

# 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: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>David</b>	MI <b>N</b>
	NICKNAME	LAST <b>Hill</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>228 CR 3771</b>	APT / SUITE #:	CITY: <b>Queen City TX</b> STATE: ZIP CODE <b>75572</b>
	AREA CODE <b>(903)</b>	PHONE NUMBER <b>824-7747</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>Mr David</b>	FIRST <b>David</b>	MI <b>N</b>
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST <b>Hill</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: <b>228 CR 3771 Queen City TX</b>		STATE: ZIP CODE <b>TX 75572</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(903)</b>	PHONE NUMBER <b>824-7747</b>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>09 / 26 / 23</b> <b>THROUGH</b> <b>01 / 15 / 24</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 05 / 24</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Cass County Commissioner - Precinct 3</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

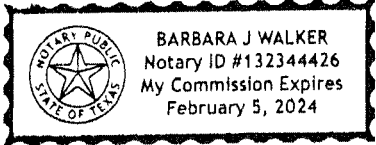
15 C/OH NAME <u>David N Hill</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 871.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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.

David N. Hill  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David N. Hill this the 30<sup>th</sup> day of January 2024, to certify which, witness my hand and seal of office.  
Barbara J Walker Barbara J Walker Notary Public  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David N Hill and my date of birth is 0410 1956  
 My address is 228 CR 3771 Queen City TX 75572  
 (street) (city) (state) (zip code) (country)  
 Executed in Cass County, State of TX, on the 30 day of January, 2024.  
 (month) (year)  
David Hill  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>David N. Hill</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 871.64
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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 FILER NAME David N Hill	3 Filer ID (Ethics Commission Filers)
4 Date 12/8/23	5 Payee name Bob's Printing	
6 Amount (\$) 35.45 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 806 W main st Atlanta, TX 75551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards
	(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		
Date 12/7/23	Payee name Sign Shop	
Amount (\$) 657.06 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 N Louise st Atlanta, TX 75551	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	<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 ONLY if direct expenditure to benefit C/OH		
Date 1/3/24	Payee name The sign Shop	
Amount (\$) 178.61 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1101 N Louise st Atlanta, TX 75551	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners
	<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 ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**BOB'S PRINTING**

C. L. COLLINS ENTERPRISES LLC  
 806 W. MAIN ST./P.O.BOX 849  
 ATLANTA, TX 75551  
 USA

Voice: 903-796-7991  
 Fax: 855-623-9176

**INVOICE**

Invoice Number: 16637  
 Invoice Date: Dec 8, 2023  
 Page: 1  
 Duplicate

SAVE WITH US  
 SHIP UPS - FEDEX - USPS

WE APPRECIATE YOUR  
 BUSINESS!

<b>Bill To:</b>
TAXABLE CASH SALES

<b>Ship to:</b>
TAXABLE CASH SALES

<b>Customer ID</b>	<b>Customer PO</b>	<b>Payment Terms</b>	
04		Net 30 Days	
<b>Sales Rep ID</b>	<b>Shipping Method</b>	<b>Ship Date</b>	<b>Due Date</b>
BJ	BEST WAY		

Quantity	Item	Description	Unit Price	Amount	Pre
1.00		POLITICAL CARDS FOR DAVID HILL	35.95	35.95	

**RETURNS POLICY:**  
**SPECIAL ORDERS NONREFUNDABLE**  
**OTHER ITEMS 30 DAYS IN ORIGINAL**  
**PACKAGING**

16637

Subtotal	35.95
Sales Tax	2.97
Freight	
Total Invoice Amount	38.92
Payment/Credit Applied	38.92
<b>TOTAL</b>	<b>0.00</b>

**From**  
**The Sign Shop**  
1101 N. Louise st., Atlanta, , 75551  
Phone: 903-799-6120  
E-mail: signshopatx@gmail.com

**To**  
**David Hill**  
,  
Phone:  
E-mail:

Method of payment	Date	Due date
Cash	12/6/2023	12/7/2023

Description Note	Quantity Unit	Rate	Amount
18 x 24 coro double sided 100 plus	60 pcs	\$ 7.20	\$ 432.00
Sign stakes	100 pcs	\$ 1.75	\$ 175.00

<b>Subtotal</b>	<b>\$ 607.00</b>
TEXAS TAX	\$ 50.08
<b>Total</b>	<b>\$ 657.08</b>
<b>Balance Due</b>	<b>\$ 557.08</b>

Thank You For your Business! We appreciate You.

**THE  
SIGN SHOP**  
903-799-6120

**Invoice**

No.: 00210

**From**  
**The Sign Shop**  
1101 N. Louise st., Atlanta, , 75551  
Phone: 903-799-6120  
E-mail: signshopatx@gmail.com

**To**  
**David Hill**  
,  
Phone:  
E-mail:

Method of payment	Date	Due date
Cash	12/6/2023	12/7/2023

Description Note	Quantity Unit	Rate	Amount
18 x 24 coro double sided 100 plus	60 pcs	\$ 8.20	\$ 492.00
Sign stakes	60 pcs	\$ 1.75	\$ 105.00

<b>Subtotal</b>	<b>\$ 597.00</b>
TEXAS TAX	\$ 49.25
<b>Total</b>	<b>\$ 646.25</b>
<b>Balance Due</b>	<b>\$ 546.25</b>

Thank You For your Business! We appreciate You.

*5/12/23*

**From**  
**The Sign Shop**  
1101 N. Louise st., Atlanta, , 75551  
Phone: 903-799-6120  
E-mail: signshopatx@gmail.com

**To**  
**David Hill**  
,  
Phone:  
E-mail:

Method of payment	Date	Due date
Cash	1/3/2024	1/4/2024

Description Note	Quantity Unit	Rate	Discount	Amount
3 X 4 BANNER	3 pcs	\$ 58.00	\$ 9.00	\$ 165.00

<b>Subtotal</b>	<b>\$ 165.00</b>
TEXAS TAX	\$ 13.61
<b>Total</b>	<b>\$ 178.61</b>
<b>Balance Due</b>	<b>\$ 178.61</b>

Thank You For your Business! We appreciate You.