

**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: **8**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Joel	MI W	OFFICE USE ONLY	
	NICKNAME	LAST Hicks	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 203 Lamar Street, Cibolo, Texas 78108				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 255-0546	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kara	MI	Receipt #	Amount \$
	NICKNAME	LAST Latimer	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 553 Tolle Rd, Cibolo, Texas 78108				
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 748-5567	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 2	Day 22	Year 26	THROUGH	Month 5 / Day 16 / Year 26
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month 3	Day 3	Year 26	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff
				<input type="checkbox"/> Other Description	
				<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Guadalupe County Commissioner Pct 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<small>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.</small>				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Joel Hicks		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)	\$ 1,350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,850.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
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

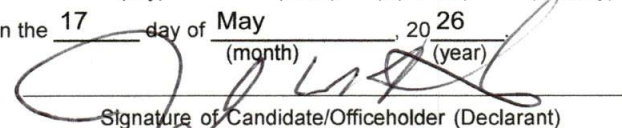
OR

(2) Unsworn Declaration

My name is Joel Hicks, and my date of birth is 08/13/68.

My address is 203 Lamar Street, Cibolo, Tx, 78108, USA.
(street) (city) (state) (zip code) (country)

Executed in Guadalupe County, State of Texas, on the 17 day of May, 2026.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Joel Hicks		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 4,850.66
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

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 Joel Hicks		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,350.00	
5 Date 05/04/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walt Williams	8 Amount of Contribution \$ 1,350.00	9 In-kind contribution description printed mailers
7 Contributor address; City; State; Zip Code 4733 Rittiman Rd., San Antonio Tx 78218		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Printer		11 Employer (FOR NON-JUDICIAL)(See Instructions) Williams Printing	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Joel Hicks	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2026	5 Payee name 1st Source Digital	
6 Amount (\$) 43.30	7 Payee address; City; State; Zip Code 4390 E FM 1518, Selma, Tx 78154 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense	(b) Description signs
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/30/2026	Payee name Lowe's	City; State; Zip Code
Amount (\$) 28.53	Payee address; City; State; Zip Code 17280 IH 35, Schertz, Texas 78154 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Materials to put up signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 03/31/2026	Payee name 1st Source Digital	City; State; Zip Code
Amount (\$) 259.80	Payee address; City; State; Zip Code 4390 E FM 1518, Selma, Tx 78154 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Joel Hicks	3 Filer ID (Ethics Commission Filers)
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4 Date 04/06/2026	5 Payee name Lowe's
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6 Amount (\$) 50.89	7 Payee address; City; State; Zip Code 17280 IH 35, Schertz, Texas 78154 <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description Material to place signs
	(c) <small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/08/2026	Payee name The UPS Store #7728
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Amount (\$) 72.72	Payee address; City; State; Zip Code 857 Cibolo Valley Drive Ste 228, Cibolo Tx 78108 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description printing push cards
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/14/2026	Payee name The UPS Store #7728
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Amount (\$) 69.76	Payee address; City; State; Zip Code 857 Cibolo Valley Drive Ste 228, Cibolo Tx 78108 <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description Printing push cards
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: 4	2	FILER NAME Joel Hicks	3	Filer ID (Ethics Commission Filers)
4	Date 05/05/2026	5	Payee name Alamo Mailing		
6	Amount (\$) 1,600.00	7	Payee address; City; State; Zip Code 13114 Lookout Run, San Antonio, Tx 78233 <small>Check if individual's residence address.</small>		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense		(b) Description Postage for mailer	
		(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
	Date 05/11/2026		Candidate / Officeholder name Alamo Mailing		
	Amount (\$) 1,600.00		Office sought Alamo Mailing		
			Office held		
	Date 05/11/2026		Candidate / Officeholder name Alamo Mailing		
	Amount (\$) 1,600.00		Office sought Alamo Mailing		
			Office held		
	Date 05/14/2026		Candidate / Officeholder name The UPS Store #7728		
	Amount (\$) 13.97		Office sought The UPS Store #7728		
			Office held		
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description office supplies	
		<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Joel Hicks	3 Filer ID (Ethics Commission Filers)
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4 Date 04/14/2026	5 Payee name Altex
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6 Amount (\$) 25.09	7 Payee address; 11342 IH 35 N, San Antonio, Tx 78233 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description USB for campaign list from County
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/24/2026	Payee name Gravis Apps Niche Markets
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Amount (\$) 1,000.00	Payee address; 2937 Sierra Court SW, Iowa City, IA 52240 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description Campaign Txt Messages
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/28/2026	Payee name 1st Source Digital
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Amount (\$) 86.60	Payee address; 4390 E FM 1518, Selma, Tx 78154 <small>City; State; Zip Code</small> <small>Check if individual's residence address.</small>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Ad Expense	Description Political Signs
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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