

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: <div style="text-align: center; font-size: 24px; font-weight: bold;">6</div>																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:20%; font-size: 8px;">MI</td> </tr> <tr> <td style="font-size: 24px; text-align: center;">Mr.</td> <td style="font-size: 24px; text-align: center;">Justin</td> <td style="font-size: 24px; text-align: center;">A</td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: 24px; font-weight: bold;">Hicks</td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Justin	A	NICKNAME	LAST	SUFFIX	Hicks			<div style="text-align: center; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <hr/> <p style="font-size: 8px;">Date Received</p> <p style="text-align: center; font-weight: bold; font-size: 18px;">City of League City Received</p> <p style="text-align: center; font-weight: bold; font-size: 24px;">JAN 15 2021</p> <p style="text-align: center; font-weight: bold; font-size: 12px;">Office of City Secretary</p> <hr/> <p style="font-size: 8px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 18px;">1/15/2021 9:40am ac</p> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <hr/> <p style="font-size: 8px;">Date Processed</p> <hr/> <p style="font-size: 8px;">Date Imaged</p>		Receipt #	Amount \$							
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12 OFFICE	OFFICE HELD (if any) <div style="font-size: 24px; font-weight: bold;">City Council Position 5</div>	13 OFFICE SOUGHT (if known)																						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$ 2,350.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,426.31

CONTRIBUTION
BALANCE

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

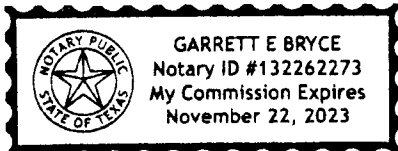
\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Justin A. Hicks, this the 15th day of JAN, 2021, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Garrett Bryce

Printed name of officer administering oath

Notary

Title of officer administering oath

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,350
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 900.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4426.31
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Justin A. Hicks		3 Filer ID (Ethics Commission Filers)
4 Date 12/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Louis	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2374 Calypso Ln LCTX 77573		
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions) NA
Date 12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Louis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2374 Calypso Ln LCTX 77573		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Smart	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 2102 Cherry Hills Drive LCTX 77573		
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Retired
Date 12/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$2,000
Contributor address; City; State; Zip Code PO Box 2246 Austin TX 78768		
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME Justin A Hicks		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,800
5 Date of loan 12/10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin A. Hicks	9 Loan Amount (\$) 900.00
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 2106 Cherry Hills Dr LCTX 77573	10 Interest rate 0%
		11 Maturity date NA
12 Principal occupation / Job title (See Instructions) Engineer		13 Employer (See Instructions) NA
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) NA		21 Employer (See Instructions) NA

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>1</i>	2 FILER NAME <i>Justin A. Hicks</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/8</i>	5 Payee name <i>Bay area printing</i>	
6 Amount (\$) <i>133.15</i>	7 Payee address; City; State; Zip Code <i>17305 El Camino Real Houston TX 77058</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Cards</i>
	(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	Office sought Office held
Date <i>12/16</i>	Payee name <i>Market Doctors</i>	
Amount (\$) <i>2,542.80</i>	Payee address; City; State; Zip Code <i>1111 FM 646 Rd N, Dickinson TX 77539</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Mailers</i>
	<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 <i>1/1/21</i>	Payee name <i>Justin A. Hicks</i>	
Amount (\$) <i>1750.36</i>	Payee address; City; State; Zip Code <i>2106 Cherry Hills Dr LC TX 77573</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Loan Repayment</i>	Description <i>Re-imbursment</i>
	<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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