

# 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) 00090460		2 Total pages filed: 10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Julie E.		OFFICE USE ONLY  Date Received ELECTRONICALLY FILED 02/02/2026
	NICKNAME		LAST Hilberg		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 1292  Poteet, TX 78065		ZIP CODE		Date Hand-delivered or Date Postmarked
	Receipt #		Amount		Date Processed
	Date Processed		Date Imaged		
	Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.		FIRST Gloria L.		NICKNAME LAST Cordova
	NICKNAME		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1116 Plum St.  Jordanton, TX 78026		APT / SUITE #; CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 80	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Hilberg, Julie E. (Mrs.)	14 Filer ID	(Ethics Commission Filers)
		00090460	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,787.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	64.90
	4. TOTAL POLITICAL EXPENDITURES	\$	215.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,037.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	150.88

17 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.

Mrs. Julie E. Hilberg

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Hilberg, Julie E. (Mrs.)		<b>19 Filer ID</b> 00090460	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,037.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,750.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	150.88
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	64.90
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	150.88
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/10
<b>2</b> FILER NAME Hilberg, Julie E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090460
<b>4</b> Date 01/18/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alverado, Albert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Carrizo Springs, TX 78834	<b>7</b> Amount of Contribution (\$)  \$96.50
<b>8</b> Principal occupation / Job title (See Instructions) Contractor		<b>9</b> Employer (See Instructions) Overwatch
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordova, Linda <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$96.50
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) USPS
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inbody, Don (Mr.) <hr/> Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$96.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Susan <hr/> Contributor address; City; State; Zip Code  MCCOY, TX 78113	Amount of Contribution (\$)  \$482.50
Principal occupation / Job title (See Instructions) Not working		Employer (See Instructions) Not working
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Charles <hr/> Contributor address; City; State; Zip Code  Poteet, TX 78065	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/2 Rpt: 5/10

2 FILER NAME  
Hilberg, Julie E. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00090460

4 Date  
01/17/2026

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Pietraszkiewicz, Andrew (Mr.)

7 Amount of Contribution (\$)  
\$965.00

6 Contributor address; City; State; Zip Code

MCCOY, TX 78113

8 Principal occupation / Job title (See Instructions)  
Not working

9 Employer (See Instructions)  
Not working

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:  
Sch: 1/1 Rpt: 6/10

2 FILER NAME  
Hilberg, Julie E. (Mrs.)

3 Filer ID (Ethics Commission Filers)  
00090460

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date  
01/13/2026

6 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Rodney Kidd LLC

7 Contributor address; City; State; Zip Code

San Antonio, TX 78230

8 Amount of  
contribution (\$)  
\$3,750.00

9 In-kind contribution  
description  
Digital Assets

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

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)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/2 Rpt: 7/10	
<b>2</b> FILER NAME Hilberg, Julie E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090460	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 01/22/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilberg, Julie (Mrs.)		<b>9</b> Loan Amount (\$) \$25.98
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Poteet, TX 78065		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) N/A	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 01/13/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilberg, Julie (Mrs.)		Loan Amount (\$) \$64.90
Is lender a financial institution? No	Lender address; City; State; Zip Code  Poteet, TX 78065		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/2 Rpt: 8/10	
<b>2</b> FILER NAME Hilberg, Julie E. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090460	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 01/05/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilberg, Julie (Mrs.)		<b>9</b> Loan Amount (\$) \$50.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Poteet, TX 78065		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) N/A	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 01/02/2026	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilberg, Julie (Mrs.)		Loan Amount (\$) \$10.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Poteet, TX 78065		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/2 Rpt: 9/10	<b>2</b> FILER NAME Hilberg, Julie E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090460
<b>4</b> Date 01/02/2026	<b>5</b> Payee name Atascosa County	
<b>6</b> Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1 Courthouse Circle Drive  Jourdanton, TX 78026	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter List
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2026	Payee name Dimmit County Tax Assessor	
Amount (\$) \$50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 425  Carrizo Springs, TX 78834	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter list
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Monarch Trophy Studio	
Amount (\$) \$25.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16227 San Pedro Ave  San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name badge x2
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

<b>1</b> Total pages Schedule G: Sch: 2/2 Rpt: 10/10	<b>2</b> FILER NAME Hilberg, Julie E. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090460
<b>4</b> Date 01/13/2026	<b>5</b> Payee name RB Printing	
<b>6</b> Amount (\$) \$64.90  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 105 E Johnson St  PLEASANTON, TX 78064	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held