# 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	MS/MRS (MR) FIRST David	MI ·	OFFICEUSEONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received  COUNTY ELECTIONS	
	Hill	Sr	I / V MY I THULK AN	
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE # CO	CITY; STATE: ZIP CODE	RELLEIVED WISTRATE WALLED WALFILD WALF	
MAILING ADDRESS	Magnolia TX 7739		DE JUL 15 2015 E	
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	19/05/	
5 CANDIDATE/ OFFICEHOLDER PHONE	(28) ) 259 6493	EXTENSION	Date Hand delivered by Date Ostmarked	
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST Angela	мі <b>V</b>	Receipt # Amount \$	
NAME	NICKNAME LAST SUFFIX		Date Processed	
	Angie Kula		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address (NO PO BOX PLEASE); APT / SU 19107 Forest Ridge!	24	ZIP CODÉ	
(Residence or Business)	Magnolia TX 7735	.5 		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 804 7747	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	tion Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	1/1/2015	THROUGH 6	30/2015	
11 ELECTION	ELECTION DATE  Mooth Day Year Primary	ELECTION TYPE Runoff Other		
	Month Day Year General	Special States		
12 OFFICE	Montgomery County	13 OFFICE SOUGHT (if known)		
	Constable Pct 5			
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	le David	Hill	5 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			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	I I I I I I I I I I I I I I I I I I I			
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			s -D-	
EXPENDITURE TOTALS	1 3 TOTAL POLITICAL EXPENDITURES OF \$300 OR LESS.			
	4. TOTAL	\$ 9786.32		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		PAY \$ 18619.37	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		* - D-	
18 AFFIDAVIT				
	SHELBY ARNOI Notary Public, State of Te My Commission Expires 03-2	true and correct and includes all info under Title 15. Election Code.	erjury, that the accompanying report is rmation required to be reported by me	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subsc		by the said	, this the	
day of	, 20/5,	to certify which, witness my hand and seal of office.		
(/XQ	Mer	Shelbe Arnot	1	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath	

## SUBTOTALS - COH

### FORM C/OH COVER SHEET PG 3

FILER NAME 20 Filer ID (Ethics Co		mmissi	on Filers)
Constable David Hill			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		,	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	,	\$	Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	ì	\$	Ø
4. SCHEDULE E: LOANS		\$	Ø
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	<b>\$</b> ]:	393.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	SNOITU	\$	Ø
8. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	Ø
9. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH	\$	Ø
10. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	Ø
11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	NS	\$	Ø

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	al Committee Legal Services Salanes/v  The Instruction Guide explains how to to	Other (enter a category not listed above)		
1 Total pages Schedule F1:	Constable David Hill	3 Filer ID (Ethics Commission Filers)		
1   18   2015	BBQ Hut			
anount (2)	7 Payee address; City; State; Zip Code 31 608 Old Hempstead Rd Magnolia TX 77355			
8 .	(a) Category (See categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Memorial Expense	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense  Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
1/29/2015	Greater Magnolia Chamber	of Commerce		
# 192 <sub>5</sub>	Payee address; City; State; Zip Code POBOX 399  Magnolia TX 77353			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  Fee 5	Description  Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense  Membership Fees		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
al7/a015	Magnolia Lions Club			
# 980 ac	Payee address; City; State; Zip Code  A701D Concho Trail  Magnolia TX 77355			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description		
	Donation by Officeholder	Check if travel outside of Texas, complete Schedule T  Check if Austin, TX, officeholder living expense		
		Sponsor Pancake Dinner		
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				

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 3 Filer ID (Ethics Commission Filers) Constable David 4 Date 5 Payee name 41212015 7 Payee address; City; State; Zip Code **\$515.20** 1950 FM 1960 West Houston TY 17 070

(a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, complete Schedule T Food Beverage Expense & **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Meeting with constituents ? Office Overhead Officeholder/Campaign supplies Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Community Impact Newspaper 41812015 Payee address: City; State; Zip Code 1623 5 Impact Way, Suite One Amount (\$) # MAVOS Pflugerville TX 78660 Category (See categories listed at the top of this schedule) Description \_\_ Check if travel outside of Texas, complete Schedule T PURPOSE Advertising Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Officeholder Advertising Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 4/8/2015 Montgomery County Fair Association
Payee address; City; State; Zip Code Amount (\$) PD Box 869 Conroe Tr 77305-0864 Category (See categories listed at the top of this schedule) Description

Forms provided by Texas Ethics Commission

Donation

Office holder

**PURPOSE** 

ΟF

**EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

nission www.ethics.state.tx.us

Revised 02/27/2015

Check if travel outside of Texas, complete Schedule T

Check if Austin, TX, officeholder living expense

Sponsor Calf Scramble

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Constable David Hill 4 Date Jeffery Ingram Memorial Foundation Payee address: City; State; Zip Code Po Box 698 Magnolia TX 77353 (a) Category (See categories listed at the top of this schedule) 8 (b) Description \_\_ Check if travel outside of Texas, complete Schedule T PURPOSE Donation OF Check if Austin, TX, officeholder living expense EXPENDITURE Sponsor Golf Tournament Officeholder Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Wal-Mart Payee address; City; State; Zip Code 2765 State Highway 249 Cîty; State; Zip Code Jomball Tx 77375 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Memorial OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Expense food/beverage for constituents Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 4/30/2015 Magnolia 15D Amount (\$) Payee address; City; State; Zip Code PD B0x88 Magnolia TX 1353 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Gifts | Awards Check if Austin, TX, officeholder living expense EXPENDITURE Teacher Appreciation Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Pollina Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filter ID (Ethics Commission Filers) Constable David Hill 4 Date 5 Payee name <u>5|a|a015</u> Magnolia West High School 7 Payee address; City; State; Zip Code P 0 BOY 426 7 1 No0 Magnolia TK 77357 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, complete Schedule T PURPOSE Denation OF Check if Austin, TX, officeholder living expense EXPENDITURE Project Prom ficeholder Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/19/ap15 Torri Hedrick Payee address; City; Sta 30815 Roadie Pass City; State; Zip Code Magnolia th 77355 Description Check if travel outside of Texas, complete Schedule T PURPOSE Gifts / Awards Check if Austin, TX, officeholder living expense **EXPENDITURE** Scholarship M<u>one</u>y Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 5/19/2015 Shelbu Herrod Payee address; City; State; Zip Code Amount (\$) llele 72 E Hollyhill Plantersville tx 77363 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Cifts | Awards Check if Austin, TX, officeholder living expense EXPENDITURE Scholarship Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

	EXPENDITURE O	ATEGORIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Mac Candidate/Officeholder/Pol		Office Overhead/ Polling Expense	e	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide e	xplains how to comple	ete this form.		
1 Total pages Schedule F	7: 2 FILER NAME CONSTABLE David 5 Pavee name	Hill		3 Filer ID (Ethic	s Commission Filers)
5/19/2015	Diana Ledezm	19			
\$500°0	7 Payee address; City: State 29915 Baltic Aver Magnolia Tk 77				
8	(a) Category (See categories listed at the top of	this schedule) (b) [	Description		
PURPOSE OF EXPENDITURE	Gifts)Awards		Check if Austin.	outside of Texas, complete. TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	0	office sought		Office held
Date	Payee name	*			
5)19/2015	Magnolia ISD				
4519,50	Payee address; Po Box 88 City; State; Magnolia TX 7	Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	5e	Check if Austin, T	tside of Texas, complete X, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		ice sought		Office held
Date	Payee name			··· <u>·</u> ································	
5/19/2015	Magnolia Lions	Club			
77 100 as	Payee address: City; State; A7DID Concho Trai	Zip Code			
PURPOSE OF	Category (34e categories listed at the top of this	schedule) Des	7	side of Texas, complete	Ī
EXPENDITURE	rees	Me		nip Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		ice sought		ffice held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	JLE AS NEEDE	ED .	
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Palling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Lagal 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 3 Filer ID (Ethics Commission Filers) Constable David Hill 4 Date Montgomery County Fair Association 7 Payee address; City; State; Zip Code PO Box 869 211N200 Contre T1 17305-0869 (a) Category (See categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** Donation OF Check if Austin, TX, officeholder living expense EXPENDITURE Livestock Spansor Officeholder Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 5/19/2015 Magnolia Youth Football Association City; State; Zip Code Amount (\$) 31719 Sugar Bend \$ 1000c Magnolia Tx 77359 Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE Donation OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Officeholder Team Sponsor Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Domino's 5/22/2015 Payee address; Amount (\$) City; State; Zip Code # INDO 18602 FM 1488 <u>Maanolia Tr 77354</u> Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense Food Beverage EXPENDITURE Pizza Purties for School Food Drives Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Glift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

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 3 Filer ID (Ethics Commission Filers) onstable David Hill 4 Date for Freedom 11510 FM 1488 BIDGE <u>Maanolia TX 77354</u> (a) Category (See categories listed at the top of this schedule) 8 (b) Description Check if travel outside of Texas, complete Schedule T Donation PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE BBR Cookoff Sponsor Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payes name 6/18/2015 Magnolia West Mustang Football Payee address; City; State; Zip Code Amount (\$) POBOX 1672 Magnolia TX 77353-1672 Category (See categories listed at the top of this schedule) Description Donation Check if travel outside of Texas, complete Schedule T PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Officeholder Sponsor Golf Tournament Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Description Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED