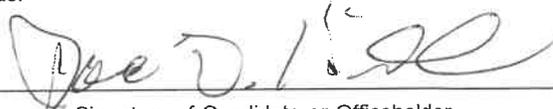


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Joe D Hill		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5170
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 230.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 3308.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2131.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joe D. Hill, and my date of birth is 7/29/39
 My address is 1107 W 7TH AVE PMB 50, CORSICANA, TX, 75110, USA
(street) (city) (state) (zip code) (country)
 Executed in NAVARRO County, State of Texas, on the 15th day of April, 2025.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME JOE D Hill		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5170
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	\$ 500
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 3538.59
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1/4 4
2 FILER NAME JOE D. HILL		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL B SUMMERALL	7 Amount of contribution (\$) \$100.
6 Contributor address; City; State; Zip Code [REDACTED] CORSICANA, TX 75110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDY FISCHER	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] CORSICANA, TX 75110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NED H EASTELLING JR	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [REDACTED] CORSICANA, TX 75109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLVIN DAVID CAMPBELL	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [REDACTED] CORSICANA, TX 75110		
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/4 4
2 FILER NAME Joe D Hill		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TED H TAYLOR	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code [REDACTED] COLSICANA, TX 75109		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDITH GARLIN JOHNSON	Amount of contribution (\$) \$ 1,000
Contributor address; City; State; Zip Code [REDACTED] COLSICANA, TX 75110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC RYAN MEYERS	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code [REDACTED] COLSICANA, TX 75110		
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/4 4
2 FILER NAME Joe D. Hill		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron Cook	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code [REDACTED] COCSICANA, TX 75110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID E TAYLOR	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code [REDACTED] COCSICANA, TX 75110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNA W HALL	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] COCSICANA, TX 75110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHUCK MCCLANAHAN	Amount of contribution (\$) \$ 200
Contributor address; City; State; Zip Code [REDACTED] COCSICANA, TX 75110		
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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/4 4
2 FILER NAME Joe D. Hill		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiffold (Buster) L Brown III	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code [REDACTED], COCSICANA, TX 75110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED RWIN	Amount of contribution (\$) \$750.
Contributor address; City; State; Zip Code [REDACTED], COCSICANA, TX 75110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Hulme	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED], COCSICANA, TX 75151		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARBARA WATKINS	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code [REDACTED], COCSICANA, TX 75110		
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.		

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME JOE D HILL		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 02/18/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe D Hill	9 Loan Amount (\$) \$ 500
6 Is lender a financial Institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code 1605 Glenbrook St, Corsicana, TX 75110	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1/3	2 FILER NAME: JOE D. Hill	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 230.02
5 CREDIT CARD ISSUER	Name of financial institution Community NATIONAL Bank	
6 PAYMENT	(a) Amount Charged \$ 300	(b) Date Expenditure Charged 2/18/2025
7 PAYEE	(a) Payee name NAVCO CHRONICLE	(b) Payee address; City, State, Zip Code 3002 W 4TH AVE COXSICANA, TX 75110
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 3 weeks inclusion in CALENDAR OF PAPER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$ 81.64	(b) Date Expenditure Charged 2/18/2025
PAYEE	(a) Payee name GREENUBOLA PRINTING	(b) Payee address; City, State, Zip Code 316 N MAIN ST COXSICANA, TX 75110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 500 BUSINESS CARDS JOE HILL FOR MAYOR
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$ 300	(b) Date Expenditure Charged 2/26/2025
PAYEE	(a) Payee name NAVCO CHRONICLE	(b) Payee address; City, State, Zip Code 3002 W 4TH AVE COXSICANA, TX 75110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PAPER ADVERTISEMENTS FOR JOE HILL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2/3	2 FILER NAME Joe D Hill	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution COMMUNITY NATIONAL BANK	
6 PAYMENT	(a) Amount Charged \$ 2047.46	(b) Date Expenditure Charged 3/7/2025
	(c) Date(s) Credit Card Issuer Paid 3/7/2025	
7 PAYEE	(a) Payee name Jerry's Custom Graphics	(b) Payee address; City, State, Zip Code 5754 S. IH 45W CORSICANA, TX 75109
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 250 VALDSIGNS. Joe Hill For Mayor 6-40x40 SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$ 81.64	(b) Date Expenditure Charged 3/7/2025
	(c) Date(s) Credit Card Issuer Paid 3/7/2025	
PAYEE	(a) Payee name Greenway Printing	(b) Payee address; City, State, Zip Code 316 N MAIN ST CORSICANA, TX 75110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 500 BUSINESS CARDS Joe Hill For Mayor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$ 194.51	(b) Date Expenditure Charged 3/11/2025
	(c) Date(s) Credit Card Issuer Paid 3/13/2025	
PAYEE	(a) Payee name Green Work Printing	(b) Payee address; City, State, Zip Code 316 N MAIN ST CORSICANA TX 75110
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 12 CAMPAIGN T-SHIRTS FOR DEMILTA PAB
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3/3	2 FILER NAME JOE D. HILL	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution COMMUNITY NATIONAL BANK	
6 PAYMENT	(a) Amount Charged \$ 73.06	(b) Date Expenditure Charged 3/11/2025
		(c) Date(s) Credit Card Issuer Paid 3/13/2025
7 PAYEE	(a) Payee name GREENWOOD PRINTING	(b) Payee address; City, State, Zip Code 316 N MAIN ST COBLENZA, TX 75110
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	
	(b) Description DUPLICATION OF INFO SHEET (175 COPIES)	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$ 230.14	(b) Date Expenditure Charged 3/17/2025
		(c) Date(s) Credit Card Issuer Paid 3/17/2025
PAYEE	(a) Payee name JERRY'S CUSTOM GRAPHICS	(b) Payee address; City, State, Zip Code 57545, 1145 W COBLENZA TX 75109
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	
	(b) Description 6-40x40 JOE HILL FOR MAYOR SIGNS	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
		(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

Due 4/03/25

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR FIRST: JOE MI: D
NICKNAME: LAST: Hill SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1107 W 7TH AVE PMB 50 COLSICANA TX 75110

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (337) PHONE NUMBER: 496-3615 EXTENSION:

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: mr FIRST: DANIEL MI: B
NICKNAME: LAST: Summrell SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2205 ALCADY LN COLSICANA TX 75110

8 CAMPAIGN TREASURER PHONE

AREA CODE: (903) PHONE NUMBER: 467-7170 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 02 / 18 / 2025 THROUGH Month Day Year: 03 / 24 / 2025

11 ELECTION

ELECTION DATE: Month Day Year: 05 / 03 / 2025
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

14 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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

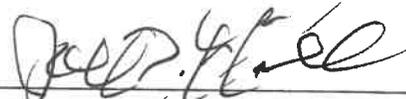
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5170.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 230.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 3308.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2131.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

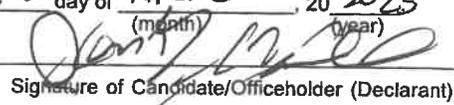
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JOE D. Hill and my date of birth is 7/29/1939
 My address is 1107 W 7th Ave PMB 50, CORSIANA, TX, 75110, USA

Executed in NAVARRO County, State of TX, on the 4th day of APRIL, 20 2025



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOE D HILL

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5170
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	\$ 500
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
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	\$ 3538.59
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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/4 4

2 FILER NAME

JOE D. HILL

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Daniel B Summerall

7 Amount of contribution (\$)

\$100.

6 Contributor address;

City;

State;

Zip Code

CORSICANA, TX 75110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/28/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Randy Fischer

Amount of contribution (\$)

\$20.00

Contributor address;

City;

State;

Zip Code

CORSICANA, TX 75110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Ned H EASTELLING JR

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

CORSICANA, TX 75109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Colvin David Campbell

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

CORSICANA, TX 75110

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/4 4

2 FILER NAME

Joe D Hill

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

TED H TAYLOR

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

[REDACTED] COCSICANA, TX 75109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/24/2025

JUDITH GALVIN JOHNSON

\$ 1,000

Contributor address;

City;

State;

Zip Code

[REDACTED] COCSICANA, TX 75110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

02/25/2025

BHC RYAN MEYERS

\$ 500

Contributor address;

City;

State;

Zip Code

[REDACTED], COCSICANA, TX 75110

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/4 4

2 FILER NAME

Joe D. Hill

3 Filer ID (Ethics Commission Filers)

4 Date

02/26/2025

5 Full name of contributor

Byron Cook

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 500

6 Contributor address;

City;

State;

Zip Code

COCSICANA, TX 75110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/01/2025

Full name of contributor

DAVID E TAYLOR

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 300

Contributor address;

City;

State;

Zip Code

COCSICANA, TX 75110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2025

Full name of contributor

JENNA W HALL

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

COCSICANA, TX 75110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2025

Full name of contributor

CHUCK MCCANAHAN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200

Contributor address;

City;

State;

Zip Code

COCSICANA, TX 75110

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4**

4

2 FILER NAME

Joe D. Hill

3 Filer ID (Ethics Commission Filers)

4 Date

02/27/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Chifford (Buster) L Brown III

7 Amount of contribution (\$)

\$ 250

6 Contributor address;

City;

State;

Zip Code

COLSICANA, TX 75110

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/17/2025

Full name of contributor

out-of-state PAC (ID#: _____)

ED RWIN

Amount of contribution (\$)

\$ 750.

Contributor address;

City;

State;

Zip Code

COLSICANA, TX 75110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Jim Hulme

Amount of contribution (\$)

\$ 50

Contributor address;

City;

State;

Zip Code

COLSICANA, TX 75151

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

BARBARA WATKINS

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

COLSICANA, TX 75110

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.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME JOE D Hill		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 02/18/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe D Hill	9 Loan Amount (\$) \$ 500
6 Is lender a financial Institution? N	8 Lender address; City; State; Zip Code 1605 Glenbrook St, Corsicana, TX 75110	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: **113** 2 FILER NAME: **JOE D. HILL** 3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **230.02**

5 CREDIT CARD ISSUER Name of financial institution
COMMUNITY NATIONAL BANK

6 PAYMENT (a) Amount Charged: \$ **300** (b) Date Expenditure Charged: (c) Date(s) Credit Card Issuer Paid: **2/18/2025**

7 PAYEE (a) Payee name: **NAVCO CHRONICLE** (b) Payee address: **3002 W 4TH AVE COLSICANA, TX 75110**

8 PURPOSE OF EXPENDITURE
 Political (a) Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** (b) Description: **3 WEEKS INCLUSION IN CALENDAR OF PAPER**
 Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office Sought Office Held

PAYMENT (a) Amount Charged: \$ **81.64** (b) Date Expenditure Charged: **2/18/2025** (c) Date(s) Credit Card Issuer Paid: **2/19/2025**

PAYEE (a) Payee name: **GREENWORK PRINTING** (b) Payee address: **316 N MAIN ST COLSICANA, TX 75110**

PURPOSE OF EXPENDITURE
 Political (a) Category (See Categories listed at the top of this schedule): **PRINTING EXPENSE** (b) Description: **500 BUSINESS CARDS JOE HILL FOR MAYOR**
 Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name Office Sought Office Held

PAYMENT (a) Amount Charged: \$ **300** (b) Date Expenditure Charged: **2/26/2025** (c) Date(s) Credit Card Issuer Paid: **02/26/2025**

PAYEE (a) Payee name: **NAVCO CHRONICLE** (b) Payee address: **3002 W 4TH AVE COLSICANA, TX 75110**

PURPOSE OF EXPENDITURE
 Political (a) Category (See Categories listed at the top of this schedule): **ADVERTISING & EXPENSE** (b) Description: **PAPER ADVERTISEMENTS FOR JOE HILL**
 Non-Political (c) Check if travel outside of Texas. Complete Schedule T. 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2/3	2 FILER NAME Joe Hill	3 FILER ID (Ethics Commission Filers)
-----------------------------------	--------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution COMMUNITY NATIONAL BANK
----------------------	--

6 PAYMENT	(a) Amount Charged \$ 2047.46	(b) Date Expenditure Charged 3/7/2025	(c) Date(s) Credit Card Issuer Paid 3/7/2025
-----------	----------------------------------	--	---

7 PAYEE	(a) Payee name Jerry's Custom Graphics	(b) Payee address; City, State, Zip Code 5754 S. IH 45W CORSICANA, TX 75109
---------	---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political PRINTING EXPENSE	(b) Description 250 VALDSIGNS. Joe Hill FOR MAYOR 6-40X40 SIGNS
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 81.64	(b) Date Expenditure Charged 3/7/2025	(c) Date(s) Credit Card Issuer Paid 3/7/2025
---------	--------------------------------	--	---

PAYEE	(a) Payee name GreenWorx Printing	(b) Payee address; City, State, Zip Code 316 N MAIN ST CORSICANA, TX 75110
-------	--------------------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political PRINTING EXPENSE	(b) Description 500 BUSINESS CARDS Joe Hill FOR MAYOR
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 194.51	(b) Date Expenditure Charged 3/11/2025	(c) Date(s) Credit Card Issuer Paid 3/13/2025
---------	---------------------------------	---	--

PAYEE	(a) Payee name GreenWorx Printing	(b) Payee address; City, State, Zip Code 316 N MAIN ST CORSICANA TX 75110
-------	--------------------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political PRINTING EXPENSE	(b) Description 12 CAMPAIGN T-SHIRTS FOR DEBUT DAYS
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 3/3	2 FILER NAME JOE D. HILL	3 FILER ID (Ethics Commission Filers)
-----------------------------------	-----------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 CREDIT CARD ISSUER	Name of financial institution COMMUNITY NATIONAL BANK
----------------------	--

6 PAYMENT	(a) Amount Charged \$ 73.06	(b) Date Expenditure Charged 3/11/2025	(c) Date(s) Credit Card Issuer Paid 3/13/2025
-----------	--------------------------------	---	--

7 PAYEE	(a) Payee name GREENLIX PRINTING	(b) Payee address; City, State, Zip Code 316 N MAIN ST COSSICANA, TX 75110
---------	-------------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description DUPLICATION OF INFO SHEET (175 COPIES)
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 230.14	(b) Date Expenditure Charged 3/17/2025	(c) Date(s) Credit Card Issuer Paid 3/17/2025
---------	---------------------------------	---	--

PAYEE	(a) Payee name JERRY'S CUSTOM GRAPHICS	(b) Payee address; City, State, Zip Code 57545, 1145 W COSSICANA TX 75109
-------	---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 6-40x40 JOE HILL FOR MAYOR SIGN S
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
-------	----------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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