

**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 Filer)	2 Total pages filed.												
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS, MR FIRST MI Mrs Hope	OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 5px 0;">APR 04 2024</div> <div style="font-weight: bold; margin: 5px 0;">WILLIAMSON CAD</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged													
	NICKNAME LAST SUFFIX Hisle-Piper														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE [REDACTED]														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ([REDACTED])														
6 CAMPAIGN TREASURER NAME	MS MRS, MR FIRST MI MR Ronald B	Date Hand-delivered or Date Postmarked													
NICKNAME LAST SUFFIX Piper Jr	RECEIPT # AMOUNT \$														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE [REDACTED]														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ([REDACTED])														
9 REPORT TYPE	<table style="width: 100%; border: none;"><tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> January 15</td><td style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> 30th day before election</td><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Runoff</td><td style="border: 1px solid black; padding: 2px;">15th day after campaign treasurer appointment (Officeholder Only)</td></tr><tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> July 15</td><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 8th day before election</td><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Exceeded Modified Reporting Limit</td><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td></tr></table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	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)				
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10 PERIOD COVERED	<table style="width: 100%; border: none;"><tr><td style="text-align: center;">Month Day Year</td><td style="text-align: center;">THROUGH</td><td style="text-align: center;">Month Day Year</td></tr><tr><td style="text-align: center;">2 9 24</td><td></td><td style="text-align: center;">4 3 24</td></tr></table>			Month Day Year	THROUGH	Month Day Year	2 9 24		4 3 24						
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2 9 24		4 3 24													
11 ELECTION	<table style="width: 100%; border: none;"><tr><td style="text-align: center;">ELECTION DATE</td><td colspan="3" style="text-align: center;">ELECTION TYPE</td></tr><tr><td style="text-align: center;">Month Day Year</td><td style="text-align: center;"><input type="checkbox"/> Primary</td><td style="text-align: center;"><input type="checkbox"/> Runoff</td><td style="text-align: center;"><input type="checkbox"/> Other Description</td></tr><tr><td style="text-align: center;">5 4 24</td><td style="text-align: center;"><input checked="" type="checkbox"/> General</td><td style="text-align: center;"><input type="checkbox"/> Special</td><td></td></tr></table>			ELECTION DATE	ELECTION TYPE			Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5 4 24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
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12 OFFICE	<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">OFFICE HELD (if any) WCAD Board of Directors</td><td style="width: 50%; border: none;">13 OFFICE SOUGHT (if known) WCAD Board of Directors Place 1</td></tr></table>			OFFICE HELD (if any) WCAD Board of Directors	13 OFFICE SOUGHT (if known) WCAD Board of Directors Place 1										
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14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<small>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.</small> <table style="width: 100%; border: none;"><tr><td style="width: 20%; border: none;">COMMITTEE TYPE</td><td style="border: none;">COMMITTEE NAME</td></tr><tr><td style="border: none;"><input type="checkbox"/> GENERAL</td><td style="border: none;">COMMITTEE ADDRESS</td></tr><tr><td style="border: none;"><input type="checkbox"/> SPECIFIC</td><td style="border: none;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr><tr><td style="border: none;"></td><td style="border: none;">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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<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**

Hope Hisle-Piper

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,837.50

**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 SIGNATUREI 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**Please complete either option below:****(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Hope Hisle-Piper, and my date of birth is _____

My address is _____ Cedar Park TX 78613 Williamson

(street)

(city)

(state)

(zip code)

(country)

Executed in Williamson County, State of Texas, on the 4 day of April 2024

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME

Hope Hisle-Piper

20 Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
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.	■ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,837.50
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,837.50
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 Hope Hisle-Piper		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 1,437.51	
5 CREDIT CARD ISSUER		Name of financial institution			
6 PAYMENT		(a) Amount Charged \$ 119.02	(b) Date Expenditure Charged 03/26/2024	(c) Date(s) Credit Card Issuer Paid 03/26/2024	
7 PAYEE		(a) Payee name Minuteman Press		(b) Payee address; City, State, Zip Code 715 Discovery Blvd #401, Cedar Park, Tx 78613	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printed Business Cards	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	
PAYMENT		(a) Amount Charged \$ 1,318.49	(b) Date Expenditure Charged 03/29/2024	(c) Date(s) Credit Card Issuer Paid 03/29/2024	
PAYEE		(a) Payee name Minuteman Press		(b) Payee address; City, State, Zip Code 715 Discovery Blvd #401, Cedar Park, Tx 78613	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Printed Yard Signs	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	
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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<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(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	

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Hope Hisle Piper	3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2024	5 Payee name Minuteman Press	
6 Amount (\$) 119.05 Reimbursement from political contributions intended	7 Payee address: City: State: Zip Code 715 Discovery Blvd #401, Cedar Park, Tx 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Business Card Printing
	(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 Office sought Office held		
Date 03/29/2024	Payee name Minuteman Press	
Amount (\$) 318.49 Reimbursement from political contributions intended	Payee address: City: State: Zip Code 715 Discovery Blvd #401, Cedar Park, Tx 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 715 Discovery Blvd #401, Cedar Park, Tx 78613
	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 Office sought Office held		
Date 02/09/2024	Payee name Williamson County	
Amount (\$) 400.00 Reimbursement from political contributions intended	Payee address: City: State: Zip Code 701 S. Main Street, Suite 101, Georgetown, Tx 78626	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description Filing Fee for the Election
	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 Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		