


# 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: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>Troy</b>	MI <b>W</b>
	NICKNAME	LAST <b>Hill</b>	SUFFIX <b>Jr</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE		<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
<input checked="" type="checkbox"/> Change of Address	<b>2724 Cannd Ridge, Leander TX 78641</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>745-2813</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Self</b>	FIRST <b>Self</b>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>Same as above</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(512)</b>	PHONE NUMBER <b>745-2813</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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 <b>4 / 28 / 18</b> THROUGH    Month Day Year <b>6 / 8 / 18</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>6 / 16 / 18</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <b>Council Place 6</b>		13 OFFICE SOUGHT (if known) <b>Mayor</b>
<b>GO TO PAGE 2</b>			

FORM C/OH  
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

☐ Additional Pages

\$

Signature of Candidate or Officeholder

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

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Gray/Hee</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	\$ 10,275
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2150
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ —
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6784.65
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:

7

2 FILER NAME

Tracy Hiler

3 Filer ID (Ethics Commission Filers)

4 Date

5/8/18

5 Full name of contributor

Joe Giddens

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

14201 FM 2243 Leander TX 78641

500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/30/18

Full name of contributor

HBA

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 250

Contributor address;

City; State; Zip Code

8140 Exchange, Austin TX 78754

Principal occupation / Job title (See Instructions)

non prof. + assoc.

Employer (See Instructions)

Date

5/8/18

Full name of contributor

John Pleuthner

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 100

Contributor address;

City; State; Zip Code

3508 Fair West Austin TX 78731

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

5/8/18

Full name of contributor

Cefarino Lamb

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 50

Contributor address;

City; State; Zip Code

1025 Kersay, Leander TX 78641

Principal occupation / Job title (See Instructions)

Realtor

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:

7

2 FILER NAME

Joy Hies

3 Filer ID (Ethics Commission Filers)

4 Date

5/8/18

5 Full name of contributor

TREPAC

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$) 1000

6 Contributor address;

City; State; Zip Code

PO Box 2246, Austin 78768

8 Principal occupation / Job title (See Instructions)

PAC

9 Employer (See Instructions)

Date

4/28

Full name of contributor

Brad Cloud

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 100

Contributor address;

City; State; Zip Code

1513 Uhland Dr. Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6

Full name of contributor

Matthew Jacobi

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 50.00

Contributor address;

City; State; Zip Code

309 Old Pecan Ln. Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9

Full name of contributor

Cheryl Thomas

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$) 100

Contributor address;

City; State; Zip Code

3602 Lajitas, Leander 78641

Principal occupation / Job title (See Instructions)

Retired

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: 7

2 FILER NAME

*Tracy Hill*

3 Filer ID (Ethics Commission Filers)

4 Date

*6/6*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*Brandi Marie Dougherty*

6 Contributor address;

City; State; Zip Code

*605 County Cook Ln. Leander, TX 78641*

7 Amount of contribution (\$) *25*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*5/6/18*

Full name of contributor

☐ out-of-state PAC (ID#:

*Tody Giddens*

Contributor address;

City; State; Zip Code

*14201 FM 2243 Leander 78641*

Amount of contribution (\$) *100*

Principal occupation / Job title (See Instructions)

*Realtor*

Employer (See Instructions)

*Self*

Date

*5/8/18*

Full name of contributor

☐ out-of-state PAC (ID#:

*Richmond Properties*

Contributor address;

City; State; Zip Code

*PO Box 3000 Georgetown 78627*

Amount of contribution (\$) *500*

Principal occupation / Job title (See Instructions)

*Realtor*

Employer (See Instructions)

*Self*

Date

*5/11/18*

Full name of contributor

☐ out-of-state PAC (ID#:

*John Lewis*

Contributor address;

City; State; Zip Code

*3839 Bee Cave #204 Austin 78746*

Amount of contribution (\$) *1000*

Principal occupation / Job title (See Instructions)

*Realtor/Broker*

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:

7

2 FILER NAME

Jay Hill

3 Filer ID (Ethics Commission Filers)

4 Date

5/13/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jay Ordway

6 Contributor address;

City; State; Zip Code

406 Olnos, Leander 78641

7 Amount of contribution (\$) 500

8 Principal occupation / Job title (See Instructions)

IT Technician

9 Employer (See Instructions)

Date

5/15/18

Full name of contributor

☐ out-of-state PAC (ID#:

James Giddens

Contributor address;

City; State; Zip Code

201 CK 290 Leander 78641

Amount of contribution (\$) 500

Principal occupation / Job title (See Instructions)

Homebuilder

Employer (See Instructions)

Self

Date

5/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Jack Ford

Contributor address;

City; State; Zip Code

1725 Harvest Drive, Leander 78641

Amount of contribution (\$) 100

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

6/1/18

Full name of contributor

☐ out-of-state PAC (ID#:

Joe Owen

Contributor address;

City; State; Zip Code

12760 Noel, Dallas 75240

Amount of contribution (\$) 100

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Joy Hiee*

3 Filer ID (Ethics Commission Filers)

4 Date

*5/16/18*

5 Full name of contributor

*Johnston Law Firm*

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$) *1000*

6 Contributor address;

City; State; Zip Code

*7557 Rambler #1023 Dallas 75231*

8 Principal occupation / Job title (See Instructions)

*Law Firm*

9 Employer (See Instructions)

*Self*

Date

*5/16/18*

Full name of contributor

*Kenneth Campbell*

☐ out-of-state PAC (ID#:

Amount of contribution (\$) *50*

Contributor address;

City; State; Zip Code

*1358 Pasatiempo Leander 78641*

Principal occupation / Job title (See Instructions)

*retired*

Employer (See Instructions)

Date

*5/16/18*

Full name of contributor

*Frank Stiles*

☐ out-of-state PAC (ID#:

Amount of contribution (\$) *150*

Contributor address;

City; State; Zip Code

*488 Hwy 183 Leander TX 78641*

Principal occupation / Job title (See Instructions)

*Veterinarian*

Employer (See Instructions)

*Self*

Date

*5/16/18*

Full name of contributor

*Scott Martinez*

☐ out-of-state PAC (ID#:

Amount of contribution (\$) *250*

Contributor address;

City; State; Zip Code

*2109 Sydee Leander 78641*

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.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Joy Lee

3 Filer ID (Ethics Commission Filers)

4 Date

5/4/18

5 Full name of contributor

Carla Birk

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

1701 Jackpot Run, Leander TX 78641

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/19/18

Full name of contributor

Tx Stronger Pac

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

2500

Contributor address;

City; State; Zip Code

806 Rockwood # 601 Georgetown TX 78626

Principal occupation / Job title (See Instructions)

PAC

Employer (See Instructions)

Date

5/19/18

Full name of contributor

Patrick Shelton

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

10019 Silver Mountain Austin TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19/18

Full name of contributor

David Orr

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

150

Contributor address;

City; State; Zip Code

305 Paradise Pt, Boerne TX 78006

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Joey Giese

3 Filer ID (Ethics Commission Filers)

4 Date

5/23/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Rich Parker

7 Amount of contribution (\$)

100

6 Contributor address;

City; State; Zip Code

3600 Posse Tr, Leander 78641

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

5/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Dan Bee

Amount of contribution (\$)

500

Contributor address;

City; State; Zip Code

P.O. Box 126 Cedar Park 78613

Principal occupation / Job title (See Instructions)

Realtor

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

1

2 FILER NAME

Hayfree

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 2,150.00

5 Date

5/10

6 Full name of contributor

☐ out-of-state PAC (ID#)

Tx Stronger PAC

8 Amount of Contribution \$

2000.00

9 In-kind contribution description

Consultant

7 Contributor address; City; State; Zip Code

808 Rockman, Georgetown TX 78628

☐ Check if travel outside of Texas. Complete Schedule T.

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

PAC

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

5/10

Full name of contributor

☐ out-of-state PAC (ID#)

Tx Stronger PAC

Contributor address; City; State; Zip Code

808 Rockman, Georgetown TX 78628

Amount of Contribution \$

150

In-kind contribution description

Voter app

☐ Check if travel outside of Texas. Complete Schedule T.

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

PAC

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  
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 FILER NAME <i>Joydree</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/28</i>	5 Payee name <i>Musta Screen Graphics</i>	
6 Amount (\$) <i>521.00</i>	7 Payee address; City; State; Zip Code <i>701 CR 290, Leander TX 78641</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising exp.</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 <i>t-Shirts</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/2/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>125.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park, CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Advertising</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>5/8/18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>115.46</i>	Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park CA 94025</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Advertising</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  
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 FILER NAME <i>Jay Hill</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/16/18</i>	5 Payee name <i>Vistaprint.com</i>	
6 Amount (\$) <i>243.39</i>	7 Payee address; City; State; Zip Code <i>45 Hayden Ave, Lexington, Md 02421</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</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 <i>Push Cards</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/17/18</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>1340.61</i>	Payee address; City; State; Zip Code <i>9200 Waterford Cntr Blvd, Austin 78754</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/30</i>	Payee name <i>Cloud Marketing</i>	
Amount (\$) <i>1040.00</i>	Payee address; City; State; Zip Code <i>1513 W 4th Leander 78641</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries / Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Consultant</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  
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 FILER NAME <i>Joy Lee</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5/23/18</i>	5 Payee name <i>Cloud marketing</i>	
6 Amount (\$) <i>880.</i>	7 Payee address; City; State; Zip Code <i>1513 Whland Leander 78641</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract labor</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 <i>Consultant</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/23/18</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>160.12</i>	Payee address; City; State; Zip Code <i>9200 Waterford Ctr Blvd Aus 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising exp.</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/28/18</i>	Payee name <i>Super Cheap Signs</i>	
Amount (\$) <i>153.44</i>	Payee address; City; State; Zip Code <i>9200 Waterford Ctr Blvd Aus 78758</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising exp</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</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  
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 FILER NAME <i>Tracy Hille</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/1/16</i>	5 Payee name <i>Lynette Wolf + Sonja Hueston</i>	
6 Amount (\$) <i>400.00</i>	7 Payee address; City; State; Zip Code <i>3201 S. Lamar Blvd. Austin, Tx 78704</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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 <i>Entertainment</i>
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		
<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. <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. <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