee address; City; State; Zip Code 248 Hwy 304, Bastrop TX 78602
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising
------------------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/1/18	Payee name N2 Publishing - JCP Pro Services
----------------	--

Amount (\$) 399 ⁰⁰	Payee address; City; State; Zip Code 1414 Roaring fork, Leander 78641
----------------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/3/18	Payee name Bastrop Signs
----------------	-----------------------------

Amount (\$) 939 ⁴⁸	Payee address; City; State; Zip Code 248 Hwy 304, Bastrop TX 78602
----------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Advertising
-------------------------------	--	--

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	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: 3/3	2 FILER NAME Troy Hill	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/18	5 Payee name Crystal Falls Golf Club	
6 Amount (\$) 130 ⁰⁰	7 Payee address; City; State; Zip Code 3400 Crystal Falls Hwy, Leander TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense Campaign Event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Space Rental
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/11/18	Payee name Chamber of Commerce EB Vendor Registration	
Amount (\$) 81.24	Payee address; City; State; Zip Code 103 N. Brushy, Leander TX 78641	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Booth fee
	9 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
	9 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