

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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mrs</td> <td>Jean</td> <td>L</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Hillyer</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs	Jean	L	NICKNAME	LAST	SUFFIX		Hillyer		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 2em; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 0;">APR 04 2024</p> <p style="margin: 0;">By: </p> </div>									
MS / MRS / MR	FIRST	MI																					
Mrs	Jean	L																					
NICKNAME	LAST	SUFFIX																					
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: small;">ADDRESS / PO BOX:</td> <td style="width:15%; font-size: small;">APT / SUITE #:</td> <td style="width:15%; font-size: small;">CITY:</td> <td style="width:15%; font-size: small;">STATE:</td> <td style="width:25%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">170 Trailing Oaks Drive, Double Oak, TX 75077</td> </tr> </table>			ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	170 Trailing Oaks Drive, Double Oak, TX 75077														
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12 OFFICE	OFFICE HELD (if any) Council member	13 OFFICE SOUGHT (if known) Council member																					
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Jean Hillyer

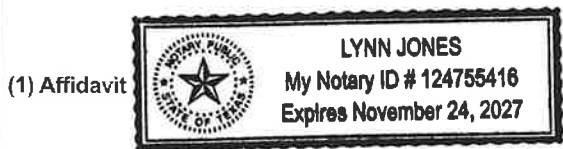
16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	20.00
	4. TOTAL POLITICAL EXPENDITURES	\$	790.75
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.

Jean Hillyer
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jean Hillyer this the 4 day of April, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Lynn Jones Printed name of officer administering oath: Lynn Jones Title of officer administering oath: Assistant Town Secretary

OR

(2) Unsworn Declaration

My name is Jean Hillyer, and my date of birth is 05/22/1954
My address is 170 Trailing Oaks Drive, Double Oak, TX, 75077, USA
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 4 day of April, 2024
(month) (year)

Jean Hillyer
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Jean Hillyer		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	\$
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	\$ 770.75
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 790.75
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	\$

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: 1	2 FILER NAME Jean Hillyer	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 770.75
5 CREDIT CARD ISSUER	Name of financial institution Citi	
6 PAYMENT	(a) Amount Charged \$ 493.68	(b) Date Expenditure Charged 03/20/2024
	(c) Date(s) Credit Card Issuer Paid 04/01/2024	
7 PAYEE	(a) Payee name Houston Sign Co	(b) Payee address; City, State, Zip Code 5801 Chimney Rock Rd Houston TX 77081
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Yard signs
	(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 Jean Hillyer	Office Sought Council member
		Office Held Council member
PAYMENT	(a) Amount Charged \$ 277.07	(b) Date Expenditure Charged 04/04/2024
	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
PAYEE	(a) Payee name All Sorts Mailing	(b) Payee address; City, State, Zip Code 3335 Keller Springs Rd Carrollton TX 75006
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Flyers
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jean Hilly	Office Sought Council member
		Office Held Council member
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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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	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: 1	2 FILER NAME Jean Hillyer	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2024	5 Payee name Jean Dukate	
6 Amount (\$) 20.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; 8414 Maine Dr.	City; State; Zip Code Austin TX 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description Sign design
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Jean Hillyer	Office sought Council member
		Office held Council member
Date 03/20/2024	Payee name Houston Sign Co.	
Amount (\$) 493.68 <small>Reimbursement from political contributions intended</small>	Payee address; 5801 Chimney Rock Rd.	City; State; Zip Code Houston TX 77081
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard signs
	(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 Jean Hillyer	Office sought Council member
		Office held Council member
Date 04/04/2024	Payee name All Sorts Mailing Services	
Amount (\$) 277.07 <small>Reimbursement from political contributions intended</small>	Payee address; 3335 Keller Springs Rd.	City; State; Zip Code Carrollton TX 75006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description
	(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

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