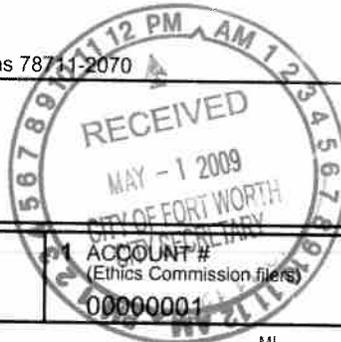


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1



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

1 ACCOUNT #  
(Ethics Commission files)  
00000001

2 PAGE #  
1 of 31

3 CANDIDATE / OFFICEHOLDER NAME

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

**OFFICE USE ONLY**



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 Received

5 CAMPAIGN TREASURER NAME

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

Receipt # Amount

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  
04/08/2009 04/29/2009

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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)

\$ 13,395.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 14,301.23

CONTRIBUTION BALANCE

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

\$ 47,963.79

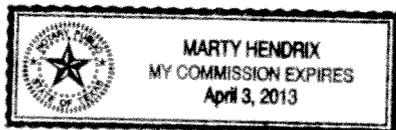
OUTSTANDING LOAN TOTALS

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.



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 1st day of May, 2009, to certify which, witness my hand and seal of office.

Marty Hendrix  
Signature of officer administering oath

Marty Hendrix  
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 #<br>Schedule: 1/11 Report: 3/31   |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                               |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001  |  |
| 4 Date<br><br>04/17/2009  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Armstrong, Beatrice (Mrs.)<br><br>6 Contributor address; City; State; Zip Code<br>2913 Mansfield Hwy<br>Fort Worth, TX 76119 | 7 Amount of contribution (\$)<br><br>\$75.00  | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)                 |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>  |  |
| Date<br><br>04/17/2009  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Bass, Anne T (Ms.)<br><br>Contributor address; City; State; Zip Code<br>201 Main Street<br>Fort Worth, TX 76102 |  |
| Principal occupation / Job title (See Instructions)<br>Investor       |  | Amount of contribution (\$)<br><br>\$1,000.00   |  |
| Employer (See Instructions)   |  | In-kind contribution description (if applicable)  |  |
| Date<br><br>04/23/2009  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Bell, Carl (Mr.)<br><br>Contributor address; City; State; Zip Code<br>5834 Park Lane<br>Dallas, TX 75225        |  |
| Principal occupation / Job title (See Instructions)                   |  | Amount of contribution (\$)<br><br>\$100.00   |  |
| Employer (See Instructions)   |  | In-kind contribution description (if applicable)  |  |
| Date<br><br>04/09/2009  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Benson, Johnnie<br><br>Contributor address; City; State; Zip Code<br>1704 Martel Ave<br>Fort Worth, TX 76103    |  |
| Principal occupation / Job title (See Instructions)                   |  | Amount of contribution (\$)<br><br>\$200.00   |  |
| Employer (See Instructions)   |  | In-kind contribution description (if applicable)  |  |
| Date<br><br>04/16/2009  |  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Bewley, Jackie<br><br>Contributor address; City; State; Zip Code<br>2200 S Riverside Dr<br>Fort Worth, TX 76104 |  |
| Principal occupation / Job title (See Instructions)<br>Business Owner |  | Amount of contribution (\$)<br><br>\$500.00   |  |
| Employer (See Instructions)   |  | In-kind contribution description (if applicable)  |  |
|   |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>  |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

**1** PAGE #

Schedule: 2/11 Report: 4/31

**2** FILER NAME Hicks, Erin Kathleen (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Bradbury, James (Attorney)

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

**8** In-kind contribution description (if applicable)

04/16/2009

**6** Contributor address; City; State; Zip Code  
2337 Mistletoe Ave  
Fort Worth, TX 76110

\$250.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Braka, Steven (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/16/2009

Contributor address; City; State; Zip Code  
2521 Ryan Place Dr  
Fort Worth, TX 76110

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Calhoun, Ross (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/23/2009

Contributor address; City; State; Zip Code  
3709 Santiago Ct.  
Irving, TX 75062

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Carvey, Louise

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/27/2009

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Committee for Public Safety- FW Police Officers Assn

Amount of contribution (\$)

In-kind contribution description (if applicable)

04/10/2009

Contributor address; City; State; Zip Code  
904 Collier St  
Fort Worth, TX 76102

\$1,000.00

(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 #<br>Schedule: 3/11 Report: 5/31                                    |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001                         |  |
| 4 Date<br><br>04/10/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Conservative Voters Forum<br><br>6 Contributor address; City; State; Zip Code<br>3501 Elm Creek Ct<br>Fort Worth, TX 76109 | 7 Amount of contribution (\$)<br><br>\$500.00                              | 8 In-kind contribution description (if applicable)                       |
| 9 Principal occupation / Job title (See Instructions)     |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | 10 Employer (See Instructions)   |  |
| Date<br><br>04/25/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Curley, Bevelia (Ms.)<br><br>Contributor address; City; State; Zip Code<br>7537 Madeira Dr<br>Fort Worth, TX 76112           | Amount of contribution (\$)<br><br>\$50.00                                 | In-kind contribution description (if applicable)                         |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/23/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Denny, Gretchen (Ms.)<br><br>Contributor address; City; State; Zip Code<br>2717 Museum Way<br>Fort Worth, TX 76107           | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)                         |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/09/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>First Southwest Properties<br><br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)<br><br>\$500.00                                | In-kind contribution description (if applicable)<br>Sponsored fundraiser |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/23/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Gideon, Randall (Mr.)<br><br>Contributor address; City; State; Zip Code<br>3812 Monticello<br>Fort Worth, TX 76107           | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)                         |
| Principal occupation / Job title (See Instructions)       |  | (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 #<br>Schedule: 4/11 Report: 6/31            |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                                    |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>04/08/2009   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Good Government Fund<br><br>6 Contributor address; City; State; Zip Code<br>201 Main St.<br>Suite 2500<br>Fort Worth, TX 76102                       | 7 Amount of contribution (\$)<br><br>\$1,000.00    | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)                      |  | 10 Employer (See Instructions)                     |  |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |  |
| Date<br><br>04/24/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Greater Fort Worth Real Estate Council PAC<br><br>Contributor address; City; State; Zip Code<br>301 Commerce St.<br>Suite 2400<br>Fort Worth, TX 76102 | Amount of contribution (\$)<br><br>\$1,000.00      | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                        |  | Employer (See Instructions)                        |  |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |  |
| Date<br><br>04/13/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Greenhill, William (Mr.)<br><br>Contributor address; City; State; Zip Code<br>1608 Ashland Ave<br>Fort Worth, TX 76107                                 | Amount of contribution (\$)<br><br>\$250.00        | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                        |  | Employer (See Instructions)                        |  |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |  |
| Date<br><br>04/15/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hadley, Erma Johnson (Mrs.)<br><br>Contributor address; City; State; Zip Code<br>2362 Faett Ct<br>Fort Worth, TX 76119                                 | Amount of contribution (\$)<br><br>\$100.00        | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                        |  | Employer (See Instructions)                        |  |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |  |
| Date<br><br>04/21/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hill Real Estate Development Inc<br><br>Contributor address; City; State; Zip Code<br>P.O. Box 153054<br>Arlington, TX 76015                           | Amount of contribution (\$)<br><br>\$250.00        | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)                        |  | Employer (See Instructions)                        |  |
| (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |  |  |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|  |  |   |   |
|--|--|---|---|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. |  | <b>1</b> PAGE #<br>Schedule: 6/11 Report: 8/31            |   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001 |   |
| <b>4</b> Date<br><br>04/09/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Lamm, Sandra (Ms.)<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br>Fort Worth, TX                        | <b>7</b> Amount of contribution (\$)<br><br>\$100.00      | <b>8</b> In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| <b>9</b> Principal occupation / Job title (See Instructions)     |  | <b>10</b> Employer (See Instructions)                     |   |
| Date<br><br>04/09/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Langston, Constance<br>.....<br>Contributor address; City; State; Zip Code<br>4200 S Hulen St., Ste 417<br>Fort Worth, TX 76109      | Amount of contribution (\$)<br><br>\$100.00               | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                               |   |
| Date<br><br>04/24/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Law Offices of Gwinda Burns<br>.....<br>Contributor address; City; State; Zip Code<br>P.O. Box 8704<br>Fort Worth, TX 76124          | Amount of contribution (\$)<br><br>\$250.00               | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                               |   |
| Date<br><br>04/08/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Loftin, Jerry (Mr.)<br>.....<br>Contributor address; City; State; Zip Code<br>113 N Houston<br>Fort Worth, TX 76102                  | Amount of contribution (\$)<br><br>\$100.00               | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>          |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                               |   |
| Date<br><br>04/09/2009   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Lucas, Rebecca (Atty)<br>.....<br>Contributor address; City; State; Zip Code<br>1701 River Run Rd Suite 1021<br>Fort Worth, TX 76107 | Amount of contribution (\$)<br><br>\$500.00               | In-kind contribution description (if applicable)<br><br><br><br>(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 #<br>Schedule: 7/11 Report: 9/31                                    |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001                         |  |
| 4 Date<br><br>04/22/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Luther Cantrell, Patsy (Ms.)<br><br>6 Contributor address; City; State; Zip Code<br>4954 FM 1187 Box 277<br>Cresson, TX 76035    | 7 Amount of contribution (\$)<br><br>\$150.00                              | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)   |  |
| Date<br><br>04/24/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Malone, Tom (Mr.)<br><br>Contributor address; City; State; Zip Code<br>814 Pennsylvania Ave, Suite 100<br>Fort Worth, TX 76104     | Amount of contribution (\$)<br><br>\$200.00                                | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/18/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Mayo III, Ted (Attorney)<br><br>Contributor address; City; State; Zip Code<br>3862 Tamworth Rd<br>Fort Worth, TX 76116             | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/16/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>McKenzie, Cynthia (Attorney)<br><br>Contributor address; City; State; Zip Code<br>1800 N Norwood Dr.<br>Ste 100<br>Hurst, TX 76054 | Amount of contribution (\$)<br><br>\$200.00                                | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |  |
| Date<br><br>04/15/2009                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Means, Randell (Attorney)<br><br>Contributor address; City; State; Zip Code<br>1941 Berkley Pl<br>Fort Worth, TX 76110             | Amount of contribution (\$)<br><br>\$100.00                                | In-kind contribution description (if applicable)   |
| Principal occupation / Job title (See Instructions)       |  | (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 <b>INSTRUCTION GUIDE</b> explains how to complete this form. |  | <b>1</b> PAGE #<br>Schedule: 8/11 Report: 10/31           |   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001 |   |
| <b>4</b> Date<br><br>04/23/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Moayed, Mehrdad (Mr.)<br><br><b>6</b> Contributor address; City; State; Zip Code<br>3901 Airport Fwy<br>Ste 200<br>Bedford, TX 76021            | <b>7</b> Amount of contribution (\$)<br><br>\$500.00      | <b>8</b> In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions)<br>Developer |  | <b>10</b> Employer (See Instructions)                     |   |
| <b>4</b> Date<br><br>04/20/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Nickleson, Gary (Attorney)<br><br><b>6</b> Contributor address; City; State; Zip Code<br>5201 W Freeway, Ste 100<br>Fort Worth, TX 76107        | <b>7</b> Amount of contribution (\$)<br><br>\$100.00      | <b>8</b> In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions)              |  | <b>10</b> Employer (See Instructions)                     |   |
| <b>4</b> Date<br><br>04/09/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Nunneley Family Law Center<br><br><b>6</b> Contributor address; City; State; Zip Code<br>1845 Precinct Line Rd.<br>Suite 100<br>Hurst, TX 76054 | <b>7</b> Amount of contribution (\$)<br><br>\$50.00       | <b>8</b> In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions)              |  | <b>10</b> Employer (See Instructions)                     |   |
| <b>4</b> Date<br><br>04/24/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Porter, David (Mr.)<br><br><b>6</b> Contributor address; City; State; Zip Code<br>2100 Ross Ave, Ste 2900<br>Dallas, TX 75201                   | <b>7</b> Amount of contribution (\$)<br><br>\$100.00      | <b>8</b> In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions)              |  | <b>10</b> Employer (See Instructions)                     |   |
| <b>4</b> Date<br><br>04/13/2009                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Riley, Robery (Mr.)<br><br><b>6</b> Contributor address; City; State; Zip Code<br>4117 Walnut Creek Ct<br>Fort Worth, TX 76137                  | <b>7</b> Amount of contribution (\$)<br><br>\$50.00       | <b>8</b> In-kind contribution description (if applicable) |
| Principal occupation / Job title (See Instructions)              |  | <b>10</b> Employer (See Instructions)                     |   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 9/11 Report: 11/31           |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>04/09/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ryan, Elaine (Atty)<br><br>6 Contributor address; City; State; Zip Code<br>669 Airport Fwy, Suite 206<br>Hurst, TX 76053 | 7 Amount of contribution (\$)<br><br>\$100.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/25/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sadberry, Birdie (Ms.)<br><br>6 Contributor address; City; State; Zip Code<br>5625 Hensley Dr<br>Fort Worth, TX 76134    | 7 Amount of contribution (\$)<br><br>\$150.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/16/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sibbett, A.B.<br><br>6 Contributor address; City; State; Zip Code<br>7620 Deaver Dr<br>North Richland Hills, TX 76180    | 7 Amount of contribution (\$)<br><br>\$50.00       | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/16/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Smith, Jason (Attorney)<br><br>6 Contributor address; City; State; Zip Code<br>2257 College Ave<br>Fort Worth, TX 76110  | 7 Amount of contribution (\$)<br><br>\$50.00       | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/08/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Struhs, Tom (Mr.)<br><br>6 Contributor address; City; State; Zip Code<br>2801 Bledsoe St<br>Fort Worth, TX 76107         | 7 Amount of contribution (\$)<br><br>\$250.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 11/11 Report: 13/31          |  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)                   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>04/23/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Van Riet, Cecilia<br><br>6 Contributor address; City; State; Zip Code<br>2121 Kirby Dr<br>#19NE<br>Houston, TX 77019         | 7 Amount of contribution (\$)<br><br>\$200.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/13/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Vinson, Rita<br><br>6 Contributor address; City; State; Zip Code<br>1813 Lake Shore Court<br>Fort Worth, TX 76103            | 7 Amount of contribution (\$)<br><br>\$25.00       | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/08/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Waste Management PAC<br><br>6 Contributor address; City; State; Zip Code<br>Fort Worth, TX                                   | 7 Amount of contribution (\$)<br><br>\$250.00      | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| 4 Date<br><br>04/13/2009                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Young, Valerie Baston (Attorney)<br><br>6 Contributor address; City; State; Zip Code<br>700 Nocona Dr<br>Mansfield, TX 76063 | 7 Amount of contribution (\$)<br><br>\$20.00       | 8 In-kind contribution description (if applicable) |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |

# POLITICAL EXPENDITURES

# SCHEDULE F

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|---|---|---|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | <b>1</b> PAGE #<br>Schedule: 1/18 Report: 14/31   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)  |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/20/2009   | <b>5</b> Payee name<br>Angelos Barbeque<br><br><b>6</b> Payee address; City; State; Zip Code<br>.....<br>2533 White Settlement Rd<br>Fort Worth, TX 76107 | <b>7</b> Amount (\$)<br><br>\$38.32   |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Food for volunteers<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/13/2009  | Payee name<br>AT&T<br><br>Payee address; City; State; Zip Code<br>.....<br>PO BOX 650553<br>Dallas, TX 75265  | Amount (\$)<br><br>\$200.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Phone<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>               |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/11/2009  | Payee name<br>Baker, Ashley (Ms.)<br><br>Payee address; City; State; Zip Code<br>.....<br>2744 S Jones St<br>Fort Worth, TX 76104                         | Amount (\$)<br><br>\$200.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                   |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/24/2009  | Payee name<br>Baker, Ashley (Ms.)<br><br>Payee address; City; State; Zip Code<br>.....<br>2744 S Jones St<br>Fort Worth, TX 76104                         | Amount (\$)<br><br>\$400.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                   |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/18 Report: 15/31**2** FILER NAME Hicks, Erin Kathleen (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

Cafe Modern

**7**

Amount

(\$)

04/24/2009

**6** Payee address; City; State; Zip Code3200 Darnell Ave  
Fort Worth, TX 76107

\$81.44

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

Volunteer Lunch

**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

Cass, Wendell (Mr.)

Amount

(\$)

04/23/2009

Payee address; City; State; Zip Code

2913 Ridgeview  
Fort Worth, TX 76119

\$450.00

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

Consulting

**\*\* 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

Central Market

Amount

(\$)

04/27/2009

Payee address; City; State; Zip Code

4651 W Freeway, Ste A  
Fort Worth, TX 76107

\$110.21

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

Campaign Materials &amp; Food

**\*\* 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

Churches Chicken

Amount

(\$)

04/19/2009

Payee address; City; State; Zip Code

4224 Miller  
Fort Worth, TX

\$52.33

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

Food for volunteers

**\*\* 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

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|--|---|---|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.   |   | <b>1</b> PAGE #<br>Schedule: 3/18 Report: 16/31   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/11/2009  | <b>5</b> Payee name<br>Civic Strategies<br><br><b>6</b> Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013 | <b>7</b> Amount (\$)<br><br>\$750.00  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/18/2009   | Payee name<br>Civic Strategies<br><br>Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013                   | Amount (\$)<br><br>\$855.29   |
| Purpose of payment (See instructions regarding type of information required.)<br>Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>          |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/23/2009   | Payee name<br>Civic Strategies<br><br>Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013                   | Amount (\$)<br><br>\$2,368.12   |
| Purpose of payment (See instructions regarding type of information required.)<br>Mailing<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/24/2009   | Payee name<br>Civic Strategies<br><br>Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013                   | Amount (\$)<br><br>\$1,253.12   |
| Purpose of payment (See instructions regarding type of information required.)<br>Mailing<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

# POLITICAL EXPENDITURES

# SCHEDULE F

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| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>   |   | <b>1</b> PAGE #<br>Schedule: 4/18 Report: 17/31   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/25/2009  | <b>5</b> Payee name<br>Civic Strategies<br><br><b>6</b> Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013 | <b>7</b> Amount (\$)<br><br>\$600.00  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Consulting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/29/2009   | Payee name<br>Civic Strategies<br><br>Payee address; City; State; Zip Code<br>1201 W Park Row Dr<br>Arlington, TX 76013                   | Amount (\$)<br><br>\$1,103.79   |
| Purpose of payment (See instructions regarding type of information required.)<br>Mailing<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/09/2009   | Payee name<br>Corner Bakery and Cafe<br><br>Payee address; City; State; Zip Code<br>615 Main Street<br>Fort Worth, TX 76102               | Amount (\$)<br><br>\$12.97  |
| Purpose of payment (See instructions regarding type of information required.)<br>Constituent Lunch<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/20/2009   | Payee name<br>Edible Arrangements<br><br>Payee address; City; State; Zip Code<br>2600 W 7th St<br>Fort Worth, TX 76107                    | Amount (\$)<br><br>\$68.83  |
| Purpose of payment (See instructions regarding type of information required.)<br>Hostess Gift<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

# POLITICAL EXPENDITURES

# SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form.  |   | <b>1</b> PAGE #<br>Schedule: 5/18 Report: 18/31   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)   |   | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/13/2009  | <b>5</b> Payee name<br>Enterprise<br><br><b>6</b> Payee address; City; State; Zip Code<br>8442 Camp Bowie W<br>Fort Worth, TX 76116 | <b>7</b> Amount (\$)<br><br>\$226.90  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Car Rental<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/17/2009   | Payee name<br>Enterprise<br><br>Payee address; City; State; Zip Code<br>1001 Jones St.<br>Suite 139<br>Fort Worth, TX 76102         | Amount (\$)<br><br>\$253.40   |
| Purpose of payment (See instructions regarding type of information required.)<br>Car rental<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>          |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/11/2009   | Payee name<br>Family Dollar<br><br>Payee address; City; State; Zip Code<br>504 W Rosedale<br>Fort Worth, TX 76104                   | Amount (\$)<br><br>\$16.51  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Materials<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>  |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/16/2009   | Payee name<br>Feastivities<br><br>Payee address; City; State; Zip Code<br>3637 W Vickery Blvd<br>Fort Worth, TX 76107               | Amount (\$)<br><br>\$324.75   |
| Purpose of payment (See instructions regarding type of information required.)<br>food for fundraiser<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

# POLITICAL EXPENDITURES

## SCHEDULE F

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| The INSTRUCTION GUIDE explains how to complete this form.  |  | <b>1</b> PAGE #<br>Schedule: 6/18 Report: 19/31   |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/16/2009  | <b>5</b> Payee name<br>Graphics2<br><br><b>6</b> Payee address; City; State; Zip Code<br>507 S Main St<br>Fort Worth, TX 76104 | <b>7</b> Amount (\$)<br><br>\$270.63  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Envelopes<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |  | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/12/2009   | Payee name<br>Greater Meadowbrook News<br><br>Payee address; City; State; Zip Code<br>P.O. Box 24264<br>Fort Worth, TX 76124   | Amount (\$)<br><br>\$548.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Advertisement<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/09/2009   | Payee name<br>Haltom's<br><br>Payee address; City; State; Zip Code<br>317 Main St<br>Fort Worth, TX 76102                      | Amount (\$)<br><br>\$86.60  |
| Purpose of payment (See instructions regarding type of information required.)<br>Hostess Gifts<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/18/2009   | Payee name<br>Hobby Lobby<br><br>Payee address; City; State; Zip Code<br>900 W 15th St<br>Plano, TX 75075                      | Amount (\$)<br><br>\$18.86  |
| Purpose of payment (See instructions regarding type of information required.)<br>Materials for invitations<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

**POLITICAL EXPENDITURES****SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 7/18 Report: 20/31   |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>04/18/2009   | 5 Payee name<br>Hobby Lobby<br><br>6 Payee address; City; State; Zip Code<br>4220 Legacy Rd<br>Plano, TX 75024       | 7 Amount (\$)<br><br>\$15.62   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Materials for invitations<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/11/2009   | Payee name<br>J & J Quick Mart<br><br>Payee address; City; State; Zip Code<br>4201 Lancaster Blvd<br>Fort Worth, TX  | Amount (\$)<br><br>\$30.28   |
| Purpose of payment (See instructions regarding type of information required.)<br>Gas for campaign<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>            |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>04/17/2009   | Payee name<br>JoAnn Fabric<br><br>Payee address; City; State; Zip Code<br>1400 Green Oaks Rd<br>Fort Worth, TX 76116 | Amount (\$)<br><br>\$16.17   |
| Purpose of payment (See instructions regarding type of information required.)<br>Materials for invitations<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>04/19/2009   | Payee name<br>JoAnn Fabric<br><br>Payee address; City; State; Zip Code<br>1439 W Pipeline Rd<br>Hurst, TX 76053      | Amount (\$)<br><br>\$67.44   |
| Purpose of payment (See instructions regarding type of information required.)<br>Materials for invitations<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 8/18 Report: 21/31

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  
  
04/17/2009

5 Payee name  
Kwik Kopy  
.....  
6 Payee address; City; State; Zip Code  
1850 Handley Dr  
Fort Worth, TX 76112

7 Amount (\$)  
  
\$139.64

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

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  
LaVida News  
.....  
Payee address; City; State; Zip Code  
5601 Bridge St #300  
Fort Worth, TX 76112

Amount (\$)  
  
\$840.00

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

\*\* 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  
Mellow Mushroom  
.....  
Payee address; City; State; Zip Code  
3455 Bluebonnet Circle  
Fort Worth, TX 76109

Amount (\$)  
  
\$18.89

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

\*\* 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  
Mellow Mushroom  
.....  
Payee address; City; State; Zip Code  
3455 Bluebonnet Circle  
Fort Worth, TX 76109

Amount (\$)  
  
\$22.14

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)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

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|---|--|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>  |  | <b>1 PAGE #</b><br>Schedule: 9/18 Report: 22/31   |
| <b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)  |  | <b>3 ACCOUNT #</b> (Ethics Commission filers)<br>00000001   |
| <b>4 Date</b><br><br>04/09/2009   | <b>5 Payee name</b><br>Office Depot<br><hr/> <b>6 Payee address; City; State; Zip Code</b><br>401 Carroll St<br>Fort Worth, TX 76107 | <b>7 Amount (\$)</b><br><br>\$11.36   |
| <b>8 Purpose of payment</b> (See instructions regarding type of information required.)<br>Copies<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                |  | <b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b><br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/11/2009  | Payee name<br>Office Depot<br><hr/> Payee address; City; State; Zip Code<br>4810 Southwest Blvd<br>Fort Worth, TX 76109              | Amount (\$)<br><br>\$55.20  |
| Purpose of payment (See instructions regarding type of information required.)<br>Copies for campaign invitation<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/17/2009  | Payee name<br>Office Depot<br><hr/> Payee address; City; State; Zip Code<br>6680 W Freeway<br>Fort Worth, TX 76116                   | Amount (\$)<br><br>\$183.12   |
| Purpose of payment (See instructions regarding type of information required.)<br>Office Supplies<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/10/2009  | Payee name<br>Onyx Inc<br><hr/> Payee address; City; State; Zip Code<br>1301 Evans Ave<br>Fort Worth, TX 76104                       | Amount (\$)<br><br>\$200.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Rental of Campaign Facility<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>    |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 10/18 Report: 23/31**2** FILER NAME Hicks, Erin Kathleen (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

Our Mother of Mercy School

**7**Amount  
(\$)

04/15/2009

**6** Payee address; City; State; Zip Code1005 E Terrell Ave  
Fort Worth, TX 76104

\$150.00

**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) Office sought:  
Office held:

Date

Payee name

Paper Planet

Amount  
(\$)

04/17/2009

Payee address; City; State; Zip Code

6511 E Lancaster Ave  
Fort Worth, TX 76112

\$4.76

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

Materials for invitations

**\*\* 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

PF Chang's China Bistro

Amount  
(\$)

04/09/2009

Payee address; City; State; Zip Code

400 Throckmorton St  
Fort Worth, TX 76102

\$43.89

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) Office sought:  
Office held:

Date

Payee name

Potbelly

Amount  
(\$)

04/11/2009

Payee address; City; State; Zip Code

2058 University Dr  
Fort Worth, TX 76109

\$14.25

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

Lunch for Volunteers

**\*\* 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.   |  | <b>1</b> PAGE #<br>Schedule: 11/18 Report: 24/31  |
| <b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)   |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>04/25/2009  | <b>5</b> Payee name<br>Potbelly<br><br><b>6</b> Payee address; City; State; Zip Code<br>540 Throckmorton<br>Fort Worth, TX 76102 | <b>7</b> Amount (\$)<br><br>\$13.60   |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Lunch for Volunteers<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/26/2009   | Payee name<br>Rosebud Cafe<br><br>Payee address; City; State; Zip Code<br>1519 W Rosedale<br>Fort Worth, TX 76104                | Amount (\$)<br><br>\$90.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Volunteer Breakfast<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>           |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/19/2009   | Payee name<br>Saint Patrick<br><br>Payee address; City; State; Zip Code<br>1206 Throckmorton St<br>Fort Worth, TX 76102          | Amount (\$)<br><br>\$50.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Donation<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>04/25/2009   | Payee name<br>Shannon, Keegan<br><br>Payee address; City; State; Zip Code<br>2019 Clinton<br>Fort Worth, TX 76164                | Amount (\$)<br><br>\$100.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Phone Bank<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                    |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/18 Report: 25/31

**2** FILER NAME Hicks, Erin Kathleen (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

|               |   |                      |
|---------------|---|----------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Shannon, Patrick   | <b>7</b> Amount (\$) |
| 04/25/2009    | <b>6</b> Payee address; City; State; Zip Code<br>2019 Clinton<br>Fort Worth, TX 76164 | \$100.00             |

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

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Shell   | Amount (\$) |
| 04/15/2009 | Payee address; City; State; Zip Code<br>1224 Oakland Blvd<br>Fort Worth, TX 76103 | \$25.22     |

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

|            |  |             |
|------------|--|-------------|
| Date       | Payee name<br>Shell  | Amount (\$) |
| 04/27/2009 | Payee address; City; State; Zip Code<br>4429 Bellaire Dr<br>Fort Worth, TX 76109 | \$22.40     |

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

|            |  |             |
|------------|--|-------------|
| Date       | Payee name<br>SMIT Inc.  | Amount (\$) |
| 04/10/2009 | Payee address; City; State; Zip Code<br>3501 Williams Rd<br>Fort Worth, TX 76116 | \$165.00    |

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

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/18 Report: 26/31

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

5 Payee name

SMIT Inc.

7

Amount

(\$)

04/17/2009

6 Payee address; City; State; Zip Code

3501 Williams Rd  
Fort Worth, TX 76116

\$165.00

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

Advertisement

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

SMIT Inc.

Amount

(\$)

04/24/2009

Payee address; City; State; Zip Code

3501 Williams Rd  
Fort Worth, TX 76116

\$165.00

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

Advertisement

\*\* 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

Staples

Amount

(\$)

04/08/2009

Payee address; City; State; Zip Code

1600 S University Dr  
Fort Worth, TX 76107

\$93.86

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

Copies

\*\* 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

Target

Amount

(\$)

04/08/2009

Payee address; City; State; Zip Code

2600 W 7th St  
Fort Worth, TX 76107

\$26.66

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

Materials for campaign

\*\* 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: 14/18 Report: 27/31

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

5 Payee name  
Target7 Amount  
(\$)

04/14/2009

6 Payee address; City; State; Zip Code  
2600 W 7th St  
Fort Worth, TX 76107

\$97.92

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

Materials for campaign fundraiser

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  
TargetAmount  
(\$)

04/26/2009

Payee address; City; State; Zip Code  
2600 W 7th St  
Fort Worth, TX 76107

\$36.80

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

Food for campaign event

\*\* 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  
Teresa's Catering ServiceAmount  
(\$)

04/16/2009

Payee address; City; State; Zip Code  
2709 Scott Ave  
Fort Worth, TX 76103

\$280.00

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

Catering Service

\*\* 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  
TetcoAmount  
(\$)

04/11/2009

Payee address; City; State; Zip Code  
700 E Berry  
Fort Worth, TX

\$23.20

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

Gas for campaign

\*\* 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: 15/18 Report: 28/31**2** FILER NAME Hicks, Erin Kathleen (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name  
Tom Thumb**7** Amount  
(\$)

04/12/2009

**6** Payee address; City; State; Zip Code  
3100 S Hulen  
Fort Worth, TX 76109

\$36.96

**8** Purpose of payment (See instructions regarding type of information required.)  
Food for Event**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  
USPSAmount  
(\$)

04/08/2009

Payee address; City; State; Zip Code  
5125 Wichita  
Fort Worth, TX 76119

\$75.60

Purpose of payment (See instructions regarding type of information required.)  
Postage**\*\* 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  
USPSAmount  
(\$)

04/13/2009

Payee address; City; State; Zip Code  
5125 Wichita St  
Fort Worth, TX 76119

\$42.00

Purpose of payment (See instructions regarding type of information required.)  
Postage**\*\* 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  
USPSAmount  
(\$)

04/16/2009

Payee address; City; State; Zip Code  
5125 Wichita St  
Fort Worth, TX 76119

\$84.00

Purpose of payment (See instructions regarding type of information required.)  
Postage**\*\* 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 #<br>Schedule: 16/18 Report: 29/31  |
| 2 FILER NAME Hicks, Erin Kathleen (Ms.)  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>04/17/2009   | 5 Payee name<br>USPS<br><br>6 Payee address; City; State; Zip Code<br>400 N Retta<br>Fort Worth, TX 76111  | 7 Amount (\$)<br><br>\$80.76   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Postage<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>04/18/2009   | Payee name<br>USPS<br><br>Payee address; City; State; Zip Code<br>4450 Oak Park Ln<br>Fort Worth, TX 76109 | Amount (\$)<br><br>\$168.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Postage<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>04/25/2009   | Payee name<br>USPS<br><br>Payee address; City; State; Zip Code<br>301 Darcy St<br>Fort Worth, TX 76107     | Amount (\$)<br><br>\$6.15  |
| Purpose of payment (See instructions regarding type of information required.)<br>Postage<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>04/27/2009   | Payee name<br>USPS<br><br>Payee address; City; State; Zip Code<br>5125 Wichita St<br>Fort Worth, TX 76119  | Amount (\$)<br><br>\$51.10   |
| Purpose of payment (See instructions regarding type of information required.)<br>Postage<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 17/18 Report: 30/31

**2** FILER NAME Hicks, Erin Kathleen (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

|               |  |                      |
|---------------|--|----------------------|
| <b>4</b> Date | <b>5</b> Payee name<br>Walgreen's  | <b>7</b> Amount (\$) |
| 04/15/2009    | <b>6</b> Payee address; City; State; Zip Code<br>921 Henderson<br>Fort Worth, TX 76102 | \$12.48              |

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

|            |  |             |
|------------|--|-------------|
| Date       | Payee name<br>Walgreen's   | Amount (\$) |
| 04/18/2009 | Payee address; City; State; Zip Code<br>6346 Camp Bowie Blvd<br>Fort Worth, TX 76107 | \$8.65      |

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

|            |   |             |
|------------|---|-------------|
| Date       | Payee name<br>Walgreen's  | Amount (\$) |
| 04/23/2009 | Payee address; City; State; Zip Code<br>921 Henderson<br>Fort Worth, TX 76102 | \$28.55     |

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

|            |  |             |
|------------|--|-------------|
| Date       | Payee name<br>Walmart  | Amount (\$) |
| 04/12/2009 | Payee address; City; State; Zip Code<br>3851 Airport Fwy<br>Fort Worth, TX 76111 | \$34.36     |

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

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 18/18 Report: 31/31

**2** FILER NAME Hicks, Erin Kathleen (Ms.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
04/17/2009

**5** Payee name  
Xpedx

**6** Payee address; City; State; Zip Code  
.....  
2017 White Settlement  
Fort Worth, TX 76107

**7** Amount  
(\$)  
  
\$115.13

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held: