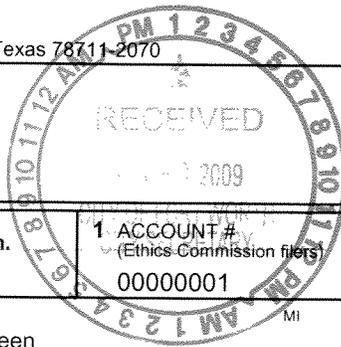


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1



The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001

2 PAGE #
1 of 52

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Erin Kathleen
NICKNAME LAST SUFFIX
Hicks

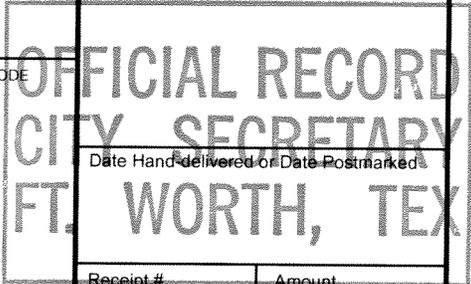
OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 15921
Fort Worth, TX 76119

Change of Address



Date Hand-delivered or Date Postmarked

Receipt # Amount

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Dr. Clarence S.
NICKNAME LAST SUFFIX
Brooks

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2200 Evans Avenue
Fort Worth, TX 76104

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 926-4693

8 REPORT TYPE

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)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01/01/2009 04/07/2009

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
05/09/2009

11 OFFICE

OFFICE HELD (if any)
Fort Worth City Council District 8

12 OFFICE SOUGHT (if known)
Fort Worth City Council District 8

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

... 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. ...

Name

Address/PO Box: Apt. / Suite #: City: State: Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Hicks, Erin Kathleen (Ms.)

15 ACCOUNT # (Ethics Commission filers)
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
---	---------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,890.00
--	--------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
--	---------

4. TOTAL POLITICAL EXPENDITURES	\$ 20,303.84
---------------------------------	--------------

CONTRIBUTION BALANCE

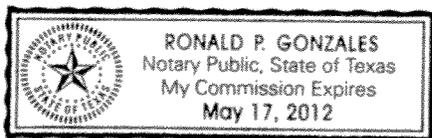
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 49,370.02
--	--------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
---	---------

18 AFFIDAVIT

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



Erin Kathleen Hicks

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathleen Hicks, this the 9th day of April, 2009, to certify which, witness my hand and seal of office.

Ronald P. Gonzales

 Signature of officer administering oath

Ronald P. Gonzales

 Print name of officer administering oath

Notary

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 1/26 Report: 3/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/31/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Allen, Juna (Mrs.)

6 Contributor address; City; State; Zip Code
1037 Colvin St
Fort Worth, TX 76104

7 Amount of contribution (\$)

\$125.00

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

02/15/2009

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

Contributor address; City; State; Zip Code
4701 Foxfire Way
Fort Worth, TX 76133

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

03/25/2009

Full name of contributor out-of-state PAC (ID# _____)
Apartment Association of Tarrant County

Contributor address; City; State; Zip Code
6350 Baker Blvd
Fort Worth, TX 76118

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2009

Full name of contributor out-of-state PAC (ID# _____)
Appleman, Gordon (Mr.)

Contributor address; City; State; Zip Code
3855 Bellaire Circle
Fort Worth, TX 76109

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

01/31/2009

Full name of contributor out-of-state PAC (ID# _____)
Austin, James (Mr.)

Contributor address; City; State; Zip Code
2017 Teakwood Trace
Fort Worth, TX 76112

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/26 Report: 4/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/09/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Austin, James (Mr.)

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2017 Teakwood Trace
Fort Worth, TX 76112

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Bargas, Victoria

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
301 E Drew
Fort Worth, TX 76110

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Barlow, Karen

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3815 Lisbon St
Fort Worth, TX 76107

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/11/2009
Full name of contributor out-of-state PAC (ID# _____)
Bass, Edward (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
201 Main Street, Suite 3100
Fort Worth, TX 76102

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)

Date 03/20/2009
Full name of contributor out-of-state PAC (ID# _____)
Bewley, Jackie

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2200 S Riverside Dr
Fort Worth, TX 76104

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Business Owner

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 3/26 Report: 5/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/12/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Boaz, Deanna (Ms.)

6 Contributor address; City; State; Zip Code
5104 Yampa Trl
Fort Worth, TX 76137

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Developer

10 Employer (See Instructions)

Date

03/20/2009

Full name of contributor out-of-state PAC (ID# _____)
Bolen, R.E.

Contributor address; City; State; Zip Code
4213 Candlewind Ln
Fort Worth, TX 76133

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

01/16/2009

Full name of contributor out-of-state PAC (ID# _____)
Boswell, Charles (Mr.)

Contributor address; City; State; Zip Code
3900 White Settlement Rd
Fort Worth, TX 76107

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

03/12/2009

Full name of contributor out-of-state PAC (ID# _____)
Bradshaw, Jim (Mr.)

Contributor address; City; State; Zip Code
4729 Trail Bend Circle
Fort Worth, TX 76109

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

01/22/2009

Full name of contributor out-of-state PAC (ID# _____)
Brender, Art (Mr. & Mrs.)

Contributor address; City; State; Zip Code
4121 Hampshire Blvd
Fort Worth, TX 76103

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/26 Report: 6/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/31/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Brooks, Roy (Mr.)

6 Contributor address; City; State; Zip Code
P.O. Box 16868
Fort Worth, TX 76162

7 Amount of contribution (\$) \$50.00
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 01/21/2009
Full name of contributor out-of-state PAC (ID# _____)
Bryant, Vernon (Mr.)

Contributor address; City; State; Zip Code
1712 Carleton
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 03/11/2009
Full name of contributor out-of-state PAC (ID# _____)
Burda, Marion (Mr.)

Contributor address; City; State; Zip Code
521 Samuels Ave
Fort Worth, TX 76102

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/27/2009
Full name of contributor out-of-state PAC (ID# _____)
Burns, Eddie (Mr.)

Contributor address; City; State; Zip Code
4706 Safe Harbour Dr
Arlington, TX 76016

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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Burns, Joel (Hon.)

Contributor address; City; State; Zip Code
2420 S Adams St
Fort Worth, TX 76110

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 5/26 Report: 7/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/30/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Carvey, Louise & Frank

6 Contributor address; City; State; Zip Code
3601 Overton Park Dr E
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$100.00

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

01/26/2009

Full name of contributor out-of-state PAC (ID# _____)
Cary, Reby (Ms.)

Contributor address; City; State; Zip Code
1804 Bunche Dr
Fort Worth, TX 76112

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2009

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

Contributor address; City; State; Zip Code
2125 W Hwy 303, Ste A4
Grand Prairie, TX 75051

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

01/26/2009

Full name of contributor out-of-state PAC (ID# _____)
Ch2M Hill Texas

Contributor address; City; State; Zip Code
309 W 7th St
Suite 1020
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

01/30/2009

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

Contributor address; City; State; Zip Code
3449 Riverstone Cir. N Apt 514
Fort Worth, TX 76116

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 6/26 Report: 8/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

01/29/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Craddock, Margareth

6 Contributor address; City; State; Zip Code
4904 Dexter Ave
Fort Worth, TX 76107

7 Amount of contribution (\$)

\$50.00

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

03/26/2009

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

Contributor address; City; State; Zip Code
2429 Colonial Pkwy
Fort Worth, TX 76109

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

02/10/2009

Full name of contributor out-of-state PAC (ID# _____)
Davis, Jeff (Mr.)

Contributor address; City; State; Zip Code
420 Throckmorton St.
Suite 640
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

03/12/2009

Full name of contributor out-of-state PAC (ID# _____)
Davis, Jeff (Mr.)

Contributor address; City; State; Zip Code
420 Throckmorton St.
Suite 640
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

02/25/2009

Full name of contributor out-of-state PAC (ID# _____)
Davis, Wendy (Ms.)

Contributor address; City; State; Zip Code
2737 Calder Ct
Fort Worth, TX 76107

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
President, title company

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 7/26 Report: 9/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/21/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Delatorre, Andrew & Kelsey

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
910 Houston
Fort Worth, TX 76102

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Delatorre, Andrew & Kelsey

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
910 Houston
Fort Worth, TX 76102

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Deleon, Sergio (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
4521 Diaz Ave
Fort Worth, TX 76107

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/26/2009
Full name of contributor out-of-state PAC (ID# _____)
DeMoss, Margaret (Mrs.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3451 Green Arbor Court
Fort Worth, TX 76109

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/18/2009
Full name of contributor out-of-state PAC (ID# _____)
Fersing, Jan (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3800 Trailwood Ln
Fort Worth, TX 76109

\$150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 8/26 Report: 10/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/12/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Fersing, Jan (Mr.)

6 Contributor address; City; State; Zip Code
3800 Trailwood Ln
Fort Worth, TX 76109

7 Amount of contribution (\$)

\$100.00

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

02/26/2009

Full name of contributor out-of-state PAC (ID# _____)
Finley, James (Mr.)

Contributor address; City; State; Zip Code
1308 Lake Street
Fort Worth, TX 76102

Amount of contribution (\$)

\$2,500.00

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

02/04/2009

Full name of contributor out-of-state PAC (ID# _____)
Fort Worth Fire Fighters Association

Contributor address; City; State; Zip Code
417 N Retta Ave
Fort Worth, TX 76111

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/31/2009

Full name of contributor out-of-state PAC (ID# _____)
Fort Worth Retired Fire Fighters Association

Contributor address; City; State; Zip Code
1617 Tierney Rd
Fort Worth, TX 76112

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/26/2009

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

Contributor address; City; State; Zip Code
4055 International Plaza
Suite 200
Fort Worth, TX 76109

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 9/26 Report: 11/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/10/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Freese & Nichols PAC

6 Contributor address; City; State; Zip Code
4055 International Plaza
Suite 200
Fort Worth, TX 76109

7 Amount of contribution (\$) \$100.00
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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Gaines, Jesse (Mr.)

Contributor address; City; State; Zip Code
P.o. Box 50093
Fort Worth, TX 76105

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 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Gaines, Jesse (Mr.)

Contributor address; City; State; Zip Code
P.o. Box 50093
Fort Worth, TX 76105

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 02/07/2009
Full name of contributor out-of-state PAC (ID# _____)
Gazdick, Rachael (Ms.)

Contributor address; City; State; Zip Code
1229 Westmoreland Ave
Syracuse, NY 13210

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/23/2009
Full name of contributor out-of-state PAC (ID# _____)
Gideon, Randall (Mr.)

Contributor address; City; State; Zip Code
3812 Monticello
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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 10/26 Report: 12/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
03/12/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Granger, J.D. (Mr.)

6 Contributor address; City; State; Zip Code
715 Jones St, Ste 201
Fort Worth, TX 76102

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$100.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
01/23/2009

Full name of contributor out-of-state PAC (ID# _____)
Granger, Kay (Mrs.)

Contributor address; City; State; Zip Code
715 Jones St.
Suite 100
Fort Worth, TX 76102

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/17/2009

Full name of contributor out-of-state PAC (ID# _____)
Greenhill, William (Mr.)

Contributor address; City; State; Zip Code
1608 Ashland Ave
Fort Worth, TX 76107

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$250.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/29/2009

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

Contributor address; City; State; Zip Code
1201 N Bowser Rd
Richardson, TX 75081

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$200.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/28/2009

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

Contributor address; City; State; Zip Code
4901 Dexter Ave
Fort Worth, TX 76107

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/26 Report: 13/52	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/21/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hernandez, John (Mr.) 6 Contributor address; City; State; Zip Code 2009 N Houston St Fort Worth, TX 76164	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hogan-Price, Charlotte Contributor address; City; State; Zip Code 3600 Brambleton Pl Forest Hill, TX 76119	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johannessen, David (Mr.) Contributor address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Jessie Contributor address; City; State; Zip Code 2220 Timberline Dr Fort Worth, TX 76119	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Karmen (Mrs.) Contributor address; City; State; Zip Code 6116 Forest Lane Fort Worth, TX 76112	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/26 Report: 14/52	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 01/31/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Kristen 6 Contributor address; City; State; Zip Code 600 Ellsworth Dr Trotwood, OH 45426	7 Amount of contribution (\$) \$20.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/29/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Marvinell (Mrs.) Contributor address; City; State; Zip Code 4305 Star Dust Lane Fort Worth, TX 76119	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Gene (Mr.) Contributor address; City; State; Zip Code 9122 Creede Trail Fort Worth, TX 76118	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelly Hart PAC Contributor address; City; State; Zip Code 201 Main Street Suite 2500 Fort Worth, TX 76102	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/31/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kemp, Jesse (Mr.) Contributor address; City; State; Zip Code 1421 Glasgow Rd Fort Worth, TX 76134	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
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2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/12/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Kemp, Jesse (Mr.)

7 Amount of contribution (\$) \$100.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1421 Glasgow Rd
Fort Worth, TX 76134

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Kemp, Reginalea

Amount of contribution (\$) \$125.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6721 Summers Dr E
Apt 268
Fort Worth, TX 76137

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Knox, McKinley (Mr.)

Amount of contribution (\$) \$150.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1610 Valley View
Joshua, TX 76058

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Krampitz, Thomas (Mr.)

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
200 Potomac Ave
Dallas, TX 75205

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/03/2009
Full name of contributor out-of-state PAC (ID# _____)
Lake, Kendall

Amount of contribution (\$) \$25.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3000 5th Ave
Fort Worth, TX 76110

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
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2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/18/2009 **5** Full name of contributor out-of-state PAC (ID# _____)
Larson, Jack (Mr.)

7 Amount of contribution (\$) **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
1941 Chatburn Ct
Fort Worth, TX 76110

\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)

Date 01/18/2009 Full name of contributor out-of-state PAC (ID# _____)
Lawrence, Lauri

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
P.O. Box 9856
Fort Worth, TX 76147

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/26/2009 Full name of contributor out-of-state PAC (ID# _____)
Leal, Marianne

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1200 N Main St.
Ste 115
Fort Worth, TX 76106

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/23/2009 Full name of contributor out-of-state PAC (ID# _____)
Leonard, Marty (Hon.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1411 Shady Oaks Lane
Fort Worth, TX 76107

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/12/2009 Full name of contributor out-of-state PAC (ID# _____)
Lewis, Gib (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2300 Race St
Fort Worth, TX 76111

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
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2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
03/26/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Linares, Patricia (Mrs.)

6 Contributor address; City; State; Zip Code
4705 Cinnamon Hill
Fort Worth, TX 76133

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$100.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
01/27/2009

Full name of contributor out-of-state PAC (ID# _____)
Linebarger, Goggan, Blair & Sampson LLP

Contributor address; City; State; Zip Code
100 Throckmorton
Suite 300
Fort Worth, TX 76102

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/11/2009

Full name of contributor out-of-state PAC (ID# _____)
Lott, Will (Mr.)

Contributor address; City; State; Zip Code

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$500.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Developer

Employer (See Instructions)

Date
03/27/2009

Full name of contributor out-of-state PAC (ID# _____)
Louden, Malcolm (Mr.)

Contributor address; City; State; Zip Code
500 W 7th St
Unit 27, Ste 1007
Fort Worth, TX 76102

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,000.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Real-estate Developer

Employer (See Instructions)

Date
01/15/2009

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

Contributor address; City; State; Zip Code
2900 Airport Fwy
Fort Worth, TX 76111

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$50.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 16/26 Report: 18/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/11/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Lyden, Peter (Mr.)
6 Contributor address; City; State; Zip Code

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)
Developer

10 Employer (See Instructions)

Date 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Mallick, Morgan (Ms.)
Contributor address; City; State; Zip Code
3717 W 4th Street
Fort Worth, TX 76107

Amount of contribution (\$) \$1,000.00
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 03/25/2009
Full name of contributor out-of-state PAC (ID# _____)
Martinez, S.A.
Contributor address; City; State; Zip Code
1816 Maplewood Trl
Colleyville, TX 76034

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 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Maxwell, Stephen (Mr.)
Contributor address; City; State; Zip Code
3904 Driskell
Fort Worth, TX 76107

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
McKay, R. John
Contributor address; City; State; Zip Code
P.O. Box 11454
Fort Worth, TX 76110

Amount of contribution (\$) \$150.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 17/26 Report: 19/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/16/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Meadows, William (Mr.)

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3904 Hamilton
Fort Worth, TX 76107

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 03/09/2009
Full name of contributor out-of-state PAC (ID# _____)
Meadows, William (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
3904 Hamilton
Fort Worth, TX 76107

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/13/2009
Full name of contributor out-of-state PAC (ID# _____)
Moncrief, Mike (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
777 Taylor St.
Ste 1030
Fort Worth, TX 76102

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Needham, Judy (Ms.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5328 Collinwood Ave
Fort Worth, TX 76107

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Needham, Judy (Ms.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5328 Collinwood Ave
Fort Worth, TX 76107

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 18/26 Report: 20/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/31/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Newsome-Sami, Ada

6 Contributor address; City; State; Zip Code
6401 Friar Ct
Forest Hill, TX 76119

7 Amount of contribution (\$) \$35.00
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 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Noel, Carol

Contributor address; City; State; Zip Code
3852 S Hills Circle
Fort Worth, TX 76109

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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
O'Reilly, Mary Sean (Judge)

Contributor address; City; State; Zip Code
P.O. Box 136834
Fort Worth, TX 76136

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 03/04/2009
Full name of contributor out-of-state PAC (ID# _____)
Pace, Milton (Rev.)

Contributor address; City; State; Zip Code
5533 Chimney Rock Rd
Fort Worth, TX 76112

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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Paley, Roy (Mr.)

Contributor address; City; State; Zip Code
2913 Sarah Jane Ln
Fort Worth, TX 76119

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 19/26 Report: 21/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/12/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Paniagua, Joe (Mr.)

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
8125 Mt. Shasta Circle
Fort Worth, TX 76137

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 01/20/2009
Full name of contributor out-of-state PAC (ID# _____)
Pavlik & Associates L.P.

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6115 Camp Bowie Blvd.
Ste 270
Fort Worth, TX 76116

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/02/2009
Full name of contributor out-of-state PAC (ID# _____)
Peoples, Walter

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5604 Charlott St
Fort Worth, TX 76112

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 01/13/2009
Full name of contributor out-of-state PAC (ID# _____)
Perdue, Brackett, Flores, Utt, & Burns, JV

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
307 W 7th St
Suite 1225
Fort Worth, TX 76102

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Perdue, Brackett, Flores, Utt, & Burns, JV

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
307 W 7th St
Suite 1225
Fort Worth, TX 76102

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/26 Report: 23/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/19/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Pope, Hardwicke, Christie, Schell, Kelly, & Ray LLP

6 Contributor address; City; State; Zip Code
306 W 7th St
Suite 901
Fort Worth, TX 76102

7 Amount of contribution (\$) \$250.00
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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Ramero, Ramon (Mr.)

Contributor address; City; State; Zip Code
2201 E Maddox Ave
Fort Worth, TX 76104

Amount of contribution (\$) \$500.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Landscaper

Employer (See Instructions)

Date 01/23/2009
Full name of contributor out-of-state PAC (ID# _____)
Roach, John (Mr.)

Contributor address; City; State; Zip Code
2805 Alton
Fort Worth, TX 76109

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 02/02/2009
Full name of contributor out-of-state PAC (ID# _____)
Rogers, Elrita

Contributor address; City; State; Zip Code
2308 Jensen Circle
Fort Worth, TX 76112

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 03/13/2009
Full name of contributor out-of-state PAC (ID# _____)
Ross, Thomas (Mr.)

Contributor address; City; State; Zip Code
6210 Sierra Court
Arlington, TX 76016

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 22/26 Report: 24/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/12/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Ruddock, Dwight (Mr.)

6 Contributor address; City; State; Zip Code
3503 Lake Pontchartrain
Arlington, TX 76016

7 Amount of contribution (\$) \$200.00
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 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Salvant, Wayne (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 20031
Fort Worth, TX 76102

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 01/31/2009
Full name of contributor out-of-state PAC (ID# _____)
Scott, Greg (Mr.)

Contributor address; City; State; Zip Code
1449 Glasgow Rd
Fort Worth, TX 76134

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 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Scott, Greg (Mr.)

Contributor address; City; State; Zip Code
1449 Glasgow Rd
Fort Worth, TX 76134

Amount of contribution (\$) \$40.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/02/2009
Full name of contributor out-of-state PAC (ID# _____)
SL Sibert Management & Construction

Contributor address; City; State; Zip Code
4950 Valley View Ln
Irving, TX 75038

Amount of contribution (\$) \$500.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/26 Report: 25/52	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/12/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Jason (Mr.) 6 Contributor address; City; State; Zip Code 2257 College Ave Fort Worth, TX 76110	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sobel, Charlotte (Ms.) Contributor address; City; State; Zip Code 3101 Binyon Ave Fort Worth, TX 76133	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/25/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spoons, Glenn (Mr.) Contributor address; City; State; Zip Code 1912 Delga St Fort Worth, TX 76102	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevenson, John (Mr. & Mrs.) Contributor address; City; State; Zip Code 1207 Hillcrest St Fort Worth, TX 76107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sturns, Louis (Mr.) Contributor address; City; State; Zip Code 6155 Fox Glove Ct Fort Worth, TX 76112	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 24/26 Report: 26/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/31/2009
5 Full name of contributor out-of-state PAC (ID# _____)
The Acura Group
6 Contributor address; City; State; Zip Code
1450 N. Hwy #360/225
Grand Prairie, TX 75050

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)

10 Employer (See Instructions)

Date 02/06/2009
Full name of contributor out-of-state PAC (ID# _____)
The Dent Law Firm
Contributor address; City; State; Zip Code
1120 Penn St
Fort Worth, TX 76102

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/17/2009
Full name of contributor out-of-state PAC (ID# _____)
The Terry Group
Contributor address; City; State; Zip Code
117 Shady Lane Ct
Hurst, TX 76054

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 02/02/2009
Full name of contributor out-of-state PAC (ID# _____)
Thompson, Eugene (Mr. & Mrs.)
Contributor address; City; State; Zip Code
812 Shady Creek Dr
Kennedale, TX 76060

Amount of contribution (\$) \$10.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/26/2009
Full name of contributor out-of-state PAC (ID# _____)
Turner, Patti
Contributor address; City; State; Zip Code
2332 Winton Terr W
Fort Worth, TX 76109

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 25/26 Report: 27/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 03/26/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Turner, Randall

7 Amount of contribution (\$) \$50.00
8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
2332 Winton Terr W
Fort Worth, TX 76109

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 01/25/2009
Full name of contributor out-of-state PAC (ID# _____)
Veasey, Tonya

Amount of contribution (\$) \$150.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2033 Castlevlew Dr
Fort Worth, TX 76120

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/12/2009
Full name of contributor out-of-state PAC (ID# _____)
Vendigm Construction LLC

Amount of contribution (\$) \$50.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5725 E Lancaster, Suite 208
Fort Worth, TX 76112

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/10/2009
Full name of contributor out-of-state PAC (ID# _____)
Ware, Theodis & Wyntress

Amount of contribution (\$) \$250.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
6332 Warwick Hills Dr
Fort Worth, TX 76132

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/24/2009
Full name of contributor out-of-state PAC (ID# _____)
West, Robert (Mr.)

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
7012 Allen Place Dr
Fort Worth, TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/26 Report: 28/52	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 03/26/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wheeler, Don 6 Contributor address; City; State; Zip Code P.O. Box 47065 Fort Worth, TX 76147	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilkie, Valleau (Mr.) Contributor address; City; State; Zip Code 309 Main Street Fort Worth, TX 76102	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/12/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Timothy (Mr.) Contributor address; City; State; Zip Code 1925 Cliffbrook Ct Fort Worth, TX 76112	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams,, J. Michael (Mr.) Contributor address; City; State; Zip Code 2316 Woodsong Trail Arlington, TX 76016	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions)	
Date 01/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiseman, Kristi Contributor address; City; State; Zip Code 3731 Hulen Park Fort Worth, TX 76109	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/24 Report: 29/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Adlee Trezevant Memorial Choir	7 Amount (\$)
03/26/2009	6 Payee address; City; State; Zip Code Fort Worth, TX	\$50.00

8 Purpose of payment (See instructions regarding type of information required.) Donation	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Aids Outreach Center	Amount (\$)
01/30/2009	Payee address; City; State; Zip Code 801 W Cannon St Fort Worth, TX 76104	\$100.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Aids Outreach Center	Amount (\$)
03/23/2009	Payee address; City; State; Zip Code 801 W Cannon St Fort Worth, TX 76104	\$100.00

Purpose of payment (See instructions regarding type of information required.) Donation	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

Date	Payee name Angelos Barbeque	Amount (\$)
01/31/2009	Payee address; City; State; Zip Code 2533 White Settlement Rd Fort Worth, TX 76107	\$15.43

Purpose of payment (See instructions regarding type of information required.) Campaign Meeting	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/24 Report: 30/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/30/2009	5 Payee name Anna's Linens 6 Payee address; City; State; Zip Code 359 Carrol St Fort Worth, TX 76107	7 Amount (\$) \$25.95
8 Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/21/2009	Payee name AT&T Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Campaign Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/15/2009	Payee name AT&T Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Campaign Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/13/2009	Payee name AT&T Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Campaign Phone (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/24 Report: 31/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/06/2009

5 Payee name
AT&T

7 Amount (\$)
\$200.00

6 Payee address; City; State; Zip Code
PO BOX 650553
Dallas, TX 75265

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Phone

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Baker, Ashley (Ms.)

Amount (\$)

01/26/2009

Payee address; City; State; Zip Code
2744 S Jones St
Fort Worth, TX 76104

\$500.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Coordination

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Baker, Ashley (Ms.)

Amount (\$)

02/16/2009

Payee address; City; State; Zip Code
2744 S Jones St
Fort Worth, TX 76104

\$500.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Coordination

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

Payee name
Baker, Ashley (Ms.)

Amount (\$)

03/14/2009

Payee address; City; State; Zip Code
2744 S Jones St
Fort Worth, TX 76104

\$500.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Coordination

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/24 Report: 32/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/07/2009

5 Payee name
Baker, Ashley (Ms.)

7 Amount (\$)
\$500.00

6 Payee address; City; State; Zip Code
2744 S Jones St
Fort Worth, TX 76104

8 Purpose of payment (See instructions regarding type of information required.)
Campaign Coordination

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date
03/07/2009

Payee name
Bermejo, Phillip

Amount (\$)
\$125.00

Payee address; City; State; Zip Code
Fort Worth, TX

Purpose of payment (See instructions regarding type of information required.)
Photography

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date
03/26/2009

Payee name
Bermejo, Phillip

Amount (\$)
\$150.00

Payee address; City; State; Zip Code
Fort Worth, TX

Purpose of payment (See instructions regarding type of information required.)
Photography

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date
01/15/2009

Payee name
Black Tie & Boots

Amount (\$)
\$200.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)
Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/24 Report: 33/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 02/15/2009	5 Payee name Carter Center 6 Payee address; City; State; Zip Code Atlanta, GA	7 Amount (\$) \$50.00
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8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/31/2009	Payee name Cass, Wendell (Mr.) Payee address; City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	Amount (\$) \$500.00
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Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/23/2009	Payee name Cass, Wendell (Mr.) Payee address; City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	Amount (\$) \$500.00
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Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/27/2009	Payee name Cass, Wendell (Mr.) Payee address; City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	Amount (\$) \$500.00
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Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/24 Report: 34/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/25/2009	5 Payee name Central Market 6 Payee address; City; State; Zip Code 4651 W Freeway, Ste A Fort Worth, TX 76107	7 Amount (\$) \$87.17
8 Purpose of payment (See instructions regarding type of information required.) Campaign Materials & Food (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/26/2009	Payee name Chadra Mezza & Grill Payee address; City; State; Zip Code 1622 Park Place Ave Fort Worth, TX 76110	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Food for fundraiser event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2009	Payee name Chase Bank Payee address; City; State; Zip Code Fort Worth, TX 76102	Amount (\$) \$8.00
Purpose of payment (See instructions regarding type of information required.) Cashier Check Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/10/2009	Payee name City of Fort Worth Payee address; City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Filing Fees (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/24 Report: 35/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/16/2009	5 Payee name Civic Strategies 6 Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	7 Amount (\$) \$2,281.58
8 Purpose of payment (See instructions regarding type of information required.) Yard Signs (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/21/2009	Payee name Civic Strategies Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	Amount (\$) \$1,575.00
Purpose of payment (See instructions regarding type of information required.) Consulting, walk program (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/04/2009	Payee name Civic Strategies Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	Amount (\$) \$840.00
Purpose of payment (See instructions regarding type of information required.) walk program, lunch for volunteers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/06/2009	Payee name Civic Strategies Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	Amount (\$) \$1,627.35
Purpose of payment (See instructions regarding type of information required.) Campaign Mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/24 Report: 36/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 04/06/2009	5 Payee name Civic Strategies 6 Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	7 Amount (\$) \$107.07
8 Purpose of payment (See instructions regarding type of information required.) Consulting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/25/2009	Payee name Community Arts Center Payee address; City; State; Zip Code 1300 Gendy St Fort Worth, TX 76107	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/31/2009	Payee name Cowton Chevron Payee address; City; State; Zip Code 100 N Nichols St Fort Worth, TX 76102	Amount (\$) \$6.78
Purpose of payment (See instructions regarding type of information required.) Ice for Campaign Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/07/2009	Payee name Darden Publishing Payee address; City; State; Zip Code 3507 Horne St Fort Worth, TX 76107	Amount (\$) \$240.00
Purpose of payment (See instructions regarding type of information required.) Ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/24 Report: 37/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name DC Graphics	7 Amount (\$)
03/26/2009	6 Payee address; City; State; Zip Code 1527 Jacksboro Hwy Fort Worth, TX 76114	\$159.13

8 Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Delta Sigma Theta	Amount (\$)
03/14/2009	Payee address; City; State; Zip Code	\$65.00

Purpose of payment (See instructions regarding type of information required.) Donation- Ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Dias, Victor	Amount (\$)
03/01/2009	Payee address; City; State; Zip Code	\$300.00

Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Doctors without Borders	Amount (\$)
02/15/2009	Payee address; City; State; Zip Code	\$75.00

Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 10/24 Report: 38/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name FedEx Kinkos	7 Amount (\$)
03/02/2009	6 Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth, TX	\$209.45

8 Purpose of payment (See instructions regarding type of information required.) Invitations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name FedEx Kinkos	Amount (\$)
03/13/2009	Payee address; City; State; Zip Code 6020 Camp Bowie Blvd Fort Worth, TX	\$217.56

Purpose of payment (See instructions regarding type of information required.) Invitations (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Flower Market	Amount (\$)
01/31/2009	Payee address; City; State; Zip Code 2733 W 7th St Fort Worth, TX 76107	\$38.92

Purpose of payment (See instructions regarding type of information required.) Flowers for Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Fort Worth Alumni Chapter- Texas Colle	Amount (\$)
02/11/2009	Payee address; City; State; Zip Code Fort Worth, TX	\$60.00

Purpose of payment (See instructions regarding type of information required.) Donation- Ad (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/24 Report: 39/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Fort Worth Prairie View Alumni Chapter	7 Amount (\$)
04/07/2009	6 Payee address; City; State; Zip Code Fort Worth, TX	\$50.00

8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Glorias Restaurant	Amount (\$)
03/12/2009	Payee address; City; State; Zip Code 2600 W Seventh, Suite 175 Fort Worth, TX 76107	\$164.63

Purpose of payment (See instructions regarding type of information required.) Campaign Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Gordon Boswell	Amount (\$)
01/29/2009	Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	\$47.58

Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Gordon Boswell	Amount (\$)
01/31/2009	Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	\$211.56

Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/24 Report: 40/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/03/2009	5 Payee name Gordon Boswell 6 Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	7 Amount (\$) \$138.46
8 Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/24/2009	Payee name Gordon Boswell Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	Amount (\$) \$189.90
Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/28/2009	Payee name Gordon Boswell Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	Amount (\$) \$129.80
Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name Gordon Boswell Payee address; City; State; Zip Code 1220 Pennsylvania Ave Fort Worth, TX 76104	Amount (\$) \$86.50
Purpose of payment (See instructions regarding type of information required.) Constituent Flowers (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/24 Report: 41/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/26/2009	5 Payee name Graphics2 6 Payee address; City; State; Zip Code 507 S Main St Fort Worth, TX 76104	7 Amount (\$) \$205.68
8 Purpose of payment (See instructions regarding type of information required.) Campaign Mailing (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/14/2009	Payee name Harpers Blue Bonnet Bakery Payee address; City; State; Zip Code 3905 Camp Bowie Blvd Fort Worth, TX 76107	Amount (\$) \$32.95
Purpose of payment (See instructions regarding type of information required.) Food for Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/16/2009	Payee name Inaguration Committee Payee address; City; State; Zip Code Washington, DC	Amount (\$) \$300.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name Macaroni Grill Payee address; City; State; Zip Code 1505 S University Fort Worth, TX 76107	Amount (\$) \$33.31
Purpose of payment (See instructions regarding type of information required.) Constituent Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/24 Report: 42/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/25/2009	5 Payee name Madea's Down Home Cookin' 6 Payee address; City; State; Zip Code 1019 W Enon Everman, TX	7 Amount (\$) \$300.00
8 Purpose of payment (See instructions regarding type of information required.) Food for Campaign Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name McKinley's Fine Bakery Payee address; City; State; Zip Code 1612 S University Dr Fort Worth, TX 76107	Amount (\$) \$36.70
Purpose of payment (See instructions regarding type of information required.) Constituent Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/30/2009	Payee name Mi Cocina Payee address; City; State; Zip Code 4601 W Freeway, #100 Fort Worth, TX 76107	Amount (\$) \$61.64
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/31/2009	Payee name Mi Cocina Payee address; City; State; Zip Code 4601 W Freeway, #100 Fort Worth, TX 76107	Amount (\$) \$71.04
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/24 Report: 43/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 02/21/2009	5 Payee name Minister Derek Locke Memorial Music Scholarship Fund 6 Payee address; City; State; Zip Code 8316 Tallahassee Fort Worth, TX 76123	7 Amount (\$) \$50.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/29/2009	Payee name Mt. Gilaed Church Payee address; City; State; Zip Code 600 Grove St Fort Worth, TX 76102	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/17/2009	Payee name National Women Of Achievment, DFW Chapter Payee address; City; State; Zip Code Fort Worth, TX	Amount (\$) \$70.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/24/2009	Payee name Net Play Promotions Payee address; City; State; Zip Code	Amount (\$) \$550.00
Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/24 Report: 44/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/09/2009	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	7 Amount (\$) \$31.91
8 Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/30/2009	Payee name Office Depot Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	Amount (\$) \$9.72
Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/11/2009	Payee name Office Depot Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	Amount (\$) \$8.09
Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/13/2009	Payee name Office Depot Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	Amount (\$) \$48.69
Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/24 Report: 45/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 01/31/2009	5 Payee name Onyx Inc 6 Payee address; City; State; Zip Code 1301 Evans Ave Fort Worth, TX 76104	7 Amount (\$) \$250.00
8 Purpose of payment (See instructions regarding type of information required.) Rental of Campaign Facility (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/23/2009	Payee name Onyx Inc Payee address; City; State; Zip Code 1301 Evans Ave Fort Worth, TX 76104	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Rental of Campaign Facility (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/27/2009	Payee name Onyx Inc Payee address; City; State; Zip Code 1301 Evans Ave Fort Worth, TX 76104	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Rental of Campaign Facility (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 04/02/2009	Payee name PF Chang's China Bistro Payee address; City; State; Zip Code 400 Throckmorton St Fort Worth, TX 76102	Amount (\$) \$38.37
Purpose of payment (See instructions regarding type of information required.) Campaign Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/24 Report: 46/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/13/2009	5 Payee name Potbelly 6 Payee address; City; State; Zip Code 2058 University Dr Fort Worth, TX 76109	7 Amount (\$) \$18.80
8 Purpose of payment (See instructions regarding type of information required.) Constituent Lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name Prairie Fest Payee address; City; State; Zip Code P.O. Box 470041 Fort Worth, TX 76147	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/23/2009	Payee name Shell Payee address; City; State; Zip Code	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) gas for campaign (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 02/15/2009	Payee name Shell Payee address; City; State; Zip Code	Amount (\$) \$80.00
Purpose of payment (See instructions regarding type of information required.) Gas for Campaign (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/24 Report: 47/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/18/2009	5 Payee name Sisters of St. Mary 6 Payee address; City; State; Zip Code	7 Amount (\$) \$100.00
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8 Purpose of payment (See instructions regarding type of information required.) Donaton (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/05/2009	Payee name St. Labre Indian School Payee address; City; State; Zip Code Ashland, MT	Amount (\$) \$100.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/01/2009	Payee name Staples Payee address; City; State; Zip Code 1600 S University Dr Fort Worth, TX 76107	Amount (\$) \$51.17
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Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/13/2009	Payee name Starbucks Payee address; City; State; Zip Code I-20 & Forest Hill Fort Worth, TX 76140	Amount (\$) \$5.83
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Purpose of payment (See instructions regarding type of information required.) Constituent Meeting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/24 Report: 48/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date 01/25/2009	5 Payee name Target 6 Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	7 Amount (\$) \$20.39
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8 Purpose of payment (See instructions regarding type of information required.) Campaign Materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/31/2009	Payee name Target Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	Amount (\$) \$22.22
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Purpose of payment (See instructions regarding type of information required.) campaign materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/29/2009	Payee name Target Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	Amount (\$) \$221.83
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Purpose of payment (See instructions regarding type of information required.) Volunteer snacks, campaign materials (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/31/2009	Payee name The Cupcake Cottage Payee address; City; State; Zip Code 5015 El Campo Ave Fort Worth, TX 76107	Amount (\$) \$52.50
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Purpose of payment (See instructions regarding type of information required.) Food for Campaign Event (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 21/24 Report: 49/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

03/14/2009

5 Payee name
The Women's Center

7 Amount (\$)

\$50.00

6 Payee address; City; State; Zip Code
1723 Hemphill
Fort Worth, TX 76110

8 Purpose of payment (See instructions regarding type of information required.)
Donation

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

01/22/2009

Payee name
Tucker, Donovan

Amount (\$)

\$250.00

Payee address; City; State; Zip Code
Fort Worth, TX

Purpose of payment (See instructions regarding type of information required.)
Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

02/15/2009

Payee name
Tucker, Donovan

Amount (\$)

\$300.00

Payee address; City; State; Zip Code
Fort Worth, TX

Purpose of payment (See instructions regarding type of information required.)
Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

Date

03/12/2009

Payee name
Tucker, Donovan

Amount (\$)

\$250.00

Payee address; City; State; Zip Code
Fort Worth, TX

Purpose of payment (See instructions regarding type of information required.)
Donation

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T)

Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/24 Report: 50/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/31/2009	5 Payee name UNCF 6 Payee address; City; State; Zip Code 2800 Swiss Ave Dallas, TX 75204	7 Amount (\$) \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/07/2009	Payee name USC Film School Payee address; City; State; Zip Code Los Angeles, CA	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/14/2009	Payee name USPS Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	Amount (\$) \$25.20
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 01/15/2009	Payee name USPS Payee address; City; State; Zip Code 251 W Lancaster Ave Fort Worth, TX 76102	Amount (\$) \$100.80
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 23/24 Report: 51/52

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name USPS	7 Amount (\$)
02/04/2009	6 Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	\$8.40

8 Purpose of payment (See instructions regarding type of information required.) Postage	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name USPS	Amount (\$)
02/17/2009	Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	\$26.41

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name USPS	Amount (\$)
02/27/2009	Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	\$16.82

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name USPS	Amount (\$)
03/04/2009	Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	\$126.00

Purpose of payment (See instructions regarding type of information required.) Postage	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/24 Report: 52/52
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001
4 Date 03/13/2009	5 Payee name USPS 6 Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	7 Amount (\$) \$88.20
8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/14/2009	Payee name USPS Payee address; City; State; Zip Code 8th Ave Station Fort Worth, TX	Amount (\$) \$95.76
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/20/2009	Payee name USPS Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	Amount (\$) \$61.82
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2009	Payee name USPS Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	Amount (\$) \$50.77
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: