

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: 30
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Rose NICKNAME LAST SUFFIX Requenez Hill	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2107 N Interstate 35 San Antonio TX 78208	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 668-3580	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Phyllis A NICKNAME LAST SUFFIX Newman	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1923 N Panam Expressway #7 San Antonio TX 78208		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 915-2205		
9 REPORT TYPE	30th Day Before General Election		
10 PERIOD COVERED	Month Day Year Month Day Year 2/17/2023 THROUGH 3/27/2023		
11 ELECTION	ELECTION DATE Month Day Year 5/6/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Council District 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Mrs Rose Requeñez Hill

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 <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 4821.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4024.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2325.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500.00

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.

***** Electronically Certified *****

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mrs Rose Requeñez Hill, this the 5th day of April, 2023, 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

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Mrs Rose Requenez Hill		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3821.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1000.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 2500.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3504.30
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 520.42
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 28.95

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 4

2 FILER NAME
Mrs Rose Requeñez Hill

3 Filer ID (Ethics Commission Filers)

4 Date
2/21/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Ms Phyllis A Newman

7 Amount of contribution (\$) **1.00**

6 Contributor address; City; State; Zip Code
**1923 N Panam Expressway #7
San Antonio, TX 78208**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
2/24/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Lou Miller

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**4458 E. Houston St.
San Antonio, TX 78220**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
2/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Ms Phyllis A Newman

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**1923 N Panam Expressway #7
San Antonio, TX 78208**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/3/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Kevin Covey

Amount of contribution (\$) **500.00**

Contributor address; City; State; Zip Code
**9960 MaCaway #1
Atkins, TX 78101**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 4
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Edward Evans	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 9960 MaCaway #1 Atkins, TX 78101		
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 3/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Stella Ashley	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 130 Banbridge San Antonio, TX 78223		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/8/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Richard Leal	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 18430 Gran Mesa San Antonio, TX 78259		
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Sylvia Alaniz	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 830 Stutts Dr. San Antonio, TX 78219		
Principal occupation / Job title (See instructions)		Employer (See instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 4

2 FILER NAME
Mrs Rose Requenez Hill

3 Filer ID (Ethics Commission Filers)

4 Date
3/12/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mrs Doris Vicks

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code
**1214 Pickardie
San Antonio, TX 78219**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
3/12/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Oscar Vicks

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**1214 Pickardie
San Antonio, TX 78219**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/12/2023

Full name of contributor out-of-state PAC (ID# _____)
Mrs Olivia Vicks

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
**6719 Pleasant Bay
San Antonio, TX 78244**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/13/2023

Full name of contributor out-of-state PAC (ID# _____)
Mrs Sara Martinez

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**112 Reno St.
San Antonio, TX 78208**

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 4

2 FILER NAME
Mrs Rose Requenez Hill

3 Filer ID (Ethics Commission Filers)

4 Date
3/15/2023

5 Full name of contributor out-of-state PAC (ID# _____)
Mrs Rose Requenez Hill

7 Amount of contribution (\$)
20.00

6 Contributor address; City; State; Zip Code
**2107 N Interstate 35
San Antonio, TX 78208**

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date
3/20/2023

Full name of contributor out-of-state PAC (ID# _____)
Mr Gus Castillo

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
**335 Blaze Ave.
San Antonio, TX 78218**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date
3/27/2023

Full name of contributor out-of-state PAC (ID# _____)
Mrs Veronique Laureano Pape

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
**3418 Kashmir Place
San Antonio, TX 78223**

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 1
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0
5 Date 2/20/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Fernando Lozano 7 Contributor address; City; State; Zip Code 2551 N Interstate 35 San Antonio, TX 78208	8 Amount of Contribution \$ 500.00 9 In-kind contribution description Office Space <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 2/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Grace Rose Gonzales Contributor address; City; State; Zip Code 1800 Fredricksburg Rd #120 San Antonio, TX 78201	Amount of Contribution \$ 500.00 In-kind contribution description Website Design <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Designer		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 1 of 1
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
10 Principal occupation / Job title (See instructions)		11 Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (See instructions)		Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1 of 2
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0
5 Date of loan 2/18/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Rose Requenez Hill	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 2107 N Interstate 35 San Antonio TX 78208	10 Interest rate 0.000000
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input 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 (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan 3/4/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Rose Requenez Hill	Loan Amount (\$) 1000.00
Is lender a financial institution? N	Lender address; City; State; Zip Code 2107 N Interstate 35 San Antonio TX 78208	Interest rate 0.000000
		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 checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$) 0.00
	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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2 of 2
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/24/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Rose Requenez Hill	9 Loan Amount (\$) 1400.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 2107 N Interstate 35 San Antonio TX 78208	10 Interest rate 0.000000
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input 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 (\$) 0.00
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?	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)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 5	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
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4 Date 3/1/2023	5 Payee name Frost Bank
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6 Amount (\$) 28.95	7 Payee address; City; State; Zip Code 110 Austin Hwy San Antonio, TX 78209
--------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Check Print Fee
	(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 Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/7/2023	Payee name Rapid Tax
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Amount (\$) 10.00	Payee address; City; State; Zip Code 1700 N Interstate 35 San Antonio, TX 78208
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Notary For Personal Financial Statement
	<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 Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/7/2023	Payee name JVC Media
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Amount (\$) 752.35	Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247
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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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 2 of 5	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2023	5 Payee name Bexar County Elections	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1103 S. Frio #200 San Antonio, TX 78207	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description Map of District 2
	(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 Rose Requenez Hill	Office sought Council District 2
		Office held

Date 3/10/2023	Payee name Bexar County Elections		
Amount (\$) 100.00	Payee address; City; State; Zip Code 1103 S. Frio #200 San Antonio, TX 78207		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Voter data listing	
	<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 Rose Requenez Hill	Office sought Council District 2	Office held

Date 3/11/2023	Payee name JVC Media		
Amount (\$) 1269.23	Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2023	5 Payee name Micaela Olivo	
6 Amount (\$) 192.00	7 Payee address; City; State; Zip Code 2233 SE Military Dr. #418 San Antonio, TX 78223	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Phone Bank Caller
	(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 Rose Requenez Hill	Office sought Council District 2
Office held		
Date 3/12/2023	Payee name Sylvia Alaniz	
Amount (\$) 110.00	Payee address; City; State; Zip Code 830 Stutts Dr. San Antonio, TX 78219	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Phone Bank Caller
	<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 Rose Requenez Hill	Office sought Council District 2
Office held		
Date 3/15/2023	Payee name Act Blue	
Amount (\$) 1.20	Payee address; City; State; Zip Code 366 Summer St. Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Account Maintenance Fee
	<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 Rose Requenez Hill	Office sought Council District 2
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 4 of 5	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2023	5 Payee name JVC Media	
6 Amount (\$) 303.64	7 Payee address; City; State; Zip Code 3106 Fall Crest Dr. San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign t-shirts
	(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 Rose Requenez Hill	Office sought Council District 2
		Office held

Date 3/20/2023	Payee name Act Blue		
Amount (\$) 3.93	Payee address; City; State; Zip Code 366 Summer St. Sommerville, MA 02144		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description Account maintenance Fee	
	<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 Rose Requenez Hill	Office sought Council District 2	Office held

Date 3/21/2023	Payee name Micaela Olivo		
Amount (\$) 195.00	Payee address; City; State; Zip Code 2233 SE Military Dr. #418 San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Phone Bank Caller	
	<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 Rose Requenez Hill	Office sought Council District 2	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F1: 5 of 5	2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Payee name Sylvia Alaniz		
6 Amount (\$) 130.00	7 Payee address; City; State; Zip Code 830 Stutt Dr. San Antonio, TX 78219		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description Phone Bank Caller
	(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 Rose Requenez Hill	Office sought Council District 2	Office held
Date 3/26/2023	Payee name Micaela Olivo		
Amount (\$) 203.00	Payee address; City; State; Zip Code 2233 SE Military Dr. #418 San Antonio, TX 78223		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Phone Bank Caller
	<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 Rose Requenez Hill	Office sought Council District 2	Office held
Date 3/27/2023	Payee name Sylvia Alaniz		
Amount (\$) 130.00	Payee address; City; State; Zip Code 830 Stutt Dr. San Antonio, TX 78219		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description Phone Bank Caller
	<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 Rose Requenez Hill	Office sought Council District 2	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking
 Advertising Expense
 Consulting Expense
 Contributions/Donations Made By
 Candidate/Officeholder/Political Committee

Event Expense
 Fees
 Food/Beverage Expense
 Gifts/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 F2: 1 of 1	2 FILER NAME Mrs Rose Requeñez Hill	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	---

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F3:
1 of 1

2 FILER NAME

Mrs Rose Requenez Hill

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

.....
6 Address of person from whom investment is purchased; City; State; Zip Code

7 Description of investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

.....
Address of person from whom investment is purchased; City; State; Zip Code

Description of investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gifts/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form

1 Total pages Schedule F4: 1 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0
5 Date 3/5/2023	6 Payee name Home Depot	
7 Amount (\$) 120.35	8 Payee address; City; State; Zip Code 4909 Windsor Hill San Antonio, TX 78239	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description Supplies for campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Office held Council District 2
Date 3/17/2023	Payee name Cricket Wireless	
Amount (\$) 10.00	Payee address; City; State; Zip Code 1818 S. New Braunfels San Antonio, TX 78210	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Internet	Description Hot Spot For Internet
	<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 Rose Requenez Hill	Office sought Office held Council District 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: 2 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	-----------

5 Date 3/17/2023	6 Payee name Cricket Wireless
-----------------------------------	--

7 Amount (\$) 72.00	8 Payee address; City; State; Zip Code 1818 S. New Braunfels San Antonio, TX 78210
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: campaign cell phone bill	(b) Description Payment of Cell Phone
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/17/2023	Payee name Dollar General
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Amount (\$) 4.33	Payee address; City; State; Zip Code 414 N. New Braunfels San Antonio, TX 78202
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other: Thank you cards	Description Thank You cards for Donors
	<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 Rose Requenez Hill	Office sought Council District 2	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: 3 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/17/2023	6 Payee name HEB
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7 Amount (\$) 25.20	8 Payee address; City; State; Zip Code 415 N New Braunfels San Antonio, TX 78202
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other: Postage stamps	(b) Description Postage Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/21/2023	Payee name Fed Ex
--------------------------	-----------------------------

Amount (\$) 11.78	Payee address; City; State; Zip Code 4418 Broadway San Antonio, TX 78209
-----------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description Flyers
	<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 Rose Requenez Hill	Office sought Council District 2	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: 4 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 3/21/2023	6 Payee name Fed Ex
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7 Amount (\$) 29.10	8 Payee address; City; State; Zip Code 4418 Broadway San Antonio, TX 78209
--------------------------------------	---

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description Flyers
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/22/2023	Payee name Boss & Cupids Design
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Amount (\$) 168.09	Payee address; City; State; Zip Code 3007 Rigsby Ave. #116 San Antonio, TX 78220
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description Magnetic Car Signs
	(c) <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 Rose Requenez Hill	Office sought Council District 2	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: 5 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 Date 3/23/2023	6 Payee name HEB
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7 Amount (\$) 13.98	8 Payee address; City; State; Zip Code 1015 S WW White Rd. San Antonio, TX 78220
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Cookies
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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Date 3/23/2023	Payee name Ft. Sam Chevron
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Amount (\$) 25.36	Payee address; City; State; Zip Code 2207 N Interstate 35 San Antonio, TX 78208
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description Gas
	(c) <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 Rose Requenez Hill	Office sought Council District 2	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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

1 Total pages Schedule F4: 6 of 6	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
--	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	-----------

5 Date 3/24/2023	6 Payee name Chevron
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7 Amount (\$) 40.23	8 Payee address; City; State; Zip Code 6221 Culebra Rd San Antonio, TX 78238
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Transportation Equipment & Related Expense	(b) Description Gas
	(c) <input type="checkbox"/> Check if travel outside of Texas, complete schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rose Requenez Hill	Office sought Council District 2	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Advertising Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/Donations Made By	Gifts/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: 1 of 1	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee Name	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking Advertising Expense Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gifts/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)
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The Instruction Guide explains how to complete this form

1 Total pages Schedule H: 1 of 1	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description
	(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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description
	<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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME Mrs Rose Requenez Hill	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
1 of 1

2 FILER NAME

Mrs Rose Requenez Hill

3 Filer ID (Ethics Commission Filers)

4 Date
3/6/2023

5 Name of person from whom amount is received
Frost Bank

8 Amount (\$)
28.95

6 Address of person from whom amount is received; City; State; Zip Code
**110 Austin Hwy.
San Antonio, TX 78209**

7 Purpose for which amount is received Check if political contribution returned to filer
Refund For Checks Misprinted

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1 of 1
2 FILER NAME Mrs Rose Requenez Hill		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

C/OH NAME
Mrs Rose Requenez Hill

Filer ID (Ethics Commission Filers)

SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

OFFICEHOLDER

•• Complete this section *only* if you are an officeholder. ••

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest of other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder