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: 7

OFFICE USE ONLY

Date Received: 4/25/2024

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR; FIRST: JOHN; MI: K; NICKNAME: JACK; LAST: HOYLE; SUFFIX: III
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS (Change of Address)	PO BOX 47836 SAN ANTONIO, TX 78265
5 CANDIDATE / OFFICEHOLDER PHONE	[redacted]
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR; FIRST: JOHN; MI: K; NICKNAME: JACK; LAST: HOYLE; SUFFIX: III
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	[redacted]
8 CAMPAIGN TREASURER PHONE	[redacted]
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 3 Day 26 Year 24 THROUGH Month 4 Day 24 Year 24
11 ELECTION	ELECTION DATE: Month 5 Day 4 Year 24; ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special
12 OFFICE	OFFICE HELD (if any):
13	OFFICE SOUGHT (if known): NEISD SCHOOL BOARD TRUSTEE SMD4

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)
JOHN K HOYLE, III		

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 765.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 211.09
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	-$ 43.76
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 JOHN K HOYLE, III, and my date of birth is [redacted]

My address is PO BOX 47836 (street) SAN ANTONIO (city) TX (state) 78265 (zip code) USA (country)

Executed in BEXAR County, State of TX, on the 24 day of APRIL (month), 2024 (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
JOHN K HOYLE, III	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 765.00
2	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 7,364.13
3		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4		SCHEDULE E: LOANS	$
5	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 211.09
6		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

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 1/2

2 FILER NAME: JOHN K HOYLE, III

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (See instructions)	7 Amount of contribution ($)
03/26/2024	ECOQUEST MONTANA, INC 6 Contributor address: City: State: Zip Code: 530 WEST SIDE ROAD, HAMILTON, MT 59840	25.00

8 Principal occupation / Job title (See instructions) | 9 Employer (See instructions)

Date	Full name of contributor / out-of-state PAC (See instructions)	Amount of contribution ($)
3 9 04/26/2024	DONNA M DOZIER Contributor address: City: State: Zip Code: 12326 LA BARCA SAN ANTONIO, TX 78233	50.00

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of contributor / out-of-state PAC (See instructions)	Amount of contribution ($)
3 8 04/25/2024	C & N SSOCIATES, LLC Contributor address: City: State: Zip Code: 5908 PROPHETS ROCK RD, WEST LAFAYETTE, IN 47906	40.00

Principal occupation / Job title (See instructions) | Employer (See instructions)

Date	Full name of contributor / out-of-state PAC (See instructions)	Amount of contribution ($)
1 5 04/25/2024	KIM KIMPLER Contributor address: City: State: Zip Code: 290 S. HICKORY AVE. BARTLETT IL 60103	50.00

Principal occupation / Job title (See instructions) | Employer (See instructions)

DATES ARE SUPPOSED TO BE AS I CORRECTED. Computer KEPT CHANGING DATES TO 4/25/24.

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: 2/2

2 FILER NAME: JOHN K HOYLE, III

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / contributor PAC ID#	7 Amount of contribution ($)
04/25/2024	LON JETT, IV	100.00
	6 Contributor address: 5031 CASA GRANDE SAN ANTONIO, TX 78233 (City / State / Zip Code)	
8 Principal occupation / Job title (See instructions)	9 Employer (See instructions)	

Date	Full name of contributor / contributor PAC ID#	Amount of contribution ($)
04/25/2024	ANONYMOUS	500.00
	Contributor address: UNKNOWN (City / State / Zip Code)	
Principal occupation / Job title (See instructions)	Employer (See instructions)	

Date	Full name of contributor / contributor 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 / contributor PAC ID#	Amount of contribution ($)
	Contributor address: (City / State / Zip Code)	
Principal occupation / Job title (See instructions)	Employer (See instructions)	

COMPUTER STILL CHANGED MY ENTRIES TO 4/25/24

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

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 A2: 1
2 FILER NAME: JOHN K HOYLE, III	3 Filer ID (Ethics Commission Filers):
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	6 Full name of contributor (If contributor is PAC, list the name of its treasurer.)	8 Amount of Contribution $	9 In-kind contribution description
3-4 04/25/2024	TEXAS FAMILY ACTION.COM, a FRIENDS of SAFA PAC 7 Contributor address: City: State: Zip Code: 10503 GULFDALE ST. STE 100 SAN ANTONIO TX 78216	7,364.13	mailers, texts, design signs, marketing, consulting & SOTV Check if travel outside of Texas. Complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See instructions)	11 Employer (FOR NON-JUDICIAL)(See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL)(See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor (If contributor is PAC, list the name of its treasurer.) Contributor address: City: State: Zip Code:	Amount of Contribution $	In-kind contribution description Check if travel outside of Texas. Complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL)(See instructions)	Employer (FOR NON-JUDICIAL)(See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL)(See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 JOHN K HOYLE, III	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2024 (12 handwritten)	5 Payee name AWALOO PRINTING & SIGN SHOP	
6 Amount ($) 211.09	7 Payee address; City; State; Zip Code 1230 DUKE RD., SAN ANTONIO TX 78264	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES	(b) Description YARD SIGNS
	(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

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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