CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

OFFICEHOLDER NAME IIII CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADD □ Change of Address SHE □ CAMPAIGN TREASURER □ CAMPAIGN ARE □ CAMPAIGN ARE □ CAMPAIGN ARE □ CAMPAIGN ARE		LAST Hill APT / SUITE 1 FIRST Clint LAST Long	E#; CITY;		SUFFI)	DE	Date Received Date Hand-delivered Receipt # Date Processed Date Imaged	USE ONLY
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address SHE Change of Address SHE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS	EKNAME DRESS / PO BOX; D. BOX 1660 ERMAN, TX 7509: / MRS / MR Dr. KNAME REET ADDRESS (NO 2203 N	LAST Hill APT / SUITE 1 FIRST Clint LAST Long O PO BOX PI	E#; CITY;		SUFFI)	DE	Receipt # Date Processed Date Imaged	Amount TATE; ZIP CODE
CAMPAIGN TREASURER ADDRESS Change of Address CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ADDRESS	D. BOX 1660 ERMAN, TX 7509: / MRS / MR Dr. KNAME REET ADDRESS (NO 2203 N	1 FIRST Clint LAST Long O PO BOX PI			MI SUFFI)		Receipt # Date Processed Date Imaged	Amount TATE; ZIP CODE
MAILING ADDRESS Change of Address SHE Change of Address SHE Change of Address SHE CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER ARI	ERMAN, TX 7509: / MRS / MR Dr. KNAME REET ADDRESS (NO 2203 N	FIRST Clint LAST Long O PO BOX PI			SUFFI	CITY;	Date Processed Date Imaged	ATE; ZIP CODE
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TREASURER NAME NICI CAMPAIGN TREASURER ADDRESS (Residence or Business)	Dr. KNAME REET ADDRESS (NO 2203 N	Clint LAST Long O PO BOX PI			SUFFI		ST	ATE; ZIP CODE
CAMPAIGN TREASURER ADDRESS (Residence or Business)	KNAME REET ADDRESS (NO 2203 N	LAST Long O PO BOX P	LEASE);		SUFFI		ST	ATE; ZIP CODE
CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER	REET ADDRESS (NO 2203 N	Long O PO BOX PI	LEASE);		SUFFI		ST	ATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	2203 N		LEASE);	AP	T / SUITE #;			
TREASURER								
PHONE		PHONE NUM	BER EXTEN	SION				
REPORT TYPE	January 15	30th	day before electio	n 🔲	Runoff		15th day after ca	ampaign treasurer
	July 15	8th o	day before election		Exceeded modified reporting limit		Final Report (Att	
PERIOD Mon COVERED	th Day Y 10/27/2024	'ear	THROUG	ЭH		Day 1/2024	Year	
0 ELECTION Mon	ELECTION DAT th Day Yo 11/05/2024	re ′ear	X Primary		ELECTION TY	PE	Other	
1 OFFICE OFF	FICE HELD (if any)	<u> </u>			12 OFFICE SOU District Atto			District GRAYSON
			GO TO P/	GE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 11

13 C / OH NAME	Hill, John	14 F	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures r These expenditures may have been made without the c d officeholders are required to report this information only	andidate's or officeholder's l	mowledge or
Additional Pages		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		a i a v i e e disserve
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS		NZED POLITICAL CONTRIBUTIONS (OTHER THAN PL ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRO		0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEN	IZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	6,241.56
CONTRIBUTION	5. TOTAL POLITIC REPORTING PI	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T RTING PERIOD	THE LAST DAY \$	0.00
17 AFFIDAVIT	KAREN DAWANNA PART Notary Public, State of T Comm. Expires 05-09-2 Notary ID 13434987	227 3 X KA	rmation required to be repo	ng report is rted by me
Sworn to and subs	DTARY STAMP / SEAL AB	ove bbo Vermet Hall	this the	day
of Jonuan Launt Signature of off	20_25_, to c	ertify which, witness my hand and seal of office. Karen Ranthie Printed name of officer administering	Notary Title of officer administ	Ing oath
orms provided by T	exas Ethics Commission	n www.ethics.state.tx.us	Version	4.1.0.5dd2ace

GRAYSON CO ELECTIONS 2025 JAN 15 PH3:23:52

SUI	вто	OTALS - C/OH		FC COVER SH	RM C/OH HEET PG 3 3 of 11
FILER Hill, J		E	19 Filer ID		
		E SUBTOTALS SCHEDULE		SUBTO	DTAL AMOUNT
1. [x	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,200.00
2. [x	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	225.00
3. [SCHEDULE B: PLEDGED CONTRIBUTIONS	ar our and served	\$	
4. [x	SCHEDULE E: LOANS		\$	115.82
5.	×	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBU	TIONS	\$	6,241.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTR	IBUTIONS	\$	
8. [SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	- ball - <u>- Philip A</u> Martana Albana d	\$	- 201 - 201 - 2010 - 2010 - 2010 - 1
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH	\$	
11. [SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTR	BUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	
		TO FILER		ə	
orms pro	ovide	d by Texas Ethics Commission www.ethics.state.tx.us		Version	1 V4.1.0.5dd2ace2

FILER NAME Scht 11 rpt. 4/1 Hill, John \$ Fler ID Date GRIGG, TIMOTHY 0 Contributor address, City, State; Zp Code 7 Amount of Contribution (\$) FAIRVIEW, TX 75069 Principal occupation / Job title (See Instructions) Date Full name of contributor ox-of-state PAC (DPc) Through occupation / Job title (See Instructions) Imployer (See Instructions) Amount of Contribution (\$) Date Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) Date Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) TJ25/2024 Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) TJ25/2024 Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) TJ05/2024 Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) TJ05/2024 Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) TJ05/2024 Full name of contributor ox-of-state PAC (DPc) Amount of Contribution (\$) Stell name of contributor ox-of-state	The Instru	uction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11	
Hill, John Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of Contribution (\$) 11/20/2024 GRIGG, TIMOTHY \$200.00 \$200.00 6 Contributor address; City; State; Zip Code \$200.00 453 S. STATE HWY 5 FAIRVIEW, TX 75069 \$200.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Principal occupion / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#) Amoun				3		
11/20/2024 GRIGG, TIMOTHY \$200.00 6 Contributor address; City; State; Zip Code 453 S. STATE HWY 5 FAIRVIEW, TX 75069 FAIRVIEW, TX 75069 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00 Contributor address; City; State; Zip Code out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00 Contributor address;	Hill, John					
6 Contributor address; City; State; Zip Code 453 S. STATE HWY 5 FAIRVIEW, TX 75069 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 11/25/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/25/2024 Full name of contributor out-of-state PAC (ID#:) AMOUNT of Contribution (\$) Contributor address; City; State; Zip Code 1225 SYCAMORE BEND RD HICKORY CREEK, TX 75065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$500.00 Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR \$500.00 SUITE 101 SHERMAN, TX 75092		GRIGG, TIMOTHY		7	Amount of Contribution (\$)	\$200.00
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/25/2024 HAYES, RICHARD \$500.00 Contributor address; City; State; Zip Code \$25 SYCAMORE BEND RD HICKORY CREEK, TX 75065 HICKORY CREEK, TX 75065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 WILSON, DAVID \$500.00 \$500.00 Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR \$500.00 SUITE 101 SHERMAN, TX 75092 State; Zip Code State; Zip Code		6 Contributor address; City; State; Zip Code				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/25/2024 HAYES, RICHARD \$500.00 Contributor address; City; State; Zip Code 1225 SYCAMORE BEND RD \$500.00 HICKORY CREEK, TX 75065 HICKORY CREEK, TX 75065 Amount of Contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 001-01-state PAC (ID#:) Mesoure of Contribution (\$) \$500.00 01/05/2024 Full name of contributor out-of-state PAC (ID#:) 0209 INDEPENDENCE DR SUITE 101 \$500.00 SUITE 101 SHERMAN, TX 75092 Amount of Contribution (\$)		FAIRVIEW, TX 75069				
11/25/2024 HAYES, RICHARD \$500.00 Contributor address; City; State; Zip Code 1225 SYCAMORE BEND RD \$500.00 HICKORY CREEK, TX 75065 HICKORY CREEK, TX 75065 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 11/05/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S500.00 Contributor address; City; State; Zip Code \$500.00 Contributor address; City; State; Zip Code \$500.00 SUITE 101 SHERMAN, TX 75092	Principal occ		9 Employer (See Instructions	5)		
Contributor address; City; State; Zip Code 1225 SYCAMORE BEND RD HICKORY CREEK, TX 75065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor 0ut-of-state PAC (ID#:) Amount of Contribution (\$) WILSON, DAVID Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
1225 SYCAMORE BEND RD HICKORY CREEK, TX 75065 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 WILSON, DAVID Amount of Contribution (\$) Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SUITE 101 SHERMAN, TX 75092 SHERMAN, TX 75092	11/25/2024	HAYES, RICHARD				\$500.00
HICKORY CREEK, TX 75065 Principal occupation / Job title (See Instructions) Date Full name of contributor 11/05/2024 Full name of contributor WILSON, DAVID Amount of Contribution (\$) Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 WILSON, DAVID \$500.00 Contributor address; City; State; Zip Code \$500.00 SUITE 101 SHERMAN, TX 75092		1225 SYCAMORE BEND RD				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 WILSON, DAVID \$500.00 Contributor address; City; State; Zip Code \$500.00 SUITE 101 SHERMAN, TX 75092		HICKORY CREEK TX 75065				
11/05/2024 WILSON, DAVID \$500.00 Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092	Principal occ		Employer (See Instructions	5)		
11/05/2024 WILSON, DAVID \$500.00 Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092	Date	Full name of contributor			Amount of Contribution (\$)	
Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092			·		Amount of Contribution (a)	\$500.00
2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092						
SHERMAN, TX 75092		Contributor address: City: State: Zip Code	*****			
		Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR				
		Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092				
	Principal occ	Contributor address; City; State; Zip Code 2009 INDEPENDENCE DR SUITE 101 SHERMAN, TX 75092	Employer (See Instructions	5)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

FILER NAME 3 Filer ID Hill, John 3 Filer ID TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		tion Guide explains how to complete this f	orm.	1 Total pages Schedule A2:
Hill, John TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Date 10/27/2024 6 Full name of contributor our-d-state PAC (Dor) 8 Anount of [s In-kind contribution description] 19 In-kind contribution description 10/27/2024 6 Full name of contributor our-d-state PAC (Dor) 8 Anount of [s In-kind contribution description] 9 In-kind contribution description 2203 FM 1417 DURING CAMPAIGN 2203 FM 1417 DURING CAMPAIGN Principal occupation / Job title (FOR NON-JUDICIAL) (See instruction) 11 Employer (FOR NON-JUDICIAL) (See instruction) Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instruction) Contributor's employer/law firm (FOR JUDICIAL) 13 Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 14 Contributor's spouse (if any) (FOR JUDICIAL)				Sch: 1/1 Rpt: 5/11
Date 6 Full name of contributor out-of-state PAC (Dr) 8 Amount of full out-of-state PAC (Dr) 9 In-Kind contribution description 10/27/2024 Contributor address: City; State; Zip Code 9 Durking Contributor 9 In-Kind contribution 2203 BM 1417 SHERMAN, TX 75092 9 Check # taxed cate of Texas. Comptee Science Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's spouse (if any) (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's spouse (if any) (FOR JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor's a child, law firm of parent(s) (if any) (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
10/27/2024 LONG, CLINT (Dr.) contributor (S) description 7 Contributor's State; Zip Code S225.001USE OF VEHICLE 2203 BM 1417 SHERMAN, TX 75092 Creat # save acaste of Texas. Complete Scheel. Principal occupation / Job title (FOR NON-JUDICIAL) Ste instructions) 11 Employer (FOR NON-JUDICIAL) See instructions) Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's got title (FOR JUDICIAL) See instructions) Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's spouse (if any) (FOR JUDICIAL) See instructions) Contributor's principal occupation (FOR JUDICIAL) 13 Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) See instructions) See instructions)	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
7 Contributor address; Ciry, State; Zip Code DURING CAMPAIGN 2203 FM 1417 Image: Complete Scheol Image: Complete Scheol Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 13 Contributor's possible (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) 14 Law firm of contributor's spouse (if any) (FOR JUDICIAL) (See instructions) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL))	contribution (\$) description
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Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Principal occup	nation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
If contributor is a child, taw firm of parent(s) (if any) (FOR JUDICIAL)	2 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contributor's job title ((FOR JUDICIAL) (See instructions)
	Contributor's er	mployer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

LOANS					SCHEDULE E
The Instruction	on Guide explains how to co	mplete this	form.		pages Schedule E: 1/1 Rpt: 6/11
2 FILER NAME Hill, John				3 Filer II	D
4 TOTAL OF U	NITEMIZED LOANS				\$
5 Date of loan 10/29/2024	7 Name of lender HILL, JOHN K.	out-of-state P	AC (ID#:		9 Loan Amount (\$) \$115.82
6 Is lender a financial institution? No	 B Lender address; City; 720 Blanton Drive Sherman, TX 75092 	State;	Zip Code		10 Interest Rate 11 Maturity Date
12 Principal occupati	ion / Job title (See Instructions)		13 Employer (See Instru	ictions)	L
14 Description of Co	llateral		15 Check if personal fur	ds were deposit	ed into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code		
20 Principal occupati	ion		21 Employer (See Instru	ctions)	1
orms provided by	Texas Ethics Commission	www.ethio	s.state.tx.us		Version V4.1.0.5dd2ace2

RAYSON CO ELECTIONS 2025 JAN 15 PM3:24:14

		DOV 04-1	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 1/5 Rpt: 7/11	2 FILER NAME Hill, John		3 Filer ID
Date 11/18/2024	5 Payee name CARSON, CHRIS		
Amount (\$) \$230.00	7 Payee address; City; State; Zip (156 WILLIAMS TRAIL HOWE, TX 75459	Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DETAIL
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	bught	Office held
Date	Payee name		
11/06/2024	CHIK FIL A		
A		and the second of the second se	
Amount (\$) \$31.99	Payee address; City; State; Zip (HWY 75 Sherman TX 75092	Code	
		(b) Description	outside of Texas. Complete Schedule T. n, TX, officeholder living expense MEETING
\$31.99 PURPOSE OF	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office so	(b) Description Check if travel Check if Austit CAMPAIGN	n, TX, officeholder living expense
\$31.99 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office so	(b) Description Check if travel Check if Austit CAMPAIGN	n, TX, officeholder living expense MEETING
\$31.99 PURPOSE OF EXPENDITURE Complete ONLY if direct	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office so	(b) Description Check if travel Check if Austit CAMPAIGN	n, TX, officeholder living expense MEETING
\$31.99 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office so H	(b) Description Check if travel Check if Austi CAMPAIGN Dught	n, TX, officeholder living expense MEETING
\$31.99 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 10/31/2024 Amount (\$)	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office so Payee name CHIK FIL A Payee address; City; State; Zip ((b) Description Check if travel Check if Austi CAMPAIGN Dught	n, TX, officeholder living expense MEETING
\$31.99 PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 10/31/2024 Amount (\$)	HWY 75 Sherman, TX 75092 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office schedule Payee name CHIK FIL A Payee address; City; State; Zip C HWY 75	(b) Description Check if travel Check if Austic CAMPAIGN Dught Code (b) Description Check if travel	n, TX, officeholder living expense MEETING Office held outside of Texas. Complete Schedule T. n, TX, officeholder living expense

RAYSON CO ELECTIONS 2025 JAN 15 PM3:24:20

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District By - Git/Award/Memorials Expense Printing Expense ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Total pages Schedule F1:	
Sch: 2/5 Rpt: 8/11	Hill, John
Date 11/07/2024	5 Payee name CITY LIMITS
Amount (\$) \$188.52	
PURPOSE OF EXPENDITURE	SHERMAN, TX 75090 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MEETING
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date	Payee name
11/01/2024	MG'S BAKERY
Amount (\$) \$107.00	Payee address; City; State; Zip Code WOODS ST SHERMAN, TX 75092
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH
Date 11/07/2024	Payee name MIRROR MASTERS PHOTOGRAPHY
Amount (\$) \$600.00	Payee address; City; State; Zip Code 7902 Coastway Dr
	ROWLETT, TX 75088
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description CAMPAIGN HEADSHOTS Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense JOHN KERMIT HILL CAMPAIGN PHOTOGRAPH
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held DH
uin, secondaria	

	EXPENDITURE CATEGORIE		
Adventising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P Gilf/Awards/Memorials Expense P	oen Repayment/Reimbursement Dhoe Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 3/5 Rpt: 9/11	2 FILER NAME Hill, John	3	Filer ID
Date 11/08/2024	5 Payee name OLD IRON POST		
Amount (\$) \$866.00	7 Payee address; City; State; 2 101 N TRAVIS STREET SHERMAN, TX 75090	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Food/Beverage Expense	Check if travel out	side of Texas. Complete Schedule T. (, officeholder living expense Y - FOOD
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought	Office held
Date	Payee name		
11/20/2024	PAYPAL		
Amount (\$) \$9.77	Payee address; City; State; 2211 N 1ST STREET SAN JOSE, CA 95131	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Fees	Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense
	Candidate/Officeholder name Offi	ice sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	н		
	H Payee name QUATTRO CREATIVE		
expenditure to benefit C/O Date	Payee name QUATTRO CREATIVE Payee address; City; State; 2 1506 N. ALEXANDER ST	Zip Code	
expenditure to benefit C/O Date 11/07/2024 Amount (\$) \$3,000.00	Payee name QUATTRO CREATIVE Payee address; City; State; 2 1506 N. ALEXANDER ST SHERMAN, TX 75092		
expenditure to benefit C/O Date 11/07/2024 Amount (\$)	Payee name QUATTRO CREATIVE Payee address; City; State; 2 1506 N. ALEXANDER ST	le) (b) Description Check if travel out	ide of Texas. Complete Schedule T. , officeholder living expense VMARKETING REP

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	NS		SCHEDULE F
	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E - Gitt/Awards/Memorials Expense Printing	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Total pages Schedule F1: Sch: 4/5 Rpt: 10/11	2 FILER NAME Hill, John	3	Filer ID
Date 10/29/2024	5 Payee name QUIK TRIP		
Amount (\$) \$115.82	7 Payee address; City; State; Zip C 3624 S. HWY 75 SHERMAN, TX 75092	Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Inere	ide of Texas. Complete Schedule T. , officeholder living expense GN VEHICLE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
10/30/2024	SPO LAPIAZZA		
Amount (\$) \$105.26	Payee address; City; State; Zip C 124 S CROCKETT ST SHERMAN, TX 75090	Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	i interest	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so		Office held
expenditure to benefit C/O	H	Access of the	
Date 11/06/2024	Payee name THE BALLOON SPOT		
Amount (\$) \$335.13	Payee address; City; State; Zip C 315 N TRAVIS STREET #C7 SHERMAN, TX 75090	Code	
	SHERINAN, IN 19090		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		side of Texas. Complete Schedule T. c, officeholder living expense S FOR EVENT

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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Credit Card Payment		nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)
Total pages Schedule F1		3 Filer ID
Sch: 5/5 Rpt: 11/11	Hill, John	
Date 10/31/2024	5 Payee name THE BALLOON SPOT	
Amount (\$) \$335.14	7 Payee address; City; State; Zip Code 315 N TRAVIS STREET #C7 SHERMAN, TX 75090	
PURPOSE OF EXPENDITURE	Check i	DN t travel outside of Texas. Complete Schedule T. (Austin, TX, officeholder living expense ATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office held
Date	Payee name	
10/31/2024	VINCENT, BEN	
\$300.00	DENISON, TX 75020	
PURPOSE OF EXPENDITURE	Cvent Expense	On f travel outside of Texas. Complete Schedule T. f Aussin, TX, officeholder living expense DED MUSIC AT EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office held
		Office held
		Office held