

**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:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

ROBERT

S

NICKNAME

LAST

SUFFIX

STEVE

HILLIARD

**OFFICE USE ONLY**

Date Received

4/4/2024

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. BOX 592061

SAN ANTONIO, TX 78259

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

ROBERT

S

NICKNAME

LAST

SUFFIX

STEVE

HILLIARD

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. BOX 592061

SAN ANTONIO

TX

78259

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

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

1

24

24

THROUGH

Month

Day

Year

3

25

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

4

24

ELECTION TYPE

☐ Primary☐ Runoff☐ Other  
Description☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

NEISD TRUSTEE SMD6

13 OFFICE SOUGHT (if known)

NEISD TRUSTEE SMD6

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

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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  
ROBERT S HILLIARD

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)	\$ 200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 241.18
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,502.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,497.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

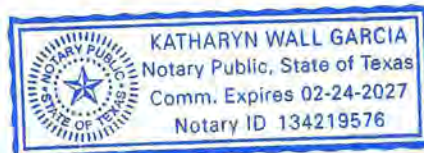
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Robert S Hilliard*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Hilliard this the 2nd day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Kathryn Wall Garcia Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****ROBERT S HILLIARD****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,502.62
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,502.62
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:

1 of 5

2 FILER NAME

ROBERT S HILLIARD

3 Filer ID (Ethics Commission Filers)

4 Date

02/22/2024

5 Full name of contributor

out-of-state PAC (ID#:

MICHAEL HILLIARD

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

22530 Lynridge Dr SA, TX 78260

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/2024

Full name of contributor

out-of-state PAC (ID#:

DAVID HILLIARD

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1207 Diamond Leaf Corinth TX 76208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2024

Full name of contributor

out-of-state PAC (ID#:

THERESA MARGOTTA

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

633 Hillsong SA, TX 78258

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2024

Full name of contributor

out-of-state PAC (ID#:

BETH ROBERTS

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

910 Sabal Ridge SA, TX 78260

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: <b>2 of 5</b>
2 FILER NAME <b>ROBERT S HILLIARD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/26/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>ANDRES WALTMAN</b> 6 Contributor address; City; State; Zip Code <b>1210 Salazar Trail SA, TX 78216</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02/26/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>NICHOLAS COX</b> Contributor address; City; State; Zip Code <b>22807 CardiganChase SA, TX 78260</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/26/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>MARLENE STERNBERG</b> Contributor address; City; State; Zip Code <b>4 Bass Ave Key Largo, FL 330037</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/27/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>ROBERT HARRISON</b> Contributor address; City; State; Zip Code <b>3503 Edge View SA, TX 78259</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 of 5

**2** FILER NAME

ROBERT S HILLIARD

**3** Filer ID (Ethics Commission Filers)**4** Date

02/27/2024

**5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KEVIN JOLLY

**7** Amount of contribution (\$)

500.00

**6** Contributor address;

City;

State;

Zip Code

3346 S Marietta Dr St George UT 84790

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/02/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KELLIE COPELAND

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

23019 Tornillo Dr SA, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

LINDA CHAPMAN

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

4215 Woodbridge Way SA, TX 78257

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

MELAINIE HUTZLER

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

21835 Hyerwood SA, TX 78259

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 of 5

**2** FILER NAME

ROBERT S HILLIARD

**3** Filer ID (Ethics Commission Filers)**4** Date

03/05/2024

**5** Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

PAUL ROWLAND

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City;

State;

Zip Code

24858 Fairway Springs SA, TX 78260

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/22/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

PAT O'BRIEN

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

322 Legend Breeze SA, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

KEVIN PARKER

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

24326 Vlinca Reef SA, TX 78260

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2024

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

DANIELLE WESTON

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

3216 SanibelCt RoundRock, TX 78681

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: <b>5 of 5</b>
2 FILER NAME <b>ROBERT S HILLIARD</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/31/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>CALEB CASHDOLLAR</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>2170 Thousand Oaks 426Q SA, TX 78231</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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**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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: <b>1</b>	<b>2 FILER NAME</b> <b>ROBERT S HILLIARD</b>	<b>3 FILER ID (Ethics Commission Filers)</b>
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<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>	<b>\$ 241.18</b>
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<b>5 CREDIT CARD ISSUER</b>	Name of financial institution <b>USAA FEDERAL SAVINGS BANK</b>
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<b>6 PAYMENT</b>	(a) Amount Charged <b>\$ 381.01</b>	(b) Date Expenditure Charged <b>03/01/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>04/02/2024</b>
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<b>7 PAYEE</b>	(a) Payee name <b>Vista Print</b>	(b) Payee address; City, State, Zip Code <b>95 Hayden Ave Lexington, MA 02421</b>
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<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Push Cards</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged <b>\$ 350.00</b>	(b) Date Expenditure Charged <b>03/14/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>04/02/2024</b>
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<b>PAYEE</b>	(a) Payee name <b>DiamondBackers Sports Assn</b>	(b) Payee address; City, State, Zip Code <b>19141 Stone Oak Pkwy San Antonio, Tx 78258</b>
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<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Event Sponsorship</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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<b>PAYMENT</b>	(a) Amount Charged <b>\$ 530.43</b>	(b) Date Expenditure Charged <b>03/24/2024</b>	(c) Date(s) Credit Card Issuer Paid <b>04/02/2024</b>
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<b>PAYEE</b>	(a) Payee name <b>Awaloo Printing</b>	(b) Payee address; City, State, Zip Code <b>1230 Duke Rd San Antonio, TX 78264</b>
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<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Campaign Signs</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office Sought	Office Held
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**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  
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 G: <b>1 of 4</b>	2 FILER NAME <b>ROBERT S HILLIARD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2024</b>	5 Payee name <b>Vista Print</b>	
6 Amount (\$) <b>381.01</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>95 Hayden Ave</b>	City; State; Zip Code <b>Lexington, MA 02421</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Push Cards</b>
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/14/2024</b>	Payee name <b>DiamondBackers Sports Assn</b>	
Amount (\$) <b>350.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>19141 Stone Oak Pkwy</b>	City; State; Zip Code <b>San Antonio, TX 78258</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	Description <b>Event Sponsorship</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>03/15/2024</b>	Payee name <b>Awaloo Printing</b>	
Amount (\$) <b>530.43</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>1230 Duke Rd</b>	City; State; Zip Code <b>San Antonio, TX 78264</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Signs</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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 G: <b>2 of 4</b>	2 FILER NAME <b>ROBERT S HILLIARD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>01/28/2024</b>	5 Payee name <b>Wix.com</b>	
6 Amount (\$) <b>30.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>P.O. BOX 40190 San Francisco, CA 94158</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website</b>
	(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 <b>02/26/2024</b>	Payee name <b>Wix.com</b>	
Amount (\$) <b>30.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>P.O. BOX 40190 San Francisco, CA 94158</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website</b>
	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 <b>02/11/2024</b>	Payee name <b>Canva.com</b>	
Amount (\$) <b>12.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>200 E 6th Street Austin, TX 78701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website Design</b>
	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

# 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  
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 G: <b>3 of 4</b>	2 FILER NAME <b>ROBERT S HILLIARD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>03/11/2024</b>	5 Payee name <b>Canva.com</b>	
6 Amount (\$) <b>12.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>200 E 6th Street Austin, TX 78701</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Website Design</b>
	(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 <b>03/16/2024</b>	Payee name <b>Canva.com</b>	
Amount (\$) <b>14.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>200 E 6th Street Austin, TX 78701</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Website Design</b>
	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 <b>02/14/2024</b>	Payee name <b>Sundance Print Centers</b>	
Amount (\$) <b>69.28</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>14210 Northbrook Dr San Antonio, TX 78232</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Business Cards</b>
	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



# 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  
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 G: <b>4 of 4</b>	2 FILER NAME <b>ROBERT S HILLIARD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>02/26/2024</b>	5 Payee name <b>Sundance Print Centers</b>	
6 Amount (\$) <b>70.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>14210 Northbrook Dr</b>	City; State; Zip Code <b>San Antonio, TX 78232</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Business Cards</b>
	(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 (\$)  Reimbursement from political contributions intended	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 (\$)  Reimbursement from political contributions intended	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

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