Revised 04/21/2010

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:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	
OFFICEHOLDER NAME	Ms. Erin	Kathleen	OFFICE USE ONLY Date Received
	NICKNAME LAST	SUFFIX	RECEIVED 6
	Hicks		- Ann.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; P.O. Box 15921 Fort Worth, Tx 76	STATE; ZIP CODE	JAN 1.8 2011
Change of Address			TO THE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 810-0007	EXTENSION	Date Processed
6 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Dr. Clarence	s	Date Imaged
NAME	NICKNAME LAST Brooks	SUFFIX	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	2200 Evans Ave. Fort Worth, Tx 7	76104	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 926-4693	EXTENSION	
9 REPORT TYPE	X January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2010 THROUGH	Month Day 01 / 15	Year / 2011
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (f any) Fort Worth City Council, District	13 OFFICE SOUGHT (if known	n)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION		
BY OTHER	Name		
INDIVIDUALS			
	Address / PO Box; Apt. / Suite #; City; State; Zip Cod	le [
additional pages		OF	FICIAL DECORD
	GO TO PAG	GE 2 FT	Y SEGMENARY WORTH, TEX

Signature of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	6 ACCOUNT # (Ethics Commission Filers
IT NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,610.00
EXPENDITURE TOTALS 3. T		POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED \$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,462.90
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 48,654.88
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	#E \$
9 AFFIDAVIT	NICOLE M. SEID My Commission Ex April 24, 2013	is true and correct and includes all in me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by All All All All All All All All All Al
AFFIX NOTARY STAMI	cribed before i	me, by the said EVIN KAHNELV	

Printed riame of officer administering oath

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A: / 2
2 FILER NAME	Erin Kathleen Hicks		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID# Roy C. Brooks Campaign)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/15/10	6 Contributor address; City; State; Zip Code		\$100.00	
	P.O. Box 16868 Fort Worth, Tx 761	162-0868	(If travel outside	of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · ·	, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/12/10	Contributor address; City; State; Zip Code		\$50.00	
	521 Samuels Ave. Fort Worth, Tx 7	76102	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/15/10	Contributor address; City; State; Zip Code		\$100.00	
	4706 Safe Harbour Dr. Arlington, 1	lx 76016	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code 4954 FM 1187 Box 277 Cresson, Tx	76035	\$100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
T mapa occup	adon / 500 due (See Insudictions)	Employer (See 1	risu ucuoris)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/08/10	Contributor address; City; State; Zip Code 3601 Overton Park Dr. E. Fort Wor	th, Tx 76109	\$250.00	
Principal occup	nation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHED! !! F	AS NEFDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hicks		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
	Michael R. Campbell		contribution (\$)	description (if applicable)
09/2010	6 Contributor address; City; State; Zip Code		\$60.00	1
	5330 Bent Tree Forest Dr. Apt. 921 Da	allas, Tx 75248		of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	<u> </u>	Ji lexas, compate concern .,
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of	In-kind contribution
!	Sultan H. and Kandice Cole		contribution (\$)	description (if applicable)
09/16/10	Contributor address; City; State; Zip Code		\$50.00	1
!	2224 Watson St. Fort Worth, Tx 76	6103		<u> </u>
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ir		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
	Wanda Conlin and Donald R. Boren		contribution (\$)	description (if applicable)
09/16/10	Contributor address; City; State; Zip Code		\$100.00	<u> </u>
	1755 Martel Ave. Fort Worth, Tx 7	/6103-1418	" autoido	Control of the state of the sta
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
		Employe, (e.e.	isu ucucna,	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	4909 Corwin Enterprise, LLC		contribution (\$)	description (if applicable)
05/04/10	Contributor address; City; State; Zip Code		\$1000.00	1
	P.O. Box 421333 Houston, Tx 77242	2-1333	\$1000.00	
			(If the second proteins of	TO THE OUTSIDE TO
Principal occup	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Developer				
Date	Full name of contributor		Amount of	In-kind contribution
	J. Michael and Margareth Craddock		contribution (\$)	description (if applicable)
09/14/10	Contributor address; City, State, Zip Code		\$100.00	
	4909 Dexter Ave. Fort Worth, Tx 7	6107		
			(If travel outside of	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ins		

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SCHEDULE A

			•	
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	
2 FILER NAME	Erin Kathleen Hick	KS .	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID# Gary W. and Jane Ellen Cumbie		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/16/10	6 Contributor address; City; State; Zip Code		\$50.00	
	400 Willow Ridge Rd. Fort Worth,	Tx 76103	(If travel outside	 of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 09/07/10	Full name of contributor out-of-state PAC (ID#_ Jeff Davis, Attorney		Amount of contribution (\$)	In-kind contribution description (if applicable)
03, 0,, 10	Contributor address; City; State; Zip Code 420 Throckmorton St. Ste 640 Fort Wo	orth, Tx 76102	\$250.00	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
- Timoipai occup	auton 7 dec une (dec manuacións)	Employer (ecc)		
Date	Full name of contributor out-of-state PAC (ID#_Gretchen B. Denny		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code			1
	2717 Museum Way Fort Worth, Tx 7	6107	\$250.00	 -
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 09/10/10	Full name of contributor out-of-state PAC (ID#: Dalila R. Dolenz Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10, 21, 21	PO Box 126225 Fort Worth, Tx 7612	26-0225	\$100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 09/15/10	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/15/10	Contributor address; City; State; Zip Code 777 Taylor St. Ste 1040 Fort Worth,	Tx 76102-4910	\$100.00 	
Principal accum	otion / Joh title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
r mapai occup	ation / Job title (See Instructions)	Employer (See I	isa ucuOHS)	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hich	ks	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID# Perdue, Brackett, Flores, Utt & B		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/13/10	6 Contributor address; City; State; Zip Code 307 W 7th St. Ste 1225 Fort Worth,		\$1000.00	 - -
			(If travel outside	I of Texas, complete Schedule T)
9 Principal occup Law Firm	pation / Job title (See Instructions)	10 Employer (See I		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/05/10	Contributor address; City; State; Zip Code 3736 Country Club Circle Fort Wo	rth, Tx 76109	\$250.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/20/10	Contributor address; City; State; Zip Code 510 E. 5th St. Dallas Tx 75203		\$500.00	
Principal occup County Comm	ation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/16/10	Contributor address; City; State; Zip Code 7012 Craig St. Fort Worth, Tx 761	112-7210	\$25.00	
			(If travel outside o	f Texas, complete Schedule T)
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir		Tokas, complete concease 1)
Date	Full name of contributor out-of-state PAC(ID#: Mr. and Mrs. John V. Roach II		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/01/10	Contributor address; City; State; Zip Code 2805 Alton Rd. Fort Worth, Tx 761	.09	\$100.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	<u> </u>	<u> </u>	- ·	¥

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hick	cs	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID#: Jan E. Fersing)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/04/10	6 Contributor address; City; State; Zip Code 3800 Trailwood Ln. Fort Worth, T:	·····································	\$150.00	
	3000 ABURENOUS MAIN 1925 11921-1,	A 70205 2022	·	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I		
Date 07/23/10	Full name of contributor out-of-state PAC(ID#_Fort Worth Fire Fighters Committee For Responsible Government Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3855 Tulsa Way Fort Worth, Tx 76	107-3345	\$1000.00	[
			(If travel outside of	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 11/09/10	Full name of contributor out-of-state PAC(ID#_Fort Worth Fire Fighters Committee For Responsible Government Contributor address; City; State; Zip Code	; 	Amount of contribution (\$)	In-kind contribution description (if applicable)
	3855 Tulsa Way Fort Worth, Tx 761	107-3345	\$5000.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 09/13/10	Full name of contributor out-of-state PAC (ID#_Fort Worth Police Officers Associal Committee For Public Safety Contributor address; City; State; Zip Code	ntion	Amount of contribution (\$)	In-kind contribution description (if applicable)
, .	904 Collier St. Fort Worth, Tx 76	5102	\$2500.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Garey W. Gilley		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/16/10	Contributor address: City: State: Zip Code 2924 Alton Rd. Fort Worth, Tx 761	.09	\$250.00	
			 (If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE	AS NEEDED	

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hick	cs	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID# Halff Associates State PAC		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/13/10	6 Contributor address; City; State; Zip Code 1201 North Bowser Rd. Richardson, Tx 75081		\$500.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Engineerin	pation / Job title (See Instructions) ag Firm	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code 2308 Medford Court West Fort Wor		\$100.00	!
<u></u>				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/21/10	Contributor address; City; State; Zip Code 2709 Manorwood Trail Fort Worth,	Tx 76109	\$250.00	 - of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/19/10	Contributor address; City; State; Zip Code 4636 Harley Ave. Fort Worth, Tx	76107	\$350.00	
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor	. [Amount of	In-kind contribution
Daus	Full name of contributor out-of-state PAC (ID#: Mr. and Mrs. A. F. Kline		contribution (\$)	description (if applicable)
09/13/10			 	
11, 11, 11	Contributor address: City; State; Zip Code 1215 Elizabeth Blvd. Fort Worth, T	Гх 76110-2502	\$100.00	
			(If traval outside a	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See II		i ioxus, compiete ou redure 1)

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SCHEDULE A

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sci	hedule A:
2 FILER NAME	Erin Kathleen Hich	ks	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/13/10	6 Contributor address; City; State; Zip Code 3420 Potomac Ave. Dallas, Tx 75205		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	instructions)	
Date 09/15/10	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code 1941 Chatburn Court Fort Worth, '		\$250.00	
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor) [Amount of	In-kind contribution
	Thomas A., M.D. and Adelaide Bratt		contribution (\$)	description (if applicable)
09/03/10	Contributor address; City; State; Zip Code			
	3839 South Hills Circle Fort Work	th, Tx 76109	\$50.00	
			(If travel outside (of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		or rexas, complete scriedule 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/10/10	Contributor address; City; State; Zip Code			
	1411 Shady Oaks Lane Fort Worth,	Tx 76107	\$300.00	
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Tonas, sompose conocato 1)
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	Linebarger Goggan Blair & Sampson,	LLP	contribution (\$)	description (if applicable)
09/14/10	Contributor address; City; State; Zip Code			
	P.O. Box 17428 Austin, Tx 78760		\$500.00	
			(If trough autains =	F Tayon complete Cabadala Ti
	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Law Firm				

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DOLITICAL CONT

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hick	ζS	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC(ID# Jim Loveless Attorney at Law)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/15/10	6 Contributor address; City; State; Zip Code 2900 Airport Freeway Fort Worth,		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/10/10	Contributor address; City; State; Zip Code 2650 Meacham Blvd. Fort Worth, T		\$500.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu Business	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code 2409 Winton Terrace West Fort Worth		\$50.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/13/10	Contributor address; City; State; Zip Code P.O. Box 136834 Fort Worth, Tx 7		\$100.00	1
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Francis M. Parks		Amount of contribution (\$)	In-kind contribution description (if applicable)
09/14/10	Contributor address; City; State; Zip Code 107 Crawford Ave. Syracuse, NY 1		\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
I				

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SCHEDULE A

The	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hic	ks	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC(D#_ S&B Technical Products, Inc.		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/14/10	6 Contributor address; City; State; Zip Code 1300 E. Berry St. Fort Worth, Tx 76119		\$500.00	 - -
			(If travel outside	of Texas, complete Schedule T)
	upation / Job title (See Instructions) 1 Business	10 Employer (See		or rozas, compositions of the second of the
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	James W. and Judy J. Schell (Gene		contribution (\$)	description (if applicable)
09/16/10				ł I
09/10/10	Contributor address; City; State; Zip Code 901 Fort Worth Club Bldg. Fort Wo		\$250.00 I	
	JOIL FOIL MOTELL CLUD BING. TOLL	ITCH, IX /0102	\$250.00	•
		ļ	/If travel outside (of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		n loads, composit concerns .,
D-4-	Full name of contributor			
Date	Full name of contributor out-of-state PAC (ID# Charlotte B Sobel		Amount of contribution (\$)	In-kind contribution description (if applicable)
			!	
09/10/10	Contributor address; City; State; Zip Code	i	l	
	3101 Binyon Ave. Fort Worth, Tx	76133-1550	\$100.00	
			(If traval outside ((Tarras annotate Cahadula T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	***	of Texas, complete Schedule T)
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Mrs. John R. Stevenson			In-kind contribution description (if applicable)
Date 09/24/10	Mrs. John R. Stevenson Contributor address; City; State; Zip Code		contribution (\$)	
	Mrs. John R. Stevenson			
	Mrs. John R. Stevenson Contributor address; City; State; Zip Code		\$100.00	description (if applicable)
09/24/10	Mrs. John R. Stevenson Contributor address; City; State; Zip Code		\$100.00 (If travel outside of	
09/24/10	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7	76107	\$100.00 (If travel outside of	description (if applicable)
09/24/10	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7	76107	\$100.00 (If travel outside of instructions)	description (if applicable) If Texas, complete Schedule T)
09/24/10 Principal occup	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7 pation / Job title (See Instructions)	Employer (See Ir	\$100.00 (If travel outside of instructions)	description (if applicable) If Texas, complete Schedule T)
09/24/10 Principal occup	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#_	Employer (See Ir	\$100.00 (If travel outside of instructions)	description (if applicable) If Texas, complete Schedule T)
09/24/10 Principal occup	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7 pation / Job title (See Instructions) Full name of contributor out-of-state PAC(ID#_ Tom Struhs and Elizabeth Falconer	Employer (See Ir	\$100.00 (If travel outside of instructions)	description (if applicable) if Texas, complete Schedule T) In-kind contribution
09/24/10 Principal occup	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7 pation / Job title (See Instructions) Full name of contributor	Employer (See Ir	\$100.00 (If travel outside of natructions) Amount of contribution (\$)	description (if applicable) if Texas, complete Schedule T) In-kind contribution
09/24/10 Principal occup Date 09/18/10	Mrs. John R. Stevenson Contributor address; City; State; Zip Code 1200 Broad Ave. Fort Worth, Tx 7 pation / Job title (See Instructions) Full name of contributor	Employer (See Ir	\$100.00 (If travel outside of nstructions) Amount of contribution (\$) \$250.00	description (if applicable) if Texas, complete Schedule T) In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS

P.O. Box 12070 Austin, Te

SCHEDULE A

OTHER	THAN PLEDGES OR LOAI	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Erin Kathleen Hick	cs	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#_ E. E. and L. M. Thompson)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/19/10	6 Contributor address; City; State; Zip Code 812 Shady Creek Dr. Kennedale, Tx 76060		\$25.00	
	- Shippary		L	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
	James R. Toal		contribution (\$)	description (if applicable)
09/06/10	Contributor address; City; State; Zip Code 341 Nursery Ln. Fort Worth, Tx 76114-4336		\$100.00	
			/If traval outside (of Texas, complete Schedule T)
Principal occur	l pation / Job title (See Instructions)	Employer (See I	Lu	or rexas, complete scredule 1)
Fincipal occup	Jation / Job little (See instructions)	Employer (occ)	,,,,,,	
Date	Full name of contributor out-of-state PAC (ID#_	1	Amount of	In-kind contribution
Date	J. David and Jerre W. Tracy		contribution (\$)	description (if applicable)
10/00/10				1
12/02/10	Contributor address; City; State; Zip Code			
	2734 Colonial Pkwy. Fort Worth,	Tx 76109-1211	\$100.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Ruth Tunstle		contribution (\$)	description (if applicable)
00/15/10			,	
09/15/10	Contributor address; City; State; Zip Code	m. 76110	¢25 00	
	1001 Schieffer Ave. Fort Worth,	1x /6110	\$25.00	
			(If travel outside of	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	y	Amount of	In-kind contribution
- Date	Dr. T. C. and Darlene E. Webster		contribution (\$)	description (if applicable)
09/16/10	Contributor address; City; State; Zip Code			
	4817 Panola Ave. Fort Worth, Tx	76103	\$100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	Erin Kathleen Hick	cs	3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/18/10	6 Contributor address; City; State; Zip Code		\$250.00	
	309 Main St. Fort Worth, Tx 7610	2	(if travel outside	r
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or review of the content of the cont
Date 10/15/10	Full name of contributor out-of-state PAC (ID# Good Govenment Fund PAC Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	201 Main St. Ste 2500 Fort Worth,	, Tx 76102	\$1000.00	
			(If travel outside o	of Texas, complete Schedule T)
. ,	pation / Job title (See Instructions)	Employer (See I		
PAC				
Date	Full name of contributor	d Widows	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/01/10	Contributor address; City; State; Zip Code		\$500.00	
	1617 Tierney Rd. Fort Worth, Tx 7	76112	(If travel outside o	of Texas, complete Schedule T)
Principal occup PAC	pation / Job title (See Instructions)	Employer (See I		,
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/04/10	Contributor address; City; State; Zip Code 2214 Franklin Dr. Arlington, Tx 7	6011	\$200.00 	
	J ,		(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		rexas, complete scriedure 1)
Date	Full name of contributor out-of-state PAC (ID#: Mrs. Estile A. Vance)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/06/10	Contributor address; City; State; Zip Code		\$50.00	
	3901 Mockingbird Ln. Fort Worth,	Tx 76109	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		

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SCHEDULE A

(512) 463-5800

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2	FILER NAME	Erin Kathleen Hicks		3 ACCOUNT # (E	thics Commission Filers)	
4	Date	5 Full name of contributorout-of-state PAC (ID#: Charles Boswell)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/02/10	6 Contributor address; City; State; Zip Code		\$50.00]]	
		210 N. Bailey Ave. Fort Worth, To	x 76107	(If travel outside	of Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See	l		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code			 	
				(If travel outside	 of Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See I	Instructions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code			1	
				(If travel outside	of Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code			 	
				(If travel outside	l of Texas, complete Schedule T)	
	Principal occur	pation / Job title (See Instructions)	Employer (See l			
	Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
		Contributor address; City; State; Zip Code			 	
				(If travel outside	of Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
_						

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Austin, Texas 78711-2070

POLITICAL EXPENDITURES

SCHEDULE F

1-800-325-8506

	EXPENDITURE (CATEGORIES FO	R BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contra	act Labor Loa	an Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising	g Expense Tra	ansportation Equipment & Related Expense
Consulting Expense	_	Travel In District		ontributions/Donations Made By
		Travel Out Of District	00	Candidate/Officeholder/Political Committee
Event Expense			al Evange OT	
Fees	• ,	Office Overhead/Rent	•	HER (enter a category not listed above)
	The Instruction Guide	explains how to con	nplete this form.	
1 Total pages Schedule F:	2 FILER NAME	- " "		3 ACCOUNT # (Ethics Commission Filers)
-2 42	Erin Kathlee	en Hicks		
$\mathcal{A}U$				
4 Date 09/02/10	5 Payee name AT&T Mobilit	ty		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code		
238.46	P.O. Box 650553 Dallas	, Tx 75265-055	3	
8 PURPOSE	(a) Category (See categories listed at the top of	of this schedule) (b	Description (if tr	ravel outside of Texas, complete Schedule T)
OF				
EXPENDITURE	Phone for Campaign			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	Office held
Data	Payee name			in the state of th
Date 07/02/10	AT&T Mobility			
Amount (\$)	Payee address; City; Stat	ite; Zip Code		
\$238.46	P.O. Box 650553 Dallas,	Tx 75265-0553		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Phone for Campaign			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	Office held
D-4-	Payee name			
Date 10/02/10	Payee name AT&T Mobility	7		
Amount (\$)	Payee address; City; Stat	te; Zip Code		
\$236.44	P.O. Box 650553 Dallas	Tx 75265-0553		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tr	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Phone for Campaign			to the second se
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
11/02/10	AT&T Mobility			
Amount (\$)	Payee address; City; Stat	te; Zip Code		
\$433.94	P.O. Box 650553 Dallas	Tx 75265-0553		
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description (If tr	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Phone for Campaign	, l		
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	I	Office sought	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS SCI	HEDULE AS NE	EDED

SCHEDULE F

1-800-325-8506

	EXPENDITUR	E CATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Lab Solicitation/Fundraising Exper Travel In District Travel Out Of District Office Overhead/Rental Exper	nse Transportation Contributions/D Candidate/0	ent/Reimbursement Equipment & Related Expense Conations Made By Officeholder/Political Committee a category not listed above)
	The Instruction Guid	e explains how to complete	this form.	
1 Total pages Schedule F:	2 FILER NAME Erin Kath	leen Hicks	3 ACCO	UNT # (Ethics Commission Filers)
4 Date 09/07/10	5 Payee name Harper's B	ue Bonnet Bakery		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code		
82.90	3905 Camp Bowie Blvd.	Fort Worth, Tx 7610	7	
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule) (b) Des	cription (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Food for Event			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	e Office	e sought	Office held
Date 08/02/10	Payee name Cat City Gri	11		
Amount (\$)	Payee address; City; S	itate; Zip Code		
\$42.72	1208 W. Magnolia Ave.	Fort Worth, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Meal with Constituent	op of this schedule) Des	cription (If travel outside of	Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	e Office	sought	Office held
Date	Payee name			
10/25/10	Central Marke	et #545		
Amount (\$)	Payee address; City; S	ate; Zip Code		
\$23.00	4651 West Freeway Ste	545		
PURPOSE	Category (See categories listed at the to	pp of this schedule) Desc	cription (If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Food for Event			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	e Office	sought	Office held
Date	Payee name			
10/11/10	Chadra Mezza	& Grill		
Amount (\$)	Payee address; City; Si	ate; Zip Code		
\$298.77	1622 Park Place Ave.	Fort Worth, Tx 76110		
DUDDOGE	Category (See categories listed at the to	p of this schedule) Desc	cription (If travel outside of	Texas, complete Schedule T)
PURPOSE		<u>,</u>		
OF EXPENDITURE	Catering for Fundraise	*		

	EXPENDITURE CA	TEGORIES	FOR BOX 8(a)	•	j
Advertising Expense	Gift/Awards/Memorials Expense Sal	laries/Wages/Co	ntract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Sol	licitation/Fundrai	sing Expense	Transportation Equipment & Related Expen	1se
Consulting Expense	Food/Beverage Expense Tra	avel In District		Contributions/Donations Made By	
Event Expense		avel Out Of Distr		Candidate/Officeholder/Political Commi	ttee
Fe e s	Printing Expense Off	fice Overhead/R	ental Expense	OTHER (enter a category not listed above)
	The Instruction Guide exp	plains how to d	complete this for	rm.	
1 Total pages Schedule F:	2 FILER NAME Erin Kathleen	n Hicks		3 ACCOUNT # (Ethics Commission F	ilers)
4 Date	5 Payee name				
10/14/10	Chadra Mezza & (Grill			
6 Amount (\$)	7 Payee address; City; State;	Zip Code			
224.08	1622 Park Place Ave. For	t Worth, T	x 76110		
8 PURPOSE	(a) Category (See categories listed at the top of the	is schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Food for Fundraiser				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sough	nt Office held	
Date	Payee name				
09/16/10	Church's Chicken	#62			
Amount (\$)	Payee address; City; State;	Zip Code			
\$81.54	Fort Worth, Tx				
PURPOSE OF	Category (See categories listed at the top of thi	is schedule)	Description	(If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food for Fundraiser				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t Office held	
Date	Payee name	W 1:1			-
08/18/10	Family Dollar #	1854			
Amount (\$)	Payee address; City; State;	Zip Code			
\$20.26	504 W. Rosedale St. Fort	Worth, Tx	76		
DI IPPOEE	Category (See categories listed at the top of thi	is schedule)	Description	(If travel outside of Texas, complete Schedule T)	
PURPOSE OF					
EXPENDITURE	Campaign Supplies				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	, 1	Office sough	t Office held	
Date	Payee name				
09/11/10	Flower Market				
Amount (\$)	Payee address; City; State;	Zip Code			
\$34.08	2733 W. 7th St. Fort Wor	th, Tx 761	07		ı
PURPOSE	Category (See categories listed at the top of thi	is schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Flowers for Constituents	, j	•		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t Office held	
	ATTACH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS	NEEDED	

	EXPENDITURE	CATEGORIES	EOD BOY %/-	\
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Control Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor lising Expense trict	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Committ OTHER (enter a category not listed above)
	The Instruction Guide	explains how to	complete this fo	orm.
1 Total pages Schedule F:	2 FILER NAME Erin Kathlee	n Hicks		3 ACCOUNT # (Ethics Commission Fil
4 Date 07/31/10	5 Payee name Gordon Boswell Flowers #	001		
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code		
46.16	1220 Pennsylvania Ave.	Fort Worth,	Tx 76104	
8 PURPOSE OF	(a) Category (See categories listed at the top		(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Flowers for Constituent	s		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office soug	ht Office held
Date 08/31/10	Payee name Gordon Boswell	Flowers #00)1	
Amount (\$)	Payee address; City; Star	te; Zip Code		
\$189.67	1220 Pennsylvania Ave.	Fort Worth,	Tx 76104	
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Flowers for Constituents	g		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt Office held
Date 09/30/10	Payee name Gordon Boswell	Flowers #0	01	
Amount (\$)		e; Zip Code		
\$77.87		Fort Worth,	Tx 76104	
	<u>-</u>			
PURPOSE OF	Category (See categories listed at the top of		Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Flowers for Constituents	· · · · · · · · · · · · · · · · · · ·		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sough	nt Office held
Date	Payee name			
11/04/10	Gordon Boswell	Flowers #00	01	
Amount (\$)	Payee address; City; State	e; Zip Code		
\$37.83	1220 Pennsylvania Ave.	Fort Worth,	Tx 76104	
PURPOSE	Category (See categories listed at the top of	f this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Flowers for Constituents			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	*	Office sough	t Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS	NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C- Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Laising Expense Contract strict Rental Expense Contract	oan Repayment/Reimbursement Fransportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.
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	and the second	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$205.68	P.O. Box 15921 Fort Worth, Tx 7611	19	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (I	f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Campaign Mailing		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 09/13/10	Payee name T Thompson		
Amount (\$)	Payee address; City; State; Zip Code		
\$140.00	(carpet cleaning bldg 40)		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (I	ftravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Campaign Event		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/13/10	Payee name The Home Depot #6534		
Amount (\$)	Payee address; City; State; Zip Code		
\$29.74	1151 Bridgewood Dr. Fort Worth, Tx	76112	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Campaign Event Supplies		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/13/10	Payee name The Home Depot #6534		
Amount (\$)	Payee address; City; State; Zip Code		
\$36.70	1151 Bridgewood Dr. Fort Worth, Tx	76112	
PURPOSE OF	Category (See categories listed at the top of this schedule) Campaign Event Supplies	Description (H	f travel outside of Texas, complete Schedule T)
EXPENDITURE		Office cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office field
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURI Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES Salaries/Wages/C Solicitation/Fundra Travel In District Travel Out Of Dis Office Overhead/F	ontract Labor aising Expense trict	Loan Repaymer Transportation E Contributions/Do Candidate/Of	nt/Reimbursement Equipment & Related Expense conations Made By fficeholder/Political Committee category not listed above)
	The Instruction Guid	le explains how to	complete this fo	orm.	
1 Total pages Schedule F:	2 FILER NAME Erin Kathle	en Hicks		3 ACCOU	NT # (Ethics Commission Filers)
4 Date 10/15/10	5 Payee name Jason's Deli	#010			
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
\$55.66	6244 Camp Bowie Dr. F	ort Worth, Tx	76116		
8 PURPOSE	(a) Category (See categories listed at the to	op of this schedule)	(b) Description	(If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Volunteer Lunch				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	2	Office sough	ht	Office held
Date 10/17/10	Payee name Key Personne	el			
Amount (\$)	Payee address; City; S	tate; Zip Code	*************************************		
\$151.60	P.O. Box 1482 Fort Wor	th, Tx 76101-	1482		
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
OF EXPENDITURE	Temporary Staff for Fu	ndraiser			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	•	Office sough	nt	Office held
Date	Payee name				
09/13/10	Kroger				
Amount (\$)	Payee address; City; St	ate; Zip Code			
\$6.99	1050 Bridgewood Dr. F	ort Worth, Tx	76112		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Campaign Supplies				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sough	nt	Office held
Date	Payee name				
Amount (\$)	Payee address; City; St	ate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H		Office sough	t	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULE AS	NEEDED	

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/k Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead	raising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	rm.
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Erin Kathleen Hicks		
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/C	Candidate / Officeholder name DH	Office sought	t Office held
Date 09/12/10	Payee name Lambert's	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Amount (\$)	Payee address; City; State; Zip Code		
\$234.13	2731 White Settlement Rd. Fort Wo	rth, Tx 76109	
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Meal with Constituents		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date 09/12/10	Payee name Meadowbrook United Metho	dist Church	
Amount (\$)	Payee address; City; State; Zip Code		Within and
\$25.00	3900 Meadowbrook Dr. Fort Worth,	Tx 76103-2699	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation	,	. ,
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/15/10	Payee name The Modern Art Museum of	Fort Worth	
Amount (\$)	Payee address; City; State; Zip Code		
\$125.00	3200 Darnell St. Fort Worth, Tx 76	5107	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (f travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
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SCHEDULE F

1-800-325-8506

2010 NetPlay Promotions 6 Amount (\$) 7 Payee address; City; State; Zip Code \$433.75 P.O. Box 224606 Dallas, Tx 75222-4605 8 PURPOSE OF Campaign Shirts (b) Description (If travel outside of Texas, complete Schedule T)		EXPENDITURE	CATEGORIES	FOR BOY 8(a)	<u> </u>	
Total pages Schedule F: 2 FILER NAME	Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Dist	ntract Labor sing Expense	Loan Repayment/ Transportation Eq Contributions/Don Candidate/Office	uipment & Related Expense ations Made By ceholder/Political Committee
### Erin Kathleen Hicks ### A Date 2010		The Instruction Guide	e explains how to	complete this fo	rm.	
Second S	1 Total pages Schedule F:		en Hicks		3 ACCOUN	T # (Ethics Commission Filers)
### PURPOSE OF EXPENDITURE Category (See categories issted at the top of this schedule)		1 -	otions			
8 PURPOSE OF EXPENDITURE (a) Category (See categories issed at the top of this schedule) OF Campaign Shirts (b) Description (if travel outside of Texas, complete Schedule T) Campaign Shirts Category (See categories listed at the top of this schedule) Campaign Shirts Category (See categories listed at the top of this schedule) Campaign Shirts Campaign Sh	6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
Campaign Shirts	\$433.75	P.O. Box 224606 Dalla	s, Tx 75222-4	605		
9 Complete ONLY if direct expenditure to benefit C/OH Date 09/01/10 Payee name Omega Printing Amount (\$) Payee address; City: State: Zip Code \$697.97 2906 Story Rd. W. Irving, Tx 75038 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 10/02/10 Payee address: City: State: Zip Code Office sought Office held Office held Office held Office sought Office held Office held Office held Office sought Office held Office held Office sought Office held Office held Office State: Zip Code \$143.13 Arlington, Tx PURPOSE Oategory (See categories listed at the top of this schedule) Office sought Office held Office State: Zip Code \$143.13 Arlington, Tx PURPOSE Oategory (See categories listed at the top of this schedule) Office sought Office held Office State: Zip Code \$143.13 Arlington, Tx PURPOSE Oategory (See categories listed at the top of this schedule) Office sought Office held Office held Office sought Office held Office State: Zip Code Candidate / Office held Office sought Office held Office held Office sought Office held Office held Office State: Zip Code \$30.26 Zetegory (See categories listed at the top of this schedule) Office State: Zip Code \$30.26 Zetegory (See categories listed at the top of this schedule) Office State: Zip Code \$30.26 Zetegory (See categories listed at the top of this schedule) Office State: Zip Code \$30.26 Zetegory (See categories listed at the top of this schedule) Office State: Zip Code \$400 W, 7th St. #126 Fort Worth, Tx 76107 PURPOSE OF Category (See categories listed at the top of this schedule) Office Sought Office State Office Noty office Noty office State Office Sought Office State Office Noty office Noty office Noty office Noty office State Office Sought Office Noty offic	•	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH Date 01/03/11 Payee name Boomer Jacks Grill #11 Amount (\$) Payee address; City; State; Zip Code \$30.26 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 Complete ONLY if direct Candidate / Office holder name Office sought Office sought Office sought Office held	PURPOSE	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
Date O1/03/11 Payee name Boomer Jacks Grill #11 Amount (\$) Payee address: City; State; Zip Code \$30.26 2600 W, 7th St. #126 Fort Worth, Tx 76107 PURPOSE OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Meal with Constituents				
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\$30.26 2600 W, 7th St. #126 Fort Worth, Tx 76107 PURPOSE OF Meal with Constituent Complete ONLY if direct Candidate / Officeholder name Complete Street Worth, Tx 76107 Description (If travel outside of Texas, complete Schedule T) Office held		-	Grill #11			
PURPOSE Category (See categories listed at the top of this schedule) OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Office sought Office held	Amount (\$)	Payee address; City; Sta	ate; Zip Code			
OF EXPENDITURE Meal with Constituent Complete ONLY if direct Candidate / Officeholder name Office sought Office held	\$30.26	2600 W, 7th St. #126 F	ort Worth, Tx	76107		
EXPENDITURE Meal with Constituent Complete ONLY if direct Candidate / Officeholder name Office sought Office held		Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
Complete <u>Origin</u> if direct	_	Meal with Constituent				
				Office sough	t	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL C	OPIES OF THIS S	CHEDULF AS I	NEEDED	

Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Legal Services Travel In District Contributions/Donations Made By Food/Beverage Expense Consulting Expense Candidate/Officeholder/Political Committee Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense **Printing Expense** Fees The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: Erin Kathleen Hicks 5 Payee name 4 Date Pappasito's Cantina 01/10/11 City; State; Zip Code 7 Payee address; 6 Amount (\$) 2704 W. Freeway Fort Worth, Tx 76102 \$48.66 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** Meal with Constituents EXPENDITURE Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Patrizio Pizza, Pasta & Vino 10/14/10 City; State; Zip Code Payee address; Amount (\$) 2936 Crockett St. Fort Worth, Tx 76107 \$46.17 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF Meal with Constituents **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Patrizio Pizza, Pasta & Vino 10/29/10 City; State; Zip Code Amount (\$) Payee address; 2936 Crockett St. Fort Worth, Tx 76107 \$26.25 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) PURPOSE OF Meal with Constituents EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Patrizio Pizza, Pasta & Vino 11/04/10 City; State; Zip Code Amount (\$) Pavee address: 2936 Crockett St. Fort Worth, Tx 76107 \$48.90 Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** Meal with Constituents **EXPENDITURE** Office held Office sought Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule F:	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor aising Expense strict Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) m. 3 ACCOUNT # (Ethics Commission Filers)
	Erin Kathleen Hicks		·
4 Date 07/20/10	5 Payee name Piranha Killer Sushi		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$44.73	335 W. 3rd St. Fort Worth, Tx 7610	02	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Meal with Constituents		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	t Office held
Date 09/01/10	Payee name Pizza Hut #744170		
Amount (\$)	Payee address; City; State; Zip Code		
\$24.36	Online - pizzahut.com		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Meal with Constituents		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 09/16/10	Payee name The Rotary Club of Fort W	orth	
Amount (\$)	Payee address; City; State; Zip Code	•	
\$225.00	306 W. 7th St. Ste 715 Fort Worth,	Tx 76102-490	00
PURPOSE	Category (See categories listed at the top of this schedule)	Description (ff travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Dues		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date 09/11/10	Payee name Sam's Club		
Amount (\$)	Payee address; City; State; Zip Code		
\$118.04	Westworth Village, Tx		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Supplies	Description (f travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS N	EEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	\	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundre Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	ontract Labor aising Expense strict	Loan Repayments Transportation Eq Contributions/Dor Candidate/Offi	uipment & Related Expense
	The Instruction Guide explains how to	complete this fo	rm.	
Total pages Schedule F:	2 FILER NAME Erin Kathleen Hicks		3 ACCOUN	T # (Ethics Commission Filers)
Date 09/14/10	5 Payee name Sam's Club			
Amount (\$)	7 Payee address; City; State; Zip Code			
\$48.52	Westworth Village, Tx			
PURPOSE OF	(a) Category (See categories listed at the top of this schedule) Campaign Supplies	(b) Description	(If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	Campaign supplies	<u> </u>		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht	Office held
Date 12/10/10	Payee name Sam's Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$49.80	Fort Worth, Tx			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Campaign Supplies			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	ht	Office held
Date 11/12/10	Payee name Silver Fox			
Amount (\$)	Payee address; City; State; Zip Code			
\$117.21	1651 S. University Dr. Fort Worth,	Tx 76107		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Te	exas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Meal with Constituents			
OF	Meal with Constituents Candidate / Officeholder name	Description Office soug		Office held
OF EXPENDITURE Complete ONLY if direct	Meal with Constituents Candidate / Officeholder name			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d	Meal with Constituents Candidate / Officeholder name OH Payee name			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 01/23/10	Meal with Constituents Candidate / Officeholder name OH Payee name Staples	Office soug		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/d Date 01/23/10 Amount (\$)	Meal with Constituents Candidate / Officeholder name OH Payee name Staples Payee address; City; State; Zip Code	Office soug	ht	

	EYDENDITIESE	CATEGODIES	EOP BOY 0/-	1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/C Solicitation/Fundrity Travel In District Travel Out Of District Office Overhead/C The Instruction Guide explains how to		Loan Repayment/Reimbursement Transportation Equipment & Related & Contributions/Donations Made By Candidate/Officeholder/Political C Rental Expense Contributions/Donations Made By Candidate/Officeholder/Political C	
Total pages Schedule F:	2 FILER NAME Erin Kathle		complete this ic	3 ACCOUNT # (Ethics Commission Filer
Date 08/21/10	5 Payeename Starbucks Coffee Compar	ny #10333		
Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	77.8 SE	444
\$14.55	I-30 @ Beltline Dallas	, Tx 75050		
PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Coffee with Constituent			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held
Date 11/25/10	Payee name Starbucks Coffee Compan	ıy #14347		10.00
Amount (\$)	Payee address; City; Sta	te; Zip Code		
\$10.14	8th Ave. @ Rosedale Ave	. Fort Worth	n, Tx 76104	
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
EXPENDITURE	Coffee with Constituent			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	t Office held
Date 09/28/10	Payee name Tarrant County Democrati	.c Party		
Amount (\$)	Payee address; City; Stat	e; Zip Code		
\$50.00	3004 W. Lancaster Ave.	Fort Worth,	Tx 76107	
PURPOSE	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name		Office sough	t Office held
Date 07/31/10	Payee name Tom Thumb #2574			
Amount (\$)	Payee address; City; State	e; Zip Code		
\$30.81	3100 S. Hulen St. Fort	Worth, Tx 76	109	
PURPOSE OF	Category (See categories listed at the top o	f this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign Supplies			
	Candidate / Officeholder name			

Texas Ethics Commission

	EXPENDITURE CA	TEGORIES FOR BOX 8	a)		
Advertising Expense Gift/Awards/Memorials Expense Salari Accounting/Banking Legal Services Solicit Consulting Expense Food/Beverage Expense Trave		laries/Wages/Contract Labor licitation/Fundraising Expense avel In District avel Out Of District	Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Comi	Loan Repayment/Reimbursement Transportation Equipment & Related Expense	
Fees	Thinking Emporios	ice Overhead/Rental Expense plains how to complete this	OTHER (enter a category not listed above	ve)	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission	n Filers	
· · · · · · · · · · · · · · · · · · ·	Erin Kathleen	Hicks			
Date	5 Payee name				
09/16/10	Tom Thumb #2574				
Amount (\$)	7 Payee address; City; State;				
\$29.19	3100 S. Hulen St. Fort Wo	orth, 1x 76109			
PURPOSE OF	(a) Category (See categories listed at the top of the	is schedule) (b) Descripti	on (If travel outside of Texas, complete Schedule T)		
EXPENDITURE	Campaign Supplies				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sou	ight Office held		
Date	Payee name				
09/16/10	Walmart		and the second s		
Amount (\$)	Payee address; City; State;	Zip Code			
\$301.58	Fort Worth, Tx 76111				
PURPOSE	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Campaign Supplies				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sou	ight Office held		
Date	Payee name				
09/29/10	Yucatan Taco Stand				
Amount (\$)	Payee address; City; State;	Zip Code			
\$66.36	909 W. Magnolia Ave. For	t Worth, Tx			
PURPOSE	Category (See categories listed at the top of the	is schedule) Descripti	on (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	Meal with Constituents				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office so	ught Office held		
Date	Payee name				
08/06/10	USPS Glencrest Station				
Amount (\$)	Payee address; City; State;	Zip Code			
\$8.80	Fort Worth, Tx. 76116-999	В			
•		is schedule) Descripti	on (If travel outside of Texas, complete Schedule T)		
PURPOSE	Category (See categories listed at the top of th	is solvedio)			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the Campaign Mailing	, Sec. , p			

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	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor		ntract Labor	Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services	Solicitation/Fundrai	sing Expense	Transportation	Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District			Donations Made By
Event Expense	Polling Expense	Travel Out Of Distr		Candidate/0	Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Re	ental Expense	OTHER (enter	a category not listed above)
	The Instruction Guide	explains how to d	omplete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCO	UNT # (Ethics Commission Filers)
	Erin Kathlee	en Hicks			()
4 Date	- D				
	5 Payee name				
08/10/10	USPS Julius Melcher Sta	ition			
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
\$63.76	Houston, Tx 77027-9998				
8 PURPOSE	(a) Category (See categories listed at the top	o of this schedule)	(b) Description	(If travel outside of	Texas, complete Schedule T)
OF	Campaign Mailing	ļ			
EXPENDITURE	Campargii riarring				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	t	Office held
Date	Payee name				
08/14/10	USPS Jack D. Watson Stat	tion			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
\$59.62	Fort Worth, Tx 76161-98	304			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of	Texas, complete Schedule T)
OF EXPENDITURE	Campaign Mailing				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sought	t	Office held
Date	Payee name				
08/25/10	USPS Glencrest Station				
	obio dienorese seation				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			•
\$30.00	Fort Worth, Tx 76119-99	998			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description ((If travel outside of	Texas, complete Schedule T)
OF			·		. , ,
EXPENDITURE	Campaign Mailing				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	***************************************	Office sought	t	Office held
Date	Payee name				
09/01/10	USPS Glencrest Station				l
05/01/10	OSFS GIENCIESC SCALION				
Amount (\$)	Payee address; City; Star	te; Zip Code			
\$158.40	Fort Worth, Tx 76119-99	98			
PURPOSE	Category (See calegories listed at the top	of this schedule)	Description (If travel outside of T	exas, complete Schedule T)
OF EXPENDITURE	Campaign Mailing				
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/C	DH .				
	ATTACH ADDITIONAL CO	OPIES OF THIS SO	CHEDULE AS N	IEEDED	. %.

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/I The Instruction Guide explains how to	ontract Labor Lo aising Expense Ti critrict Rental Expense O	coan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)
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	11 10 1	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$54.91	Houston, Tx 77019-9998	the Description (6)	traval subside of Tayon, complete Schoolide T
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Campaign Mailing	(b) Description (iii	travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 10/13/10	Payee name USPS Downtown Station		
Amount (\$)	Payee address; City; State; Zip Code		
\$44.00	Fort Worth, Tx 76102-9997		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE	Campaign Mailing		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/22/10	Baylor - All Saints Hospital		
Amount (\$)	Payee address; City; State; Zip Code		
\$20.00	Fort Worth, Tx		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/01/10	Fort Worth Symphony		
Amount (\$)	Payee address; City; State; Zip Code		
\$75.00	Fort Worth, Tx		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If t	travel outside of Texas, complete Schedule T)
EXPENDITURE	Donation		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this		et Labor Los Expense Tra Cor Expense OT	an Repayment/Reimbursement Insportation Equipment & Related Expense Intributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Erin Kathl	een Hicks		3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/24/10	5 Payee name Glencrest Civic League	2		L
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code		
\$20.00	Fort Worth, Tx			
8 PURPOSE OF	(a) Category (See categories listed at the to	op of this schedule) (b)	Description (If tra	avel outside of Texas, complete Schedule T)
EXPENDITURE	Donation			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	3	Office sought	Office held
Date	Payee name			
07/15/10	Wendell Cass			
Amount (\$)	Payee address; City; S	tate; Zip Code		
\$150.00	Fort Worth, Tx			
PURPOSE	Category (See categories listed at the to	op of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	3	Office sought	Office held
Date	Payee name			
08/16/10	Wendell Cass			
Amount (\$)	Payee address; City; St	tate; Zip Code		
\$300.00	Fort Worth, Tx			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to Consulting	p of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	•	Office sought	Office held
Date 11/15/10	Payee name Wendell Cass			
Amount (\$)	Payee address; City; St	ate; Zip Code		
\$200.00	Fort Worth, Tx			
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Consulting			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH) (Office sought	Office held
	ATTACH ADDITIONAL O	OPIES OF THIS SCH	EDULE AS NEE	EDED

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/ Legal Services Solicitation Food/Beverage Expense Travel In Polling Expense Travel O Printing Expense Office O	Wages/Contract Labor on/Fundraising Expense District ut Of District verhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explains	how to complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME Erin Kathleen Hick	s	3 ACCOUNT # (Ethics Commission Filers)
4 Date 08/20/10	5 Payee name The Rotary		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$40.00	Fort Worth, Tx		
8 PURPOSE	(a) Category (See categories listed at the top of this sche	dule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Fee		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ht Office held
Date	Payee name		
11/14/10	Pilgrim Valley Church		
Amount (\$)	Payee address; City; State; Zip	Code	
\$25.00	Fort Worth, Tx		
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Donation		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	nt Office held
Deta	Payee name		
Date 09/16/10	Phillip Bermejo		
Amount (\$)	Payee address; City; State; Zip	Code	
\$200.00	1955 Columbus Ave. Fort Wort	h, Tx 76164-8659	
PURPOSE	Category (See categories listed at the top of this sche	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Photography		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sough	ht Office held
Date	Payee name		
10/14/10	Phillip Bermejo		
Amount (\$)	Payee address; City; State; Zip	Code	
\$200.00	1955 Columbus Ave. Fort Wort	h, Tx 76164-8659	
PURPOSE	Category (See categories listed at the top of this sche-	dule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Photography		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundri Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/	ontract Labor Lo aising Expense Tr c strict Rental Expense O	oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above) .
1 Total pages Schedule F:	2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission Filers)
4 Date 12/11/10	5 Payeename Phillip Bermejo		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$200.00	1955 Columbus Ave. Fort Worth, Tx	76164-8659	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Photography		
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
09/07/10	Ashley Baker		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	Fort Worth, Tx		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Invitations		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
01/11/11	Phillip Bermejo		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	1955 Columbus Ave. Fort Worth, Tx	76164-8659	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Technology Consultant		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
10/06/10	Angelo's BBQ		
Amount (\$)	Payee address; City; State; Zip Code		
\$36.78	2533 White Settlement Rd. Fort Wor	th, Tx 76107	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Meal with Constituents		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
,	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED
	AT IACITADE MOTINE OF THE		

SCHEDULE F

1-800-325-8506

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra		Transportation Equipment & Related Expense
• •	Food/Beverage Expense	Travel In District		Contributions/Donations Made By
Consulting Expense	•	Travel Out Of Dis	trict	Candidate/Officeholder/Political Committee
Event Expense	Polling Expense			OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/F		
	The Instruction Guide	explains how to	complete this fo	rm.
1 Total pages Schedule F:	2 FILER NAME Erin Kathle	en Hicks		3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/21/10	5 Payee name Angelo's BBQ			
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code		
\$40.98	2533 White Settlement R	d. Fort Wor	th, Tx 76107	
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Meal with Constituents			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held
Data	Payee name			
Date 09/28/10	Angelo's BBQ			
09/28/10	Alige10's BBQ			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
\$35.05	2533 White Settlement R	d. Fort Wor	th, Tx 76107	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
OF	Meal with Constituents			
EXPENDITURE	Meal with constituents			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sough	nt Office held
	B			
Date 10/02/10	Payee name USPS Stockyards Finance	Unit		
Amount (\$)	Payee address; City; Sta	te; Zip Code		
\$5.70	2110 Ellis Ave. Fort W	orth, Tx 761	64	
DI IDDOOF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE		o, and somedure,		, , , , , , , , , , , , , , , , , , , ,
OF EXPENDITURE	Campaign Mailing			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	nt Office held
Date	Payee name			
09/29/10	Gordon Boswell Flowers			
Amount (\$)	Payee address; City; Sta	ite; Zip Code		
\$37.83	1220 Pennsylvania Ave.	Fort Worth,	Tx 76104	
D. IDD. 2	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Constituent Flowers	or and schodule)	2030 puon	A. Harris Saldian S. Forma, Complete Contracts
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt Office held
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS	NEEDED
				<u></u>

SCHEDULE F

(512) 463-5800

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Salaries/Wages/Contract Labor Advertising Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Accounting/Banking Solicitation/Fundraising Expense Legal Services Travel In District Contributions/Donations Made By Consulting Expense Food/Beverage Expense Candidate/Officeholder/Political Committee Travel Out Of District Polling Expense Event Expense OTHER (enter a category not listed above) Office Overhead/Rental Expense **Printing Expense** Fees The instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F: Erin Kathleen Hicks 4 Date 5 Payee name Esperanza's Mexican Cafe 09/22/10 City; State; Zip Code 6 Amount (\$) 7 Payee address; 2122 N. Main St. Fort Worth, Tx 76164 \$23.22 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Meal with Constituent EXPENDITURE Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/18/10 Cracker Barrel #205 City; State; Zip Code Amount (\$) Payee address; I-35 North @ Meacham Blvd. Fort Worth, Tx \$25.20 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Meal with Constituent EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code Amount (\$) Payee address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State; Zip Code Amount (\$) Payee address; Description (If travel outside of Texas, complete Schedule T) Category (See categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED