# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	ed: 9
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST ROBERT		MI S	OFFICE	USE ONLY
NAME			• • • • • • • • • • • • • • • • • • • •		Date Received	
	NICKNAME	LAST		SUFFIX		
	STEVE	HILLIARD			1/26/20	2.4
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		CITY; STATE;	ZIP CODE	4/26/20	24
MAILING	P. O. BOX 5					
ADDRESS	SAN ANTON	IIO, TX 78259				
Change of Address						
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS	SION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE						
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER	MB	ROBERT		S		
NAME	NICKNAME	LAST	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Processed	
	STEVE	HILLIARD		SOFFIX	Date Imaged	
7 CAMPAIGN TREASURER		NO PO BOX PLEASE); APT / S			STATE;	ZIP CODE
ADDRESS	P. O. BOX 5	92061	SAN	ANTONIO	TX	78259
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	SION		
TREASURER PHONE						
9 REPORT TYPE	January 15	30th day before e	election Ru	unoff	15th day aff treasurer ap (Officeholds	
	July 15	8th day before ele	10001 2	ceeded Modified porting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	3 /	<b>/ 26 / 24</b>	THROUGH	4	/ 26 / 24	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	5 / 4	24 General	Special	Description		
	0 / - /	27	,			
12 OFFICE	OFFICE HELD (if any)		1	SOUGHT (if known	•	
	NEISD TR	USTEE SMD6	NEISE	TRUST	EE SMD6	
14 NOTICE FROM		E OF POLITICAL CONTRIBUTIONS				
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME PARENTS UNITED FOR FREEDOM					
			OR FREEDOM			
Additional Pages	✓ GENERAL	P.O. BOX 591074				
Auditorial Fogos	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	J. Greonio	Melanie Hutzler				
		COMMITTEE CAMPAIGN TRI				
	P.O. BOX 591074					
GO TO PAGE 2						
I		30.0				

# **CANDIDATE / OFFICEHOLDER**

### FORM C/OH

CAMPAIGN	N FINANCE REPORT		CO	VER S	HEET PG 2
15 C/OH NAME ROBERT S HILLIARD	)		16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT	NTEES OF LOANS, OR	HAN	\$	
	2. TOTAL POLITICAL CONTRIB  (OTHER THAN PLEDGES, LOAN		NS)	\$ 1	,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	64.78
	4. TOTAL POLITICAL EXPENDITURES			\$ 2	,693.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE	LAST DAY	\$ 1	,306.52
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		S OF THE	\$	
1	wear, or affirm, under penalty of perjury, th quired to be reported by me under Title 15, El		true and co	rrect and in	dudes all information
		Hulest 5/0 Signature of	Lat metalan management		
		Oignature of	Candidate	or omocno	
	Please compl	ete either option bel	ow:		
(1) Affidavit	ANGELICA AURORA GONZALES Notary Public, State of Texas Comm. Expires 02-13-2026 Notary ID 131448405				
NOTARY STAMP/SEA	before me by Robert S.	11:44	75		1-1
_ \		this this	the /	_ day or _	Mour
20 to certify	which, witness my hand and seal of office.	1 . 1	AC -		111201
Signature of efficer administe		per administering oath		Title of office	cer administering oath
		OR			
(2) Unsworn Declarati	on				
My name is		, and my date of birt	h is		
My address is			,, _		·
	(street)	(city)	, ,	(zip code)	(country)
Executed in	County, State of	_ , on the day of	onth)	, 20 (year	<del></del> .
		Signature of Ca			

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics ROBERT S HILLIARD	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,250.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,202.59
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,186.54
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,693.48
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$
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 FILER NAME ROBERT	S HILLIARD	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)				
04/06/2024	6 Contributor address; City; State; Zip C 214 Cardwood Dr SA, TX 7821	I UU.UU				
8 Principal occu		See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
04/07/2024	Michael Mullins  Contributor address; City; State; Zip C	150.00				
	539 Benedict Ct SA, TX 7825	58				
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
04/07/2024	Contributor address; City; State; Zip C	300.00				
307 Red Cedar SA, TX 78230						
Principal occup	eation / Job title (See Instructions) Employer (S	See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
04/12/2024	Alan Crowther					
	Contributor address; City; State; Zip C 25010 Cheshire Rg SA, TX 78	300.00				
Principal occup		See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHED If contributor is out-of-state PAC, please see Instruction guide for					

### **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 f	orm.	1 Total pages Schedule A1: 2 CF 2			
2 FILER NAME ROBERT	S HILLIARD		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (I Sarah Jendrzey	D#:)	7 Amount of contribution (\$)			
04/13/2024	6 Contributor address; City;	State; Zip Code	50.00			
	18811 Avignon SA, TX 7	8258				
8 Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lons)			
Date		D#:	Amount of contribution (\$)			
04/16/2024	Jaromir Becan		FO 00			
01/10/2024	Contributor address; City;	State; Zip Code	50.00			
	21910 Somerton Ln SA,	TX 78260				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)			
04/17/2024	Crystal Keen		200000			
	20910 Pedregoso SA, 7	State; Zip Code TX 78258	200.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC (I	D#:	Amount of contribution (\$)			
0.4.100.100.04	Dawn Stoppel					
04/23/2024	Contributor address; City;	State; Zip Code	100.00			
	906 Vienta Dr SA, TX 7	8260				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
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:		
2 FILER NAME			3 Filer ID (Ethics Co	mmission Filers)	
HORFH	T S HILLIARD				
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of Contribution \$ 252.59	9 In-kind contribution description	
	Parents United For Freedom P	Car Magnets			
04/24/2024	7 Contributor address; City; State; Zip Code			l	
	PO BOX 591074 SA, TX 78259		Check if travel outsi	l de of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICL	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	rm 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	)	Amount of	In-kind contribution	
	Parents United For Freedom P.	AC	Contribution \$	description	
04/24/2024	Contributor address; City; State;	Zip Code	950.00	Print Ads	
PO BOX 591074 SA, TX 78259			Check if travel outsi	i   de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)  Employer (FOR NON-			er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ıtor's job title (FOR JL	IDICIAL) (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)				
		<del></del>		<u></u>	
	ATTACH ADDITIONAL COPIES OF 1			a regulrements.	

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

		<b>EXPENDITURE CA</b>	TEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Beniding Consulting Expense Contributions/Donations Med Candidate/Officeholder/Pol	Fi Fi eBy G	vert Expense eea cod/Beverage Expense itt/Awards/Memorials Expens egal Services	Office C Polling Printing	apayment/Ralmbursement overhead/Rental Expense Expense Expense s/Wegee/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (emer a category not listed above)	
The Instruction	Guide explains ho	w to complete this form.			REACH CREDIT CARD ISSUER	
1 TOTAL PAGES SCHEDULE F4: 16 P1 ROBERT S HILLIARD				3 FILER ID (Ethics Commission		
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARG	ED TO A CREDIT CARD			\$ 64.78	
5 CREDIT CARD ISSUER	Name of financial institution USAA FEDERAL SAVINGS BANK					
6 PAYMENT	(a) Amount Charge \$ 849.76	d (b) Date Expendit	-			
7 PAYEE	(a) Payee name (b) Payee address; City, State, Zip Code Awaloo Printing 1230 Duke Rd San Antonio, TX 78264					
8 PURPOSE OF EXPENDITURE    Political	(a) Category (See Categories listed at the top of this advedule) Printing Expense			(b) Description Campaign Signs		
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held					
PAYMENT			(c) Date(s) Credit Card Is 04/25/2024	suer Paid		
PAYEE	(a) Payee name (b) Payee address; City, State, Zip Cod US Post Office 20403 ENCINO LEDGE SA, TX 78259					
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense			(b) Description Postage		
☐ 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 Charge	Charged (b) Date Expenditure Charged		(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name (b) Payee addr			ddress;	City, State, Zip Code	
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top of this schedule)			(b) Description		
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 / Office	eholder name	Q	ffice Sought	Office Held	
	ATTACH	ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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 Giff/Awards/Memortals 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ROBERT S HILLIARD 4 Date 5 Payee name 03/26/2024 Wix.com 6 Amount (\$) 7 Payee address; City; State; Zip Code 36.80 P.O. BOX 40190 San Francisco, CA 94158 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Website Advertising Expense **EXPENDITURE** Check If travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (C) Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH Date Payee name 04/04/2024 Awaloo Printing Payee address; Amount (\$) City; State; Zip Code 849.76 San Antonio, TX 1230 Duke Road 78264 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Campaign Signs Printing Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 04/11/2024 Canva.com Payee address; Amount (\$) City; State; Zip Code 12.99 200 E 6th Street Austin, TX 78701 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOŞE** Website Design Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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 Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expens 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2082 ROBERT S HILLIARD 4 Date 5 Payee name 04/16/2024 Canva.com 7 Payee address; 6 Amount (\$) City; State; Zip Code 14.99 200 E 6th Street Austin, TX 78701 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Website Design Advertising Expense **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office heid Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/11/2024 US Postal Service Amount (\$) Pavee address: State; Zip Code 272.00 San Antonio, TX 78259 20403 ENCINO LEDGE Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Postage Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Alamo Mailing Company 04/19/2024 Payee address; Amount (\$) City; State; Zip Code 1,506.94 13114 Lookout Run San Antonio, TX 78233 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Postcard Mailers Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED