

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|---|---|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <div style="font-size: 24px; text-align: center;">34</div> | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Ms. Erin Kathleen <hr/> NICKNAME LAST SUFFIX Hicks | | OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 18 2011 CITY SECRETARY FT. WORTH, TEX </div> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # <hr/> Date Processed <hr/> Date Imaged <hr/> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 15921 Fort Worth, Tx 76119 | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 810-0007 | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Dr. Clarence S <hr/> NICKNAME LAST SUFFIX Brooks | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2200 Evans Ave. Fort Worth, Tx 76104 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 926-4693 | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 7 / 1 / 2010 01 / 15 / 2011 | | | | |
| 11 ELECTION | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> ELECTION DATE Month / Day / Year / / </td> <td style="padding: 5px;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month / Day / Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| ELECTION DATE Month / Day / Year / / | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) Fort Worth City Council, District 8 | 13 OFFICE SOUGHT (if known) | | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. <hr/> Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | |

GO TO PAGE 2

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT #** (Ethics Commission Filers)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

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

COMMITTEE TYPE☐ **GENERAL**☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$ 20,610.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 9,462.90

**CONTRIBUTION
BALANCE**

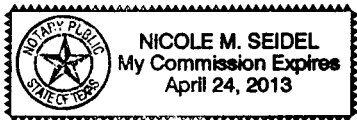
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 48,654.88

**OUTSTANDING
LOAN TOTALS**

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

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin Kathleen Hicks, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Nicole M Seidel

Printed name of officer administering oath

Asst. to the City Secy

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|---|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 12 | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/15/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy C. Brooks Campaign 6 Contributor address; City; State; Zip Code P.O. Box 16868 Fort Worth, Tx 76162-0868 | 7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09/12/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion L. Burda Contributor address; City; State; Zip Code 521 Samuels Ave. Fort Worth, Tx 76102 | Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/15/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddie W. and Jaquelyn C. Burns Contributor address; City; State; Zip Code 4706 Safe Harbour Dr. Arlington, Tx 76016 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Luther Cantrell Contributor address; City; State; Zip Code 4954 FM 1187 Box 277 Cresson, Tx 76035 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/08/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louise Britt Carvey Contributor address; City; State; Zip Code 3601 Overton Park Dr. E. Fort Worth, Tx 76109 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| 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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/2010

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Michael R. Campbell

6 Contributor address; City; State; Zip Code

5330 Bent Tree Forest Dr. Apt. 921 Dallas, Tx 75248

7 Amount of contribution (\$)

\$60.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/16/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sultan H. and Kandice Cole

Contributor address; City; State; Zip Code

2224 Watson St. Fort Worth, Tx 76103

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/16/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Wanda Conlin and Donald R. Boren

Contributor address; City; State; Zip Code

1755 Martel Ave. Fort Worth, Tx 76103-1418

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/04/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

4909 Corwin Enterprise, LLC

Contributor address; City; State; Zip Code

P.O. Box 421333 Houston, Tx 77242-1333

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)

Date

09/14/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

J. Michael and Margareth Craddock

Contributor address; City; State; Zip Code

4909 Dexter Ave. Fort Worth, Tx 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/16/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary W. and Jane Ellen Cumbie 6 Contributor address; City; State; Zip Code 400 Willow Ridge Rd. Fort Worth, Tx 76103 | 7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09/07/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff Davis, Attorney Contributor address; City; State; Zip Code 420 Throckmorton St. Ste 640 Fort Worth, Tx 76102 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gretchen B. Denny Contributor address; City; State; Zip Code 2717 Museum Way Fort Worth, Tx 76107 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/10/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dalila R. Dolenz Contributor address; City; State; Zip Code PO Box 126225 Fort Worth, Tx 76126-0225 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/15/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James R. Dunaway Contributor address; City; State; Zip Code 777 Taylor St. Ste 1040 Fort Worth, Tx 76102-4910 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/13/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perdue, Brackett, Flores, Utt & Burns, JV 6 Contributor address; City; State; Zip Code 307 W 7th St. Ste 1225 Fort Worth, Tx 76102-5110 | 7 Amount of contribution (\$) \$1000.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Law Firm | | 10 Employer (See Instructions) | |
| Date 09/05/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Timothy L. and Elaine J. Petrus Contributor address; City; State; Zip Code 3736 Country Club Circle Fort Worth, Tx 76109 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/20/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) John Wiley Price (Campaign Acct) Contributor address; City; State; Zip Code 510 E. 5th St. Dallas Tx 75203 | Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) County Commissioner | | Employer (See Instructions) | |
| Date 09/16/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susana Reyes Contributor address; City; State; Zip Code 7012 Craig St. Fort Worth, Tx 76112-7210 | Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 07/01/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr. and Mrs. John V. Roach II Contributor address; City; State; Zip Code 2805 Alton Rd. Fort Worth, Tx 76109 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <div style="text-align: center;">Erin Kathleen Hicks</div> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/04/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan E. Persing 6 Contributor address; City; State; Zip Code 3800 Trailwood Ln. Fort Worth, Tx 76109-1646 | 7 Amount of contribution (\$) \$150.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 07/23/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Fire Fighters Committee For Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, Tx 76107-3345 | Amount of contribution (\$) \$1000.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 11/09/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Fire Fighters Committee For Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, Tx 76107-3345 | Amount of contribution (\$) \$5000.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Police Officers Association Committee For Public Safety Contributor address; City; State; Zip Code 904 Collier St. Fort Worth, Tx 76102 | Amount of contribution (\$) \$2500.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/16/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garey W. Gilley Contributor address; City; State; Zip Code 2924 Alton Rd. Fort Worth, Tx 76109 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/13/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Halff Associates State PAC 6 Contributor address; City; State; Zip Code 1201 North Bowser Rd. Richardson, Tx 75081 | 7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) Engineering Firm | | 10 Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William G. and Carole L. Hall Contributor address; City; State; Zip Code 2308 Medford Court West Fort Worth, Tx 76109 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/21/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Melody A. Johnson Contributor address; City; State; Zip Code 2709 Manorwood Trail Fort Worth, Tx 76109 | Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/19/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sheila Broderick Johnson Contributor address; City; State; Zip Code 4636 Harley Ave. Fort Worth, Tx 76107 | Amount of contribution (\$) \$350.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mr. and Mrs. A. F. Kline Contributor address; City; State; Zip Code 1215 Elizabeth Blvd. Fort Worth, Tx 76110-2502 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/13/10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Thomas L. Krampitz

6 Contributor address; City; State; Zip Code

3420 Potomac Ave. Dallas, Tx 75205

7 Amount of
contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/15/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jack E. and Nancy E. Larson

Contributor address; City; State; Zip Code

1941 Chatburn Court Fort Worth, Tx 76110

Amount of
contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Thomas A., M.D. and Adelaide Bratten Leavens

Contributor address; City; State; Zip Code

3839 South Hills Circle Fort Worth, Tx 76109

Amount of
contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Martha V. Leonard

Contributor address; City; State; Zip Code

1411 Shady Oaks Lane Fort Worth, Tx 76107

Amount of
contribution (\$)

\$300.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Linebarger Goggan Blair & Sampson, LLP

Contributor address; City; State; Zip Code

P.O. Box 17428 Austin, Tx 78760

Amount of
contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Law Firm

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/15/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Loveless Attorney at Law 6 Contributor address; City; State; Zip Code 2900 Airport Freeway Fort Worth, Tx 76111 | 7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09/10/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mercantile Partners L.P. Contributor address; City; State; Zip Code 2650 Meacham Blvd. Fort Worth, Tx 76137-4203 | Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) Business | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Palko Contributor address; City; State; Zip Code 2409 Winton Terrace West Fort Worth, Tx 76109-1159 | Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/13/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Sean O'Reilly Contributor address; City; State; Zip Code P.O. Box 136834 Fort Worth, Tx 76136 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/14/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Francis M. Parks Contributor address; City; State; Zip Code 107 Crawford Ave. Syracuse, NY 13224 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/14/10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

S&B Technical Products, Inc.

6 Contributor address; City; State; Zip Code

1300 E. Berry St. Fort Worth, Tx 76119

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Industrial Business

10 Employer (See Instructions)

Date

09/16/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

James W. and Judy J. Schell (General Acct)

Contributor address; City; State; Zip Code

901 Fort Worth Club Bldg. Fort Worth, Tx 76102

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Charlotte B Sobel

Contributor address; City; State; Zip Code

3101 Binyon Ave. Fort Worth, Tx 76133-1550

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs. John R. Stevenson

Contributor address; City; State; Zip Code

1200 Broad Ave. Fort Worth, Tx 76107

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Tom Struhs and Elizabeth Falconer

Contributor address; City; State; Zip Code

2801 Bledsoe St. Fort Worth, Tx 76107

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME <div style="text-align: center;">Erin Kathleen Hicks</div> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/19/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) E. E. and L. M. Thompson 6 Contributor address; City; State; Zip Code 812 Shady Creek Dr. Kennedale, Tx 76060 | 7 Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 09/06/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) James R. Toal Contributor address; City; State; Zip Code 341 Nursery Ln. Fort Worth, Tx 76114-4336 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 12/02/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J. David and Jerre W. Tracy Contributor address; City; State; Zip Code 2734 Colonial Pkwy. Fort Worth, Tx 76109-1211 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/15/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Tunstle Contributor address; City; State; Zip Code 1001 Schieffer Ave. Fort Worth, Tx 76110 | Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/16/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. T. C. and Darlene E. Webster Contributor address; City; State; Zip Code 4817 Panola Ave. Fort Worth, Tx 76103 | Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| 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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

| | | | |
|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/18/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Valleau Wilkie, Jr. 6 Contributor address; City; State; Zip Code 309 Main St. Fort Worth, Tx 76102 | 7 Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date 10/15/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Good Government Fund PAC Contributor address; City; State; Zip Code 201 Main St. Ste 2500 Fort Worth, Tx 76102 | Amount of contribution (\$) \$1000.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PAC | | Employer (See Instructions) | |
| Date 10/01/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fort Worth Retired Firefighters and Widows Committee For Responsible Government Contributor address; City; State; Zip Code 1617 Tierney Rd. Fort Worth, Tx 76112 | Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) PAC | | Employer (See Instructions) | |
| Date 10/04/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.C. Gavras Contributor address; City; State; Zip Code 2214 Franklin Dr. Arlington, Tx 76011 | Amount of contribution (\$) \$200.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/06/10 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mrs. Estile A. Vance Contributor address; City; State; Zip Code 3901 Mockingbird Ln. Fort Worth, Tx 76109 | Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: | |
| 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 10/02/10 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles Boswell 6 Contributor address; City; State; Zip Code 210 N. Bailey Ave. Fort Worth, Tx 76107 | 7 Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: 20 | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 09/02/10 | 5 Payee name AT&T Mobility | |
| 6 Amount (\$) 238.46 | 7 Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Tx 75265-0553 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Phone for Campaign | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| Date 07/02/10 | Payee name AT&T Mobility | |
| Amount (\$) \$238.46 | Payee address; City; State; Zip Code P.O. Box 650553 Dallas, Tx 75265-0553 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Phone for Campaign | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| Date 10/02/10 | Payee name AT&T Mobility | |
| Amount (\$) \$236.44 | Payee address; City; State; Zip Code P.O. Box 650553 Dallas Tx 75265-0553 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Phone for Campaign | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| | | |
| Date 11/02/10 | Payee name AT&T Mobility | |
| Amount (\$) \$433.94 | Payee address; City; State; Zip Code P.O. Box 650553 Dallas Tx 75265-0553 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Phone for Campaign | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/07/10 | | 5 Payee name Harper's Blue Bonnet Bakery | | | |
| 6 Amount (\$) 82.90 | | 7 Payee address; City; State; Zip Code 3905 Camp Bowie Blvd. Fort Worth, Tx 76107 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Food for Event | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 08/02/10 | | Payee name Cat City Grill | | | |
| Amount (\$) \$42.72 | | Payee address; City; State; Zip Code 1208 W. Magnolia Ave. Fort Worth, Tx | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Meal with Constituent | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 10/25/10 | | Payee name Central Market #545 | | | |
| Amount (\$) \$23.00 | | Payee address; City; State; Zip Code 4651 West Freeway Ste 545 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Food for Event | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date 10/11/10 | | Payee name Chadra Mezza & Grill | | | |
| Amount (\$) \$298.77 | | Payee address; City; State; Zip Code 1622 Park Place Ave. Fort Worth, Tx 76110 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Catering for Fundraiser | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10/14/10 | 5 Payee name Chadra Mezza & Grill | | |
| 6 Amount (\$) 224.08 | 7 Payee address; City; State; Zip Code 1622 Park Place Ave. Fort Worth, Tx 76110 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food for Fundraiser | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 09/16/10 | Candidate / Officeholder name Church's Chicken #62 | | |
| Amount (\$) \$81.54 | Payee name Payee address; City; State; Zip Code Fort Worth, Tx | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Food for Fundraiser | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 08/18/10 | Candidate / Officeholder name Family Dollar #1854 | | |
| Amount (\$) \$20.26 | Payee name Payee address; City; State; Zip Code 504 W. Rosedale St. Fort Worth, Tx 76 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Supplies | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 09/11/10 | Candidate / Officeholder name Flower Market | | |
| Amount (\$) \$34.08 | Payee name Payee address; City; State; Zip Code 2733 W. 7th St. Fort Worth, Tx 76107 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Flowers for Constituents | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 07/31/10 | 5 Payee name Gordon Boswell Flowers #001 | |
| 6 Amount (\$) 46.16 | 7 Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Tx 76104 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Flowers for Constituents | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 08/31/10 | Payee name Gordon Boswell Flowers #001 | |
| Amount (\$) \$189.67 | Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Tx 76104 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Flowers for Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/30/10 | Payee name Gordon Boswell Flowers #001 | |
| Amount (\$) \$77.87 | Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Tx 76104 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Flowers for Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/04/10 | Payee name Gordon Boswell Flowers #001 | |
| Amount (\$) \$37.83 | Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Tx 76104 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Flowers for Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|--|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/10/10 | | 5 Payee name Graphics2 | | | |
| 6 Amount (\$) \$205.68 | | 7 Payee address; City; State; Zip Code P.O. Box 15921 Fort Worth, Tx 76119 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Campaign Mailing | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/13/10 | | Payee name T Thompson | | | |
| Amount (\$) \$140.00 | | Payee address; City; State; Zip Code (carpet cleaning bldg 40) | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Event | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/13/10 | | Payee name The Home Depot #6534 | | | |
| Amount (\$) \$29.74 | | Payee address; City; State; Zip Code 1151 Bridgewood Dr. Fort Worth, Tx 76112 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Event Supplies | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/13/10 | | Payee name The Home Depot #6534 | | | |
| Amount (\$) \$36.70 | | Payee address; City; State; Zip Code 1151 Bridgewood Dr. Fort Worth, Tx 76112 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Event Supplies | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 10/15/10 | 5 Payee name Jason's Deli #010 | |
| 6 Amount (\$) \$55.66 | 7 Payee address; City; State; Zip Code 6244 Camp Bowie Dr. Fort Worth, Tx 76116 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Volunteer Lunch | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/17/10 | Payee name Key Personnel | |
| Amount (\$) \$151.60 | Payee address; City; State; Zip Code P.O. Box 1482 Fort Worth, Tx 76101-1482 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Temporary Staff for Fundraiser | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/13/10 | Payee name Kroger | |
| Amount (\$) \$6.99 | Payee address; City; State; Zip Code 1050 Bridgewood Dr. Fort Worth, Tx 76112 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Supplies | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| 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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/12/10 | Payee name Lambert's | |
| Amount (\$) \$234.13 | Payee address; City; State; Zip Code 2731 White Settlement Rd. Fort Worth, Tx 76109 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 09/12/10 | Payee name Meadowbrook United Methodist Church | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code 3900 Meadowbrook Dr. Fort Worth, Tx 76103-2699 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/15/10 | Payee name The Modern Art Museum of Fort Worth | |
| Amount (\$) \$125.00 | Payee address; City; State; Zip Code 3200 Darnell St. Fort Worth, Tx 76107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) |
| 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 | | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 2010 | 5 Payee name NetPlay Promotions | |
| 6 Amount (\$) \$433.75 | 7 Payee address; City; State; Zip Code P.O. Box 224606 Dallas, Tx 75222-4605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Campaign Shirts | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 09/01/10 | Payee name Omega Printing | |
| Amount (\$) \$697.97 | Payee address; City; State; Zip Code 2906 Story Rd. W. Irving, Tx 75038 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Invitations | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 10/02/10 | Payee name On The Border 002 | |
| Amount (\$) \$143.13 | Payee address; City; State; Zip Code Arlington, Tx | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 01/03/11 | Payee name Boomer Jacks Grill #11 | |
| Amount (\$) \$30.26 | Payee address; City; State; Zip Code 2600 W, 7th St. #126 Fort Worth, Tx 76107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituent | Description (If travel outside of Texas, complete Schedule T) |
| 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 | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 01/10/11 | 5 Payee name Pappasito's Cantina | |
| 6 Amount (\$) \$48.66 | 7 Payee address; City; State; Zip Code 2704 W. Freeway Fort Worth, Tx 76102 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Meal with Constituents | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 10/14/10 | Payee name Patrizio Pizza, Pasta & Vino | |
| Amount (\$) \$46.17 | Payee address; City; State; Zip Code 2936 Crockett St. Fort Worth, Tx 76107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 10/29/10 | Payee name Patrizio Pizza, Pasta & Vino | |
| Amount (\$) \$26.25 | Payee address; City; State; Zip Code 2936 Crockett St. Fort Worth, Tx 76107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 11/04/10 | Payee name Patrizio Pizza, Pasta & Vino | |
| Amount (\$) \$48.90 | Payee address; City; State; Zip Code 2936 Crockett St. Fort Worth, Tx 76107 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) |
| 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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 07/20/10 | 5 Payee name Piranha Killer Sushi | | |
| 6 Amount (\$) \$44.73 | 7 Payee address; City; State; Zip Code 335 W. 3rd St. Fort Worth, Tx 76102 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Meal with Constituents | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 09/01/10 | Payee name Pizza Hut #744170 | | |
| Amount (\$) \$24.36 | Payee address; City; State; Zip Code Online - pizzahut.com | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 09/16/10 | Payee name The Rotary Club of Fort Worth | | |
| Amount (\$) \$225.00 | Payee address; City; State; Zip Code 306 W. 7th St. Ste 715 Fort Worth, Tx 76102-4900 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Dues | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date 09/11/10 | Payee name Sam's Club | | |
| Amount (\$) \$118.04 | Payee address; City; State; Zip Code Westworth Village, Tx | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Supplies | Description (If travel outside of Texas, complete Schedule T) | |
| 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 | | | |

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 09/14/10 | 5 Payee name Sam's Club | | |
| 6 Amount (\$) \$48.52 | 7 Payee address; City; State; Zip Code Westworth Village, Tx | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Campaign Supplies | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |
| Date 12/10/10 | Payee name Sam's Club | | |
| Amount (\$) \$49.80 | Payee address; City; State; Zip Code Fort Worth, Tx | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Supplies | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |
| Date 11/12/10 | Payee name Silver Fox | | |
| Amount (\$) \$117.21 | Payee address; City; State; Zip Code 1651 S. University Dr. Fort Worth, Tx 76107 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |
| Date 01/23/10 | Payee name Staples | | |
| Amount (\$) \$12.96 | Payee address; City; State; Zip Code 1600 S. University Dr. Fort Worth, Tx 76107 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Supplies | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> | | | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 08/21/10 | | 5 Payee name Starbucks Coffee Company #10333 | | | |
| 6 Amount (\$) \$14.55 | | 7 Payee address; City; State; Zip Code I-30 @ Beltline Dallas, Tx 75050 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Coffee with Constituent | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 11/25/10 | | Payee name Starbucks Coffee Company #14347 | | | |
| Amount (\$) \$10.14 | | Payee address; City; State; Zip Code 8th Ave. @ Rosedale Ave. Fort Worth, Tx 76104 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Coffee with Constituent | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/28/10 | | Payee name Tarrant County Democratic Party | | | |
| Amount (\$) \$50.00 | | Payee address; City; State; Zip Code 3004 W. Lancaster Ave. Fort Worth, Tx 76107 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Donation | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 07/31/10 | | Payee name Tom Thumb #2574 | | | |
| Amount (\$) \$30.81 | | Payee address; City; State; Zip Code 3100 S. Hulen St. Fort Worth, Tx 76109 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Supplies | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|--|--|--|--|
| 1 Total pages Schedule F: | | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/16/10 | | 5 Payee name Tom Thumb #2574 | | | |
| 6 Amount (\$) \$29.19 | | 7 Payee address; City; State; Zip Code 3100 S. Hulen St. Fort Worth, Tx 76109 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Campaign Supplies | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/16/10 | | Payee name Walmart | | | |
| Amount (\$) \$301.58 | | Payee address; City; State; Zip Code Fort Worth, Tx 76111 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Supplies | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 09/29/10 | | Payee name Yucatan Taco Stand | | | |
| Amount (\$) \$66.36 | | Payee address; City; State; Zip Code 909 W. Magnolia Ave. Fort Worth, Tx | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Meal with Constituents | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 08/06/10 | | Payee name USPS Glencrest Station | | | |
| Amount (\$) \$8.80 | | Payee address; City; State; Zip Code Fort Worth, Tx. 76116-9998 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Mailing | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 08/10/10 | 5 Payee name USPS Julius Melcher Station | |
| 6 Amount (\$) \$63.76 | 7 Payee address; City; State; Zip Code Houston, Tx 77027-9998 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Campaign Mailing | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 08/14/10 | Payee name USPS Jack D. Watson Station | |
| Amount (\$) \$59.62 | Payee address; City; State; Zip Code Fort Worth, Tx 76161-9804 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Mailing | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 08/25/10 | Payee name USPS Glencrest Station | |
| Amount (\$) \$30.00 | Payee address; City; State; Zip Code Fort Worth, Tx 76119-9998 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Mailing | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |
| Date 09/01/10 | Payee name USPS Glencrest Station | |
| Amount (\$) \$158.40 | Payee address; City; State; Zip Code Fort Worth, Tx 76119-9998 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Mailing | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name | | |
| Office sought | | |
| Office held | | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|--|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) | | | |
| 4 Date 09/28/10 | 5 Payee name USPS River Oaks Station | | | | |
| 6 Amount (\$) \$54.91 | 7 Payee address; City; State; Zip Code Houston, Tx 77019-9998 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Campaign Mailing | (b) Description (If travel outside of Texas, complete Schedule T) | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 10/13/10 | Payee name USPS Downtown Station | | | | |
| Amount (\$) \$44.00 | Payee address; City; State; Zip Code Fort Worth, Tx 76102-9997 | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Campaign Mailing | Description (If travel outside of Texas, complete Schedule T) | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 09/22/10 | Payee name Baylor - All Saints Hospital | | | | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code Fort Worth, Tx | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |
| Date 10/01/10 | Payee name Fort Worth Symphony | | | | |
| Amount (\$) \$75.00 | Payee address; City; State; Zip Code Fort Worth, Tx | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:40%; text-align: center;">Candidate / Officeholder name</td> <td style="width:30%; text-align: center;">Office sought</td> <td style="width:30%; text-align: center;">Office held</td> </tr> </table> | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 09/24/10 | 5 Payee name Glencrest Civic League | |
| 6 Amount (\$) \$20.00 | 7 Payee address; City; State; Zip Code Fort Worth, Tx | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Donation | (b) Description (If travel outside of Texas, complete Schedule T) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 07/15/10 | Payee name Wendell Cass | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code Fort Worth, Tx | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Consulting | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 08/16/10 | Payee name Wendell Cass | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code Fort Worth, Tx | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Consulting | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/15/10 | Payee name Wendell Cass | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code Fort Worth, Tx | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Consulting | Description (If travel outside of Texas, complete Schedule T) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|--|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 08/20/10 | 5 Payee name The Rotary | | |
| 6 Amount (\$) \$40.00 | 7 Payee address; City; State; Zip Code Fort Worth, Tx | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Fee | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 11/14/10 | Payee name Pilgrim Valley Church | | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code Fort Worth, Tx | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Donation | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 09/16/10 | Payee name Phillip Bermejo | | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1955 Columbus Ave. Fort Worth, Tx 76164-8659 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Photography | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 10/14/10 | Payee name Phillip Bermejo | | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code 1955 Columbus Ave. Fort Worth, Tx 76164-8659 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Photography | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|---|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 12/11/10 | 5 Payee name Phillip Bermejo | | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 1955 Columbus Ave. Fort Worth, Tx 76164-8659 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Photography | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 09/07/10 | Payee name Ashley Baker | | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Code Fort Worth, Tx | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Invitations | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 01/11/11 | Payee name Phillip Bermejo | | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1955 Columbus Ave. Fort Worth, Tx 76164-8659 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Technology Consultant | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date 10/06/10 | Payee name Angelo's BBQ | | |
| Amount (\$) \$36.78 | Payee address; City; State; Zip Code 2533 White Settlement Rd. Fort Worth, Tx 76107 | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituents | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|---|--|--|-------------|
| 1 Total pages Schedule F: | | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 09/21/10 | | 5 Payee name Angelo's BBQ | | | |
| 6 Amount (\$) \$40.98 | | 7 Payee address; City; State; Zip Code 2533 White Settlement Rd. Fort Worth, Tx 76107 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See categories listed at the top of this schedule) Meal with Constituents | | (b) Description (If travel outside of Texas, complete Schedule T) | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/28/10 | | Payee name Angelo's BBQ | | | |
| Amount (\$) \$35.05 | | Payee address; City; State; Zip Code 2533 White Settlement Rd. Fort Worth, Tx 76107 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Meal with Constituents | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 10/02/10 | | Payee name USPS Stockyards Finance Unit | | | |
| Amount (\$) \$5.70 | | Payee address; City; State; Zip Code 2110 Ellis Ave. Fort Worth, Tx 76164 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Campaign Mailing | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 09/29/10 | | Payee name Gordon Boswell Flowers | | | |
| Amount (\$) \$37.83 | | Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Tx 76104 | | | |
| PURPOSE OF EXPENDITURE | | Category (See categories listed at the top of this schedule) Constituent Flowers | | Description (If travel outside of Texas, complete Schedule T) | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
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| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
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| | | | | | | |
|--|--|--|---|-------------------------------|---------------|-------------|
| 1 Total pages Schedule F: | 2 FILER NAME Erin Kathleen Hicks | | 3 ACCOUNT # (Ethics Commission Filers) | | | |
| 4 Date 09/22/10 | 5 Payee name Esperanza's Mexican Cafe | | | | | |
| 6 Amount (\$) \$23.22 | 7 Payee address; City; State; Zip Code 2122 N. Main St. Fort Worth, Tx 76164 | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Meal with Constituent | (b) Description (If travel outside of Texas, complete Schedule T) | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |
| Date 10/18/10 | Payee name Cracker Barrel #205 | | | | | |
| Amount (\$) \$25.20 | Payee address; City; State; Zip Code I-35 North @ Meacham Blvd. Fort Worth, Tx | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Meal with Constituent | Description (If travel outside of Texas, complete Schedule T) | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |
| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"> <tr> <td style="width:50%">Candidate / Officeholder name</td> <td style="width:25%">Office sought</td> <td style="width:25%">Office held</td> </tr> </table> | | | | Candidate / Officeholder name | Office sought | Office held |
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| Date | Payee name | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) | | | | |
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