

# 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:<br><div style="font-size: 2em; text-align: center;">10</div>          |                                     |   |                                 |  |                                  |   |   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <input checked="" type="checkbox"/><br><div style="text-align: center; font-size: 1.5em;">Troy W</div> NICKNAME LAST SUFFIX<br><div style="text-align: center; font-size: 1.5em;">Hill</div>   | <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><div style="font-size: 1.2em;">101 Rio Seco Leander TX 78644</div>  | <div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <div style="font-size: 1.5em; font-weight: bold; color: blue;">RECEIVED</div><br/> <div style="color: red; font-weight: bold;">APR 27 2018</div><br/> <div style="font-size: 1.2em; color: blue;">d. Crabtree</div> </div> |  |                                     |   |                                 |  |                                  |   |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.2em;">(512) 245-2813</div>   |  |  |                                     |   |                                 |  |                                  |   |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br><div style="text-align: center; font-size: 1.5em;">Self</div> NICKNAME LAST SUFFIX  |  |  |                                     |   |                                 |  |                                  |   |   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="font-size: 1.2em; text-align: center;">Same as above</div>   |  |  |                                     |   |                                 |  |                                  |   |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br><div style="font-size: 1.2em;">(512) 245-2813</div>   | Date Hand-delivered or Date Postmarked   |  |                                     |   |                                 |  |                                  |   |   |  |
| 9 REPORT TYPE  | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |  |  | <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 checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <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 checked="" type="checkbox"/> 8th day before election   | <input type="checkbox"/> Exceeded \$500 limit  | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |                                     |   |                                 |  |                                  |   |   |  |
| 10 PERIOD COVERED  | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> <td></td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">3 / 27 / 18</td> <td></td> <td style="text-align: center; font-size: 1.5em;">4 / 27 / 18</td> <td style="text-align: right; font-size: 1.5em;">JA</td> </tr> </table>  |  |  | Month Day Year                      | THROUGH   | Month Day Year                  |  | 3 / 27 / 18                      |   | 4 / 27 / 18                                   | JA   |
| Month Day Year   | THROUGH   | Month Day Year   |  |                                     |   |                                 |  |                                  |   |   |  |
| 3 / 27 / 18  |   | 4 / 27 / 18  | JA   |                                     |   |                                 |  |                                  |   |   |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br><div style="font-size: 1.5em;">5 / 5 / 18</div>  | 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)  | 13 OFFICE SOUGHT (if known)  |  |                                     |   |                                 |  |                                  |   |   |  |
| Council Place 6  |   | Mayor of Leander   |  |                                     |   |                                 |  |                                  |   |   |  |
| 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)

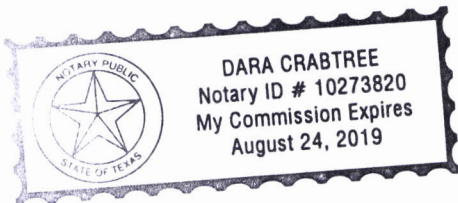
16 NOTICE FROM POLITICAL COMMITTEE(S)

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<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                    | COMMITTEE NAME                       |
|  |                                   | <u>NA</u>                            |
|  | 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 | \$ <u>0</u>       |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ <u>3900</u>    |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ <u>483.62</u>  |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>3331.80</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ <u>8022.23</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ <u>0</u>       |

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.

Troy Hill  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Troy Hill, this the 27 day of April, 2018, to certify which, witness my hand and seal of office.

Dara Crabtree Dara Crabtree Notary / City Secretary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**SUBTOTALS - C/OH**

**FORM C/OH  
COVER SHEET PG 3**

|   |   |  |
|---|---|--|
| 19 FILER NAME <i>Jay Hill</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                           | \$ 3900                                |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 401                                 |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <del>XXXXXXXXXX</del> JH            |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 2448.18                             |
| 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: 1/2

2 FILER NAME

Troy Hill

3 Filer ID (Ethics Commission Filers)

4 Date

4/3

5 Full name of contributor

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

Joseph Schultz

6 Contributor address;

City; State; Zip Code

1407 Roaring Fork, Leander, TX 78641

7 Amount of contribution (\$)

2,000

8 Principal occupation / Job title (See Instructions)

CIO

9 Employer (See Instructions)

HP

Date

4/4

Full name of contributor

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

Dan Midyie

Contributor address;

City; State; Zip Code

1700 Muldoon, Leander, TX 78641

Amount of contribution (\$)

300

Principal occupation / Job title (See Instructions)

Reactor

Employer (See Instructions)

SELF

Date

4/10

Full name of contributor

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

Richmond Properties

Contributor address;

City; State; Zip Code

P.O. Box 3000 Georgetown, TX 78627

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Reactor

Employer (See Instructions)

SELF

Date

4/10

Full name of contributor

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

Sawtooth Enterprises

Contributor address;

City; State; Zip Code

3202 Greenlee Dr Austin TX 78703

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

Real Estate

Employer (See Instructions)

SELF

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:

2/2

2 FILER NAME

Joy Hiee

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

Exit Realty Associates  
 Contributor address; City; State; Zip Code

\$100

4/10/18

1000 S. Bea, Cedar Park TX 78613

8 Principal occupation / Job title (See Instructions)

Realtor

9 Employer (See Instructions)

Self

Date

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

Amount of contribution (\$)

James Gadders  
 Contributor address; City; State; Zip Code

\$500

4/16/18

201 Ch 290 Wanda, TX 78641

Principal occupation / Job title (See Instructions)

Homebuilder

Employer (See Instructions)

Self

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
1/2

2 FILER NAME  
Troy Hill

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ ~~150~~ 0

5 Date  
4/2/16

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tx Stronger PAC

8 Amount of Contribution \$  
150

9 In-kind contribution description  
Technology

7 Contributor address; City; State; Zip Code  
808 Rockmoor #601, Georgetown TX 78628

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

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  
4/13

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Tx Stronger PAC  
Contributor address; City; State; Zip Code  
808 Rockmoor #601, Georgetown TX 78628

Amount of Contribution \$  
95

9 In-kind contribution description  
Food & beverage for event

Check if travel outside of Texas. Complete Schedule T.

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

|  |   |   |   |
|--|---|---|---|
| The Instruction Guide explains how to complete this form.                                    |   | 1 Total pages Schedule A2:<br><i>2/2</i>  |   |
| 2 FILER NAME<br><i>Troy Hill</i>   |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$  |   |
| 5 Date<br><i>4/16/18</i>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tx Stronger PAC</i> | 8 Amount of Contribution \$<br><i>100</i>                                       | 9 In-kind contribution description<br><i>Voter Data</i> |
| 7 Contributor address; City; State; Zip Code<br><i>808 Rockwood #601 Georgetown TX 78628</i> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                    |   | 11 Employer (FOR NON-JUDICIAL) (See Instructions)                               |   |
| 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<br><i>4/16/18</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Tx Stronger PAC</i> | Amount of Contribution \$<br><i>56.00</i>                                       | In-kind contribution description<br><i>food &amp; supplies</i> |
| Contributor address; City; State; Zip Code<br><i>808 Rockwood #601 Georgetown TX 78628</i> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 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<br><i>Jay Blue</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|---------------------------------|---------------------------------------|

|                          |                                      |
|--------------------------|--------------------------------------|
| 4 Date<br><i>3/31/18</i> | 5 Payee name<br><i>Bastrop Signs</i> |
|--------------------------|--------------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><i>274.39</i> | 7 Payee address; City; State; Zip Code<br><i>248 Hwy 304, Bastrop, Tx 78602</i> |
|--------------------------------|---|

|                                    |  |                                 |
|------------------------------------|--|---------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising exp</i>   | (b) Description<br><i>Signs</i> |
|                                    | <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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |   |
|------------------------|---|
| Date<br><i>3/31/18</i> | Payee name<br><i>Voice Broadcasting</i> |
|------------------------|---|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><i>306.07</i> | Payee address; City; State; Zip Code<br><i>1527 S. Cooper, Arlington Tx 76010</i> |
|------------------------------|---|

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

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

|                        |                                     |
|------------------------|-------------------------------------|
| Date<br><i>4/13/18</i> | Payee name<br><i>Postcard Mania</i> |
|------------------------|-------------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>529.00</i> | Payee address; City; State; Zip Code<br><i>2145 Sunnyside #101, Clearwater, FL 33745</i> |
|------------------------------|--|

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

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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 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<br><i>Joy Heie</i>   | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>4/15/18</i>    | 5 Payee name<br><i>Comm. Impact</i>   |  |
| 6 Amount (\$)<br><i>555</i> | 7 Payee address; City; State; Zip Code<br><i>16225 Impact Way #1, R. Plaquemine, La 78660</i> |  |
| 8 PURPOSE OF EXPENDITURE    | (a) Category (See Categories listed at the top of this schedule)<br><i>advertising exp</i>    | (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<br><i>Print ad</i> |

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

|                              |  |  |  |
|------------------------------|--|--|--|
| Date<br><i>4/25/18</i>       | Payee name<br><i>Paper Graphics</i>  |  |  |
| Amount (\$)<br><i>166.06</i> | Payee address; City; State; Zip Code<br><i>904 S. 31<sup>st</sup> Temple, La 76504</i> |  |  |
| PURPOSE OF EXPENDITURE       | Category (See Categories listed at the top of this schedule)<br><i>advertising exp</i> | 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<br><i>Door hangers</i> |  |

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

|                           |  |  |  |
|---------------------------|--|--|--|
| Date<br><i>4/15/18</i>    | Payee name<br><i>Master Screen Graphics</i>  |  |  |
| Amount (\$)<br><i>300</i> | Payee address; City; State; Zip Code<br><i>701 CR 290, Leander, La 78641</i>           |  |  |
| PURPOSE OF EXPENDITURE    | Category (See Categories listed at the top of this schedule)<br><i>advertising exp</i> | 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<br><i>t-shirts</i> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:                                   | <b>2</b> FILER NAME <i>Jay Seale</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date <i>4/19/18</i>  | <b>5</b> Payee name <i>Paper Graphics</i>   |  |
| <b>6</b> Amount (\$) <i>357.66</i>                                  | <b>7</b> Payee address; City; State; Zip Code <i>904 S 31<sup>st</sup>, Temple Tx 76504</i>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)   |  |
|   | <b>(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<br><i>Advertising Exp</i> <i>Mailers</i> |  |
| <b>9</b> 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                         |               |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule) |               | Description  |
|  |  |               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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                         |               |  |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule) |               | Description  |
|  |  |               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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**