

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 <i>HILDA</i> NICKNAME LAST SUFFIX <i>MONTGOMERY</i> | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>JUL 19 2018</p> <p>BY: <i>M. Spinks</i></p> </div> <p style="font-size: small; margin-top: 5px;">Date Received</p> <p style="font-size: small; margin-top: 5px;">Date Hand-delivered or Date Postmarked</p> <table style="width: 100%; font-size: x-small; margin-top: 5px;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1201 LACEY OAK LOOP 78681 ROUND ROCK TX</i> | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(512) 341-8890</i> | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>TERMI</i> NICKNAME LAST SUFFIX <i>COOK</i> | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>3116 GOLDEN OAK CIRCLE ROUND ROCK, TEXAS 78681</i> | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>(512) 573-1652</i> | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width: 100%; text-align: center; font-size: small;"> <tr> <td>Month</td><td>Day</td><td>Year</td> <td>THROUGH</td> <td>Month</td><td>Day</td><td>Year</td> </tr> <tr> <td>/</td><td>/</td><td></td> <td></td> <td>/</td><td>/</td><td></td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | / | / | | | / | / | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | |
| / | / | | | / | / | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | ELECTION TYPE <input 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) | | | | | | | | | | | | | | | |

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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COVER SHEET PG 2

14 C/OH NAME HILDA MONTGOMERY 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

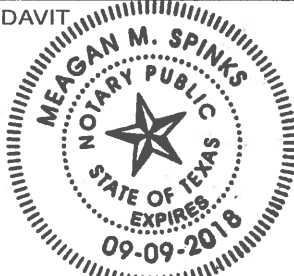
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

| | | |
|-------------------------|---|------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 AFFIDAVIT



AFFIX NOTARY SEAL ABOVE

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.

Hilda Montgomery
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Hilda Montgomery, this the 19th day of July, 2018, to certify which, witness my hand and seal of office.

Meagan M. Spinks
Signature of officer administering oath

Meagan M. Spinks
Printed name of officer administering oath

Notary Public
Title of officer administering oath