

# 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: 14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Ms. Erika  
NICKNAME LAST SUFFIX  
Hizel

OFFICE USE ONLY

Date Received

RECEIVED

APR 26 2024

ES - BCAD

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 210 )

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Mr. Tommy  
NICKNAME LAST SUFFIX  
Adkisson

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 210 )

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year Month Day Year  
04 / 05 / 24 THROUGH 04 / 26 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
05 / 04 / 2024  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Bexar Appraisal District Board

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            |  | 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)   | \$ 300.00                              |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE  | \$ 0                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES  | \$ 8,981.49                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD   | \$ 289.60                              |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 0                                   |

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.

*E.R. Hizel*

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 Erika Hizel and my date of birth is \_\_\_\_\_ on request

My address is \_\_\_\_\_

Executed in Bexar County, State of Texas, on the 26 day of April, 20 24

*E.R. Hizel*

Signature of Candidate/Officeholder (Declarant)

# 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 |
| 2 FILER NAME<br><b>Erika Hizel</b>   |   | 3 Filer ID (Ethics Commission Filers)               |   |
| 4 Date<br><b>04/24/24</b>  | 5 Full name of contributor<br><b>Virginia Sandoval</b><br><input type="checkbox"/> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$)<br><br><b>\$50.00</b> |   |
| 6 Contributor address, City, State, Zip Code<br><b>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</b> |   |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Release Train Engineer</b>             |   | 9 Employer (See Instructions)<br><b>USAA</b>        |   |
| Date<br><b>04/18/24</b>  | Full name of contributor<br><b>John Bozada</b><br><input type="checkbox"/> out-of-state PAC (ID# _____)         | Amount of contribution (\$)<br><br><b>\$250.00</b>  |   |
| Contributor address, City, State, Zip Code<br><b>[REDACTED] [REDACTED] [REDACTED] [REDACTED]</b>   |   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Attorney</b>                             |   | Employer (See Instructions)<br><b>Bozada PC</b>     |   |
| Date   | Full name of contributor<br><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   | Full name of contributor<br><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)                         |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS**

**SCHEDULE B**

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 B **1**

2 FILER NAME **Erika Hizel**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ **200.00**

5 Date

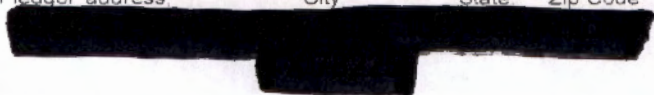
6 Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

**Manuel G Escobar Jr.**

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address: City State Zip Code



**1,000.00**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

**Attorney**

11 Employer (See Instructions)

**Manuel G Escobar Jr. Law Office**

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

**Jose Menendez**

Amount of Pledge \$

In-kind contribution description

Pledgor address: City State Zip Code



**500.00**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

**Art Hall**

Amount of Pledge \$

In-kind contribution description

Pledgor address: City State Zip Code



**250.00**

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

**Administrator**

Employer (See Instructions)

**Tidewater Community College-Norfolk VA**

Date

Full name of pledgor  out-of-state PAC (ID# \_\_\_\_\_)

Pledgor address: City State Zip Code

Amount of Pledge \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

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.

# 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1<br>1                               | <b>2</b> FILER NAME<br>Erika Hizel  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>4/18/24  | <b>5</b> Payee name<br>Anedot   |  |
| <b>6</b> Amount (\$)<br>10.30                                       | <b>7</b> Payee address; City, State, Zip Code<br>1201 W Peachtree St NW Ste 2625 -PMB 43460<br>Atlanta, Georgia 30309-3499  |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense   | <b>(b)</b> Description<br>online payment     |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> 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                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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  | Payee name  |  |
| Amount (\$)   | Payee address; City, State, Zip Code  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                                  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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

# 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

|  |   |                                  |   |             |  |  |
|--|---|----------------------------------|---|-------------|--|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b>                                  | <b>3</b>  | <b>2 FILER NAME</b>              | Erika Hizel   |             | <b>3 FILER ID (Ethics Commission Filers)</b> |  |
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> |   |                                  |   |             | \$   |  |
| <b>5 CREDIT CARD ISSUER</b>  | Name of financial institution   |                                  |   |             |  |  |
|  | Discover  |                                  |   |             |  |  |
| <b>6 PAYMENT</b>   | (a) Amount Charged  | (b) Date Expenditure Charged     | (c) Date(s) Credit Card Issuer Paid   |             |  |  |
|  | \$ <b>\$25.75</b>   | <b>04/19/24</b>                  |   |             |  |  |
| <b>7 PAYEE</b>   | (a) Payee name  | (b) Payee address;               | City,   | State,      | Zip Code                                     |  |
|  | <b>Benjie's Munch</b>   | <b>1218 Bitters Rd.<br/>#107</b> | <b>S.A.</b>   | <b>TX</b>   | <b>78216</b>                                 |  |
| <b>8 PURPOSE OF EXPENDITURE</b>                                    | (a) Category (See Categories listed at the top of this schedule)                        |                                  | (b) Description   |             |  |  |
|  | <b>Food</b>   |                                  |   |             |  |  |
|  | <input checked="" type="checkbox"/> Political<br><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 |             |  |  |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>       | Candidate / Officeholder name   |                                  | Office Sought   | Office Held |  |  |
|  |   |                                  |   |             |  |  |
| <b>PAYMENT</b>   | (a) Amount Charged  | (b) Date Expenditure Charged     | (c) Date(s) Credit Card Issuer Paid   |             |  |  |
|  | \$ <b>\$555.88</b>  | <b>04/25/24</b>                  |   |             |  |  |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address;               | City,   | State,      | Zip Code                                     |  |
|  | <b>Election Support Services</b>  | <b>2611 Rompel Pass</b>          | <b>S.A.</b>   | <b>TX</b>   | <b>78232</b>                                 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                      | (a) Category (See Categories listed at the top of this schedule)                        |                                  | (b) Description   |             |  |  |
|  | <b>Advertising Expense</b>  |                                  | <b>Robocall</b>   |             |  |  |
|  | <input checked="" type="checkbox"/> Political<br><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 |             |  |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>         | Candidate / Officeholder name   |                                  | Office Sought   | Office Held |  |  |
|  |   |                                  |   |             |  |  |
| <b>PAYMENT</b>   | (a) Amount Charged  | (b) Date Expenditure Charged     | (c) Date(s) Credit Card Issuer Paid   |             |  |  |
|  | \$  |                                  |   |             |  |  |
| <b>PAYEE</b>   | (a) Payee name  | (b) Payee address;               | City,   | State,      | Zip Code                                     |  |
|  |   |                                  |   |             |  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                      | (a) Category (See Categories listed at the top of this schedule)                        |                                  | (b) Description   |             |  |  |
|  |   |                                  |   |             |  |  |
|  | <input type="checkbox"/> Political<br><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 |             |  |  |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>         | 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 | 2 FILER NAME | Erika Hizel | 3 FILER ID (Ethics Commission Filers) |
|----------------------------|---|--------------|-------------|---------------------------------------|

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

|                      |  |
|----------------------|--|
| 5 CREDIT CARD ISSUER | Name of financial institution<br><b>Discover</b> |
|----------------------|--|

|           |  |   |                                     |
|-----------|--|---|-------------------------------------|
| 6 PAYMENT | (a) Amount Charged<br>\$ <b>\$6.58</b> | (b) Date Expenditure Charged<br><b>04/13/24</b> | (c) Date(s) Credit Card Issuer Paid |
|-----------|--|---|-------------------------------------|

|         |   |   |   |
|---------|---|---|---|
| 7 PAYEE | (a) Payee name<br><b>Griff's Of San Antonio</b> | (b) Payee address;<br><b>2418 Pleasanton Rd</b> | City, State, Zip Code<br><b>S.A. TX 78221</b> |
|---------|---|---|---|

|   |   |                 |
|---|---|-----------------|
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage Expense</b>  | (b) Description |
| <input checked="" type="checkbox"/> Political<br><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<br>\$ <b>\$17.31</b> | (b) Date Expenditure Charged<br><b>04/12/2024</b> | (c) Date(s) Credit Card Issuer Paid |
|---------|---|---|-------------------------------------|

|       |  |                                      |                                    |
|-------|--|--------------------------------------|------------------------------------|
| PAYEE | (a) Payee name<br><b>Web Hostgator.com</b> | (b) Payee address;<br><b>Houston</b> | City, State, Zip Code<br><b>TX</b> |
|-------|--|--------------------------------------|------------------------------------|

|   |   |                                   |
|---|---|-----------------------------------|
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Office Overhead</b>  | (b) Description<br><b>Website</b> |
| <input checked="" type="checkbox"/> Political<br><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<br>\$ <b>\$743.03</b> | (b) Date Expenditure Charged<br><b>04/15/24</b> | (c) Date(s) Credit Card Issuer Paid |
|---------|--|---|-------------------------------------|

|       |                                   |  |   |
|-------|-----------------------------------|--|---|
| PAYEE | (a) Payee name<br><b>3D Signs</b> | (b) Payee address;<br><b>8015 W. 2nd St.</b> | City, State, Zip Code<br><b>Somerset TX 78069</b> |
|-------|-----------------------------------|--|---|

|   |   |                                 |
|---|---|---------------------------------|
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><b>Signs</b> |
| <input checked="" type="checkbox"/> Political<br><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

# 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

|                                     |                                 |  |
|-------------------------------------|---------------------------------|--|
| <b>1 TOTAL PAGES SCHEDULE F4:</b> 3 | <b>2 FILER NAME</b> Erika Hizel | <b>3 FILER ID (Ethics Commission Filers)</b> |
|-------------------------------------|---------------------------------|--|

|  |    |
|--|----|
| <b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b> | \$ |
|--|----|

|                             |  |
|-----------------------------|--|
| <b>5 CREDIT CARD ISSUER</b> | Name of financial institution<br>Southwest Airlines Visa |
|-----------------------------|--|

|                  |                                 |   |                                     |
|------------------|---------------------------------|---|-------------------------------------|
| <b>6 PAYMENT</b> | (a) Amount Charged<br>\$ 743.03 | (b) Date Expenditure Charged<br>4/15/24 | (c) Date(s) Credit Card Issuer Paid |
|------------------|---------------------------------|---|-------------------------------------|

|                |                            |  |
|----------------|----------------------------|--|
| <b>7 PAYEE</b> | (a) Payee name<br>3D Signs | (b) Payee address; City, State, Zip Code<br>8015 W 2nd St, Somerset TX 78069 |
|----------------|----------------------------|--|

|  |   |                          |
|--|---|--------------------------|
| <b>8 PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br>Signs |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |  |
|--------------|----------------|--|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|--|

|   |   |                 |
|---|---|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><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 |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

|                |                          |                              |                                     |
|----------------|--------------------------|------------------------------|-------------------------------------|
| <b>PAYMENT</b> | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|----------------|--------------------------|------------------------------|-------------------------------------|

|              |                |  |
|--------------|----------------|--|
| <b>PAYEE</b> | (a) Payee name | (b) Payee address; City, State, Zip Code |
|--------------|----------------|--|

|   |   |                 |
|---|---|-----------------|
| <b>PURPOSE OF EXPENDITURE</b><br><input type="checkbox"/> Political<br><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 |                 |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>Complete ONLY if direct expenditure to benefit C/OH</b> | 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                        | 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G<br><b>4</b> | <b>2</b> FILER NAME<br><b>Erika Hize</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                                  |   |
|----------------------------------|---|
| <b>4</b> Date<br><b>04/10/24</b> | <b>5</b> Payee name<br><b>Claudia Sanchez</b> |
|----------------------------------|---|

|   |  |                      |                     |                          |
|---|--|----------------------|---------------------|--------------------------|
| <b>6</b> Amount (\$)<br><b>\$240</b>  | <b>7</b> Payee address:<br><b>1215 Townsend #103</b> | City:<br><b>S.A.</b> | State:<br><b>TX</b> | Zip Code<br><b>78209</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |  |                      |                     |                          |

|   |   |   |
|---|---|---|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule):<br><b>Contract Labor</b> | <b>(b)</b> Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                         |                                      |
|-------------------------|--------------------------------------|
| Date<br><b>04/25/24</b> | Payee name<br><b>Claudia Sanchez</b> |
|-------------------------|--------------------------------------|

|   |   |                      |                     |                          |
|---|---|----------------------|---------------------|--------------------------|
| Amount (\$)<br><b>\$240</b>   | Payee address:<br><b>1215 Townsend #103</b> | City:<br><b>S.A.</b> | State:<br><b>TX</b> | Zip Code<br><b>78209</b> |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |   |                      |                     |                          |

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule):<br><b>Contract Labor</b> | Description   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.        | <input type="checkbox"/> 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<br><b>4/15/24</b> | Payee name<br><b>Costco Wholesale</b> |
|------------------------|---------------------------------------|

|   |   |       |        |          |
|---|---|-------|--------|----------|
| Amount (\$)<br><b>10.81</b>   | Payee address:<br><b>1201 N Loop 1604 East, San Antonio, TX 78232</b> | City: | State: | Zip Code |
| <input checked="" type="checkbox"/> Reimbursement from political contributions intended |   |       |        |          |

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule):<br><b>Printing Expense</b> | Description<br><b>paper</b>   |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          | <input type="checkbox"/> 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.

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>1</b> Total pages Schedule G<br><b>4</b>  |   | <b>2</b> FILER NAME<br><b>Erika Hizel</b>  |   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br><b>4/15/24</b>  |   | <b>5</b> Payee name<br><b>Discover</b>   |   |  |  |
| <b>6</b> Amount (\$)<br><b>227.22</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended |   | <b>7</b> Payee address: City: State: Zip Code<br><b>PO BOX 71242<br/>CHARLOTTE NC 28272-1242</b> |   |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Credit Card Payment</b> |  | <b>(b)</b> Description<br><b>campaign expenses</b>                        |  |  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T             |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |   |  |  |
| Date<br><b>4/23/24</b>   |   | Payee name<br><b>Southwest Airlines</b>  |   |  |  |
| Amount (\$)<br><b>309.52</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          |   | Payee address: City: State: Zip Code<br><b>CARDMEMBER SERVICE<br/>PO BOX 6294</b>                |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Credit Card Payment</b>            |  | Description<br><b>campaign expenses</b>                                   |  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T                        |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Candidate / Officeholder name Office sought Office held  |   |  |   |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |   |  |  |
| Date<br><b>4/15/24</b>   |   | Payee name<br><b>3D Signs</b>  |   |  |  |
| Amount (\$)<br><b>1,486.06</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended        |   | Payee address: City: State: Zip Code<br><b>8015 W 2nd St.<br/>Somerset, TX 78069</b>             |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>            |  | Description<br><b>signs</b>   |  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T                        |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Candidate / Officeholder name Office sought Office held  |   |  |   |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |   |  |  |

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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                        | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><b>4</b> | <b>2</b> FILER NAME<br><b>Erika Hizel</b> | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                                  |   |
|----------------------------------|---|
| <b>4</b> Date<br><b>04/10/24</b> | <b>5</b> Payee name<br><b>Election Support Services</b> |
|----------------------------------|---|

|   |  |                      |                     |                           |
|---|--|----------------------|---------------------|---------------------------|
| <b>6</b> Amount (\$)<br><b>\$5,200</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address:<br><b>2611 Rompel Pass</b> | City:<br><b>S.A.</b> | State:<br><b>TX</b> | Zip Code:<br><b>78232</b> |
|---|--|----------------------|---------------------|---------------------------|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule.)<br><b>Advertising Expense</b> | (b) Description<br><b>Mailer</b>  |
|                                 | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                         |   |
|-------------------------|---|
| Date<br><b>04/25/24</b> | Payee name<br><b>Text</b><br><b>Election Support Services</b> |
|-------------------------|---|

|   |   |                      |                     |                           |
|---|---|----------------------|---------------------|---------------------------|
| Amount (\$)<br><b>\$555.88</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address:<br><b>2611 Rompel Pass</b> | City:<br><b>S.A.</b> | State:<br><b>TX</b> | Zip Code:<br><b>78232</b> |
|---|---|----------------------|---------------------|---------------------------|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule.)<br><b>Advertising Expense</b> | Description<br><b>Robocall</b>  |
|                                 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             | <input type="checkbox"/> 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<br><b>4/4/24</b> | Payee name<br><b>Discover</b> |
|-----------------------|-------------------------------|

|   |  |       |        |           |
|---|--|-------|--------|-----------|
| Amount (\$)<br><b>262.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address:<br><b>PO BOX 71242, CHARLOTTE NC 28272-1242</b> | City: | State: | Zip Code: |
|---|--|-------|--------|-----------|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule.)<br><b>Credit Card Payment</b> | Description<br><b>Campaign Expenses</b>                                   |
|                                 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.             | <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule G<br><b>4</b>   | <b>2</b> FILER NAME<br><b>Erika Hizel</b>   | <b>3</b> Filer ID (Ethics Commission Filers)     |
| <b>4</b> Date<br><b>4/22/24</b>   | <b>5</b> Payee name<br><b>Signbusters LLC</b>   |  |
| <b>6</b> Amount (\$) <b>450.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address<br><b>PO Box 241018, San Antonio, TX 78221</b><br>City: State: Zip Code:   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Polling Expense</b> | <b>(b)</b> Description<br><b>Delivery Set up</b> |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T                                  | Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                        |
| Date  | Payee name  |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                                   | Payee address<br>City: State: Zip Code:   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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 <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held                        |
| Date  | Payee name  |  |
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended                                   | Payee address<br>City: State: Zip Code:   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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 <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name   | Office sought Office held                        |

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# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME  
Erika Hizek

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |
|--|--------------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 300.00          |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                 |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                       | \$ 1,950.00        |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  | \$                 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 10.30           |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 2,091.58        |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 8,981.49        |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH       | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS          | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY                        |           |
|--|-----------|
| Date Received                          |           |
| Date Hand-delivered or Date Postmarked |           |
| Receipt #                              | Amount \$ |
| Date Processed                         |           |
| Date Imaged                            |           |

|                                  |            |
|----------------------------------|------------|
| Filer name<br><b>Erika Hizel</b> | Filer ID # |
|----------------------------------|------------|

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the Appraisal District report due on April 26, 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit

\_\_\_\_\_  
Signature of Filer

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 Erika Hizel and my date of birth is \_\_\_\_\_ on request

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

Executed in Bexar County State of Texas on the 26 day of April, 2024 (month) (year)

E.R. Hizel  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**