

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
11111111

15 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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	32,821.72
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	31,354.13
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CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	28,467.59
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OUTSTANDING LOAN TOTALS

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



AFFIX NOTARY STAMP/SEAL ABOVE

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

Kathleen Hicks

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Kathleen Hicks, this the 6th day of May, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

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: 1/4 Report: 3/17	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 04/08/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Public Safety Fort Worth Police Officers Association 6 Contributor address; City; State; Zip Code 904 Collier Street Fort Worth, TX 76102	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/23/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Public Safety Fort Worth Police Officers Association Contributor address; City; State; Zip Code 904 Collier Street Fort Worth, TX 76102	Amount of contribution (\$) \$7,500.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Committee for Public Safety Fort Worth Police Officers Association Contributor address; City; State; Zip Code 904 Collier Street Fort Worth, TX 76102	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/04/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cumbie, Jane & Gary Contributor address; City; State; Zip Code 400 Willow Ridge Road Fort Worth, TX 76103	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/30/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Jeff Contributor address; City; State; Zip Code 2325 Mistletoe Drive Ft Worth, TX 76110	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) Attorney <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: 2/4 Report: 4/17	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 04/06/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government 6 Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	7 Amount of contribution (\$) \$196.72	8 In-kind contribution description (if applicable) Labor - placement of large signs
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/12/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$5,000.00	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 04/22/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$7,500.00	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 05/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Firefighters Committee for Responsible Government Contributor address; City; State; Zip Code 3855 Tulsa Way Fort Worth, TX 76107	Amount of contribution (\$) \$2,500.00	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 04/26/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fort Worth Retired Fire Fighters and Widows Committee Contributor address; City; State; Zip Code 1617 Tierney Road Fort Worth, TX 76112	Amount of contribution (\$) \$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"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/17	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 04/01/2013	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Domingo 6 Contributor address; City; State; Zip Code 400 South Zang Blvd Dallas, TX 75208	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable) Attorney (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/09/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hammer and Nails Club Contributor address; City; State; Zip Code 7001 Boulevard 26, Suite 323 Fort Worth, TX 76180	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson, Marvinel (Mrs.) Contributor address; City; State; Zip Code 4305 Star Dust Lane Fort Worth, TX 76119	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/24/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langston, Constance Contributor address; City; State; Zip Code 4200 S Hulen St, STE 417 Ft Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Attorney	
Date 05/01/2013	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langston, Constance Contributor address; City; State; Zip Code 4200 S Hulen St, STE 417 Ft Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Attorney	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/8 Report: 7/17		2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 04/24/2013	5 Payee name Apple Store				
6 Amount (\$) \$36.75	7 Payee address City; State; Zip Code 1620 South University Drive Fort Worth, TX 76107				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - equipment for campaign phone		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> replaced cord		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/03/2013	Payee name Art etc.				
Amount (\$) \$97.43	Payee address City; State; Zip Code 135 Star Street Hereford, TX 79045				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic design		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/29/2013	Payee name Black, Kimmi				
Amount (\$) \$550.00	Payee address City; State; Zip Code 6415 Rock Springs Drive Arlington, TX 76001				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/13/2013	Payee name Cass, Wendell (Mr.)				
Amount (\$) \$450.00	Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Consulting, placement of signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/8 Report: 8/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/29/2013	5 Payee name Cass, Wendell (Mr.)
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6 Amount (\$) \$450.00	7 Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/02/2013	Payee name Comark Direct Printing
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Amount (\$) \$3,690.00	Payee address City; State; Zip Code 507 South Main Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing of mailer
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/26/2013	Payee name Gregory Draper Graphic Design
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Amount (\$) \$924.38	Payee address City; State; Zip Code PO Box 822 Crowley, TX 76036
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> graphic design services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/23/2013	Payee name H-3
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Amount (\$) \$56.35	Payee address City; State; Zip Code 109 East Exchange Avenue Fort Worth, TX 76102
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with campaign worker
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/8 Report: 9/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/23/2013	5 Payee name John Son's Press
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6 Amount (\$) \$6,000.00	7 Payee address City; State; Zip Code 3300 South Freeway fort worth, TX 76110
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> mailer
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/26/2013	Payee name John Son's Press
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 3300 South Freeway fort worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailer
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2013	Payee name John Son's Press
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Amount (\$) \$1,034.14	Payee address City; State; Zip Code 3300 South Freeway fort worth, TX 76110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/30/2013	Payee name L. Lattimore
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code 6115 Camp Bowie Blvd. Fort Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/8 Report: 10/17		2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 04/25/2013	5 Payee name LaVida Newspaper				
6 Amount (\$) \$350.00	7 Payee address City; State; Zip Code 5601 Bridge Street, #300 Fort Worth, TX 76112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad in newspaper		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/30/2013	Payee name Mexican Inn				
Amount (\$) \$25.00	Payee address City; State; Zip Code 2700 East Lancaster Fort Worth, TX 76103				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation to East FW Business Association Night at Mexican Inn		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/25/2013	Payee name Office Depot #2518				
Amount (\$) \$336.80	Payee address City; State; Zip Code 401 Carroll St Ft Worth, TX 76107				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing invites		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/30/2013	Payee name Office Depot #2518				
Amount (\$) \$109.54	Payee address City; State; Zip Code 401 Carroll St Ft Worth, TX 76107				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/8 Report: 11/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/01/2013	5 Payee name Raymond Turco and Associates (Mr.)
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6 Amount (\$) \$2,500.00	7 Payee address City; State; Zip Code 6729 Meadowcrest Drive Arlington, TX 76002
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/16/2013	Payee name Raymond Turco and Associates (Mr.)
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Amount (\$) \$1,531.00	Payee address City; State; Zip Code 6729 Meadowcrest Drive Arlington, TX 76002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone banking
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/26/2013	Payee name Raymond Turco and Associates (Mr.)
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 6729 Meadowcrest Drive Arlington, TX 76002
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/14/2013	Payee name Ronald Baker
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Amount (\$) \$460.00	Payee address City; State; Zip Code 1701 South Jones Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GOTV
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 6/8 Report: 12/17		2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 04/30/2013	5 Payee name Ronald Baker				
6 Amount (\$) \$800.00	7 Payee address City; State; Zip Code 1701 South Jones Fort Worth, TX 76104				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> GOTV		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/24/2013	Payee name Shell				
Amount (\$) \$43.76	Payee address City; State; Zip Code 3601 West Freeway Fort Worth, TX 76107				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out Of District		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Travel to meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/12/2013	Payee name Sign Rocket				
Amount (\$) \$1,891.00	Payee address City; State; Zip Code 340 Broadway Avenue Saint Paul, MN 55071				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/09/2013	Payee name Smiths				
Amount (\$) \$12.93	Payee address City; State; Zip Code E Lancaster Ft Worth, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> items for events		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/8 Report: 13/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/22/2013	5 Payee name Tarrant County Democratic Party
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6 Amount (\$) \$150.00	7 Payee address City; State; Zip Code 2806 Race Street Fort Worth, TX 76112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/18/2013	Payee name Torchy's Tachos
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Amount (\$) \$32.78	Payee address City; State; Zip Code 928 Northon Fort Worth, TX 76104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/19/2013	Payee name United States Postal Service
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Amount (\$) \$41.54	Payee address City; State; Zip Code Glencrest Station Fort Worth, TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> stamps for event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/13/2013	Payee name Valenzuela, Sahira (Ms.)
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 128 West Cheryl Drive San Antonio, TX 78228
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/8 Report: 14/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/30/2013	5 Payee name Valenzuela, Sahira (Ms.)
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6 Amount (\$) \$1,500.00	7 Payee address City; State; Zip Code 128 West Cheryl Drive San Antonio, TX 78228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 15/17	2 FILER NAME Hicks, Erin Kathleen (Ms.)	3 ACCOUNT # (TEC filers) 11111111
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4 Date 04/30/2013	5 Business name AT&T
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6 Amount (\$) \$280.73	7 Business address City; State; Zip Code PO Box 650553 Dallas, TX 75265
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phones
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 16/17		2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 04/02/2013	5 Payee name Arts Scholarship Program at UTA				
6 Amount (\$) \$160.05	7 Payee address City; State; Zip Code 2806 Race Street Fort Worth, TX 76119				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (See instructions regarding type of information required.) donation to arts scharlarship program		
Date 04/21/2013	Payee name Great Commission Baptist Church				
Amount (\$) \$25.00	Payee address City; State; Zip Code 7700 McCart Avenue Fort Worth, TX 76133				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (See instructions regarding type of information required.) donation		
Date 04/15/2013	Payee name Ladder Alliance				
Amount (\$) \$90.00	Payee address City; State; Zip Code 1000 Bonnie Crae Avenue Fort Worth, TX 76111				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (See instructions regarding type of information required.) donation to non-profit		
Date 04/21/2013	Payee name Macedonia baptist Church				
Amount (\$) \$25.00	Payee address City; State; Zip Code 2712 South Freeway TX 76104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (See instructions regarding type of information required.) donation to faith community		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/1 Report: 17/17		2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (TEC filers) 11111111	
4 Date 04/07/2013	5 Payee name Mount Olive Baptist Church				
6 Amount (\$) \$25.00	7 Payee address City; State; Zip Code 2200 Evans Fort Worth, TX 76104				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (See instructions regarding type of information required.) doantion		