

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Erika	OFFICE USE ONLY RECEIVED JUL 15 2025 ES - BCAD		
	NICKNAME LAST SUFFIX Hizel			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210)			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Thomas	Date Hand-delivered or Date Postmarked		
	NICKNAME LAST SUFFIX Tommy Adkisson	Receipt # Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed		
8 CAMPAIGN TREASURER PHONE		Date imaged		
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 				
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 01 / 01 / 25 THROUGH Month Day Year 06 / 30 / 25				
11 ELECTION				
ELECTION DATE Month Day Year 06 / 15 / 24 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special				
12 OFFICE				
OFFICE HELD (if any) Place 2 Bexar Appraisal District Board		13 OFFICE SOUGHT (if known) Bexar Appraisal District Board of Directors		
14 NOTICE FROM POLITICAL COMMITTEE(S)				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
Additional Pages				

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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)

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 4,981.61

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 1,438.16

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.

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 Hize and my date of birth is _____

My address is _____

Executed in Bexar County, State of Texas on the 15 day of July 20 25
(street) (city) (state) (zip code) (country)
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 385.01
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,250.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,596.60
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	\$

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:	2 FILER NAME Erika Hizel		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/25-6/20/25	5 Payee name Spectrum		
6 Amount (\$) 160.51	7 Payee address; City; State; Zip Code PO Box 60074, City of Industry, CA 91716		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description landline/internet
	(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 2/10/2025	Payee name HE Butt Foundation		
Amount (\$) \$20.00	Payee address; City; State; Zip Code 140 W Sunset Rd, San Antonio, TX 78209		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Ticket		Description Urban 3 presentation on fairness in
	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 3/12/2025	Payee name Discover		
Amount (\$) 124.50	Payee address; City; State; Zip Code PO Box 71242, Charlotte, NC 28275		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense/Office Overhead		Description debt
	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Erika Hizel	3 Filer ID (Ethics Commission Filers)
4 Date 5/2/25-6/3/25	5 Payee name US Bank	
6 Amount (\$) 80.00	7 Payee address; PO Box 790408, St. Louis, MO 63179	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description debt
	(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: 1		2 FILER NAME Erika HizeL		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$ ~1,250.00				
5 Date 2024		6 Payee name Election Support Services						
7 Amount (\$) ~1,250.00		8 Payee address; City; State; Zip Code 						
9 TYPE OF EXPENDITURE		☒ Political ☐ Non-Political						
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description				
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date		Payee name						
Amount (\$)		Payee address; City; State; Zip Code						
TYPE OF EXPENDITURE		☐ Political ☐ Non-Political						
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 <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width: 100%;"> <tr> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
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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.

1 Total pages Schedule G: 2	2 FILER NAME Erika Hizel	3 Filer ID (Ethics Commission Filers)
4 Date 1/17/25-6/20/25	5 Payee name USAA	
6 Amount (\$) 821.00 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10750 McDermott Freeway, San Antonio, TX 78288	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description debt
	(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 1/21/25-6/19/25 Discover		
Amount (\$) 1,677.28 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 71242, Charlotte, NC 28272	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Debt
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date Payee name 1/21/25-6/20/25 Wells Fargo		
Amount (\$) 709.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 51193, Los Angeles, CA 90051	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Debt
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
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: 2	2 FILER NAME Erika Hizel	3 Filer ID (Ethics Commission Filers)
4 Date 1/23/25-6/23/25	5 Payee name Southwest Airlines Visa	
6 Amount (\$) 1,389.32 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6294, Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Debt
	(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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