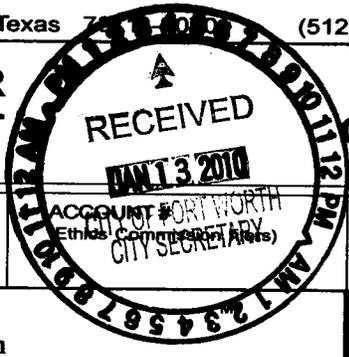


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1



The C/OH Instruction Guide explains how to complete this form.

2 Total pages filed:

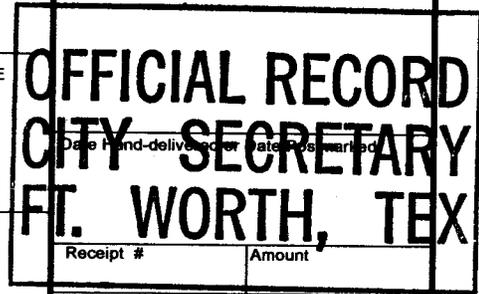
33

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	Ms. Erin Kathleen	
	NICKNAME LAST SUFFIX	Hicks	

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Post Office Box 15921 Fort Worth, Texas 76119		
--	--	--	--	--



5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	( 817 ) 810.0007		
----------------------------------	----------------------------------	------------------	--	--

Receipt #

Amount

6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Dr. Clarence	
	N ICKNAME LAST SUFFIX	Brooks	

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	2200 Evans Avenue Fort Worth Texas 76104		
--	---	---	--	--

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	( 817 ) 926. 4693		
----------------------------	----------------------------------	-------------------	--	--

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07 / 13 / 2009		12 / 31 / 2009

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

12 OFFICE	OFFICE HELD (if any) Fort Worth City Council District 8	13 OFFICE SOUGHT (if known)
-----------	--	-----------------------------

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. 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**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION  
TOTALS

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

\$ —

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

\$ 11,078

EXPENDITURE  
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 9,440.77

CONTRIBUTION  
BALANCE

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

\$ 46,637.23

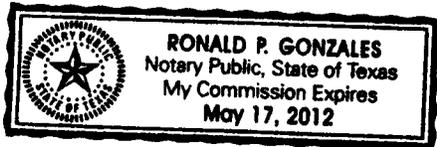
OUTSTANDING  
LOAN TOTALS

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

\$

19 AFFIDAVIT

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



AFFIX NOTARY STAMP / SEAL ABOVE

*Erin K. Hicks*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Erin K. Hicks, this the 13th day of January, 2010, to certify which, witness my hand and seal of office.

*Ronald P. Gonzales*

Signature of officer administering oath

Ronald P. Gonzales

Printed 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 Total pages Schedule A:

2 FILER NAME  
Erin Kathleen Hicks 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/29/09	5 Full name of contributor <input type="checkbox"/> Marion Burda 6 Contributor address; City; State; Zip Code <b>521 Samuels Ave. Fort Worth, TX 76102</b>	7 Amount of contribution (\$) \$25.00	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)*

Date 9/1/09	Full name of contributor <input type="checkbox"/> <b>Ruth Tunstle</b> Contributor address; City; State; Zip Code <b>1001 Schieffer Avenue Fort Worth, TX 76110</b>	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
----------------	---	--	--

Principal occupation / Job title (See Instructions) Employer (See Instructions)  
*(If travel outside of Texas, complete Schedule T)*

Date 8/30/09	Full name of contributor <input type="checkbox"/> <b>Melisa Caston</b> Contributor address; City; State; Zip Code <b>4000 West 7<sup>th</sup> Street, Fort Worth, TX 76107</b>	Amount of contribution (\$) \$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)*

Date 9/1/09	Full name of contributor <input type="checkbox"/> <b>M.E. Ebert</b> Contributor address; City; State; Zip Code <b>2526 South Adams Fort Worth, TX 76110</b>	Amount of contribution (\$) \$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)*

Date 9/1/09	Full name of contributor <input type="checkbox"/> <b>Dalia R. Dolenz</b> Contributor address; City; State; Zip Code <b>Post Office Box 126225 Fort Worth, Texas 76126</b>	Amount of contribution (\$) \$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)*

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks			3 ACCOUNT # (Ethics Commission filers)	
4 Date  8/31/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Rice Tilley 6 Contributor address; City; State; Zip Code 201 Main St, Ste 2200 Ft. Worth, TX 76102	7 Amount of contribution (\$)  \$50.	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)		
10 Employer (See Instructions)				
Date  10/20/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Raymond and Jessie Johnson Contributor address; City; State; Zip Code 2220 Timberline Drive Fort Worth, TX 76119	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)		
Employer (See Instructions)				
Date  8/30/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Joseph E. Gearhart Contributor address; City; State; Zip Code 4901 Dexter Avenue, Fort Worth, Texas 76109	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)		
Employer (See Instructions)				
Date  8/28/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lee O. Rogers Contributor address; City; State; Zip Code 201 Pecan Street Fort Worth, Texas 76102	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)		
Employer (See Instructions)				
Date  9/1/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Thomas Krampitz Contributor address; City; State; Zip Code 3420 Potomac, Dallas, TX 75205	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)		
Employer (See Instructions)				

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
8/31/09	<b>Freese and Nichols PAC</b> 6 Contributor address; City; State; Zip Code 4055 International Plaza, Ste. 200 Fort Worth, Texas 76109	\$250.00		
			(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input type="checkbox"/>			10 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
8/30/09	<b>FW Retired Firefighters and Widows Com</b> Contributor address; City; State; Zip Code 1617 Tierney Road Fort Worth, Texas 76112	\$500.00		
			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>			Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/1/09	<b>Perdue, Brackett, Flores, Utt &amp; Burns</b> Contributor address; City; State; Zip Code 307 West 7 <sup>th</sup> Street, Suite 1226 Fort Worth, Texas 76102	\$500.00		
			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>			Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/1/09	Jan E. Fersing Contributor address; City; State; Zip Code 3800 Trailwood Lane, Fort Worth, Texas 76109	\$150.00		
			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>			Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/4/09	Lynn Geis Contributor address; City; State; Zip Code 6725 Brants Lane Fort Worth, Texas 76116	\$100.00		
			(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/4/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall C. Gideon 6 Contributor address; City; State; Zip Code 3812 Monticello Fort Worth, Texas 76107	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input type="checkbox"/>	10 Employer (See Instructions)		
Date 7/27/09	Full name of contributor out-of-state PAC (ID#: _____) MWH Americas PAC Contributor address; City; State; Zip Code 380 Interlicken Crescent, Suite 200 Broomfield, CO 80021	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 9/7/09	Full name of contributor out-of-state PAC (ID#: _____) Virginia Smith Contributor address; City; State; Zip Code 612 Roaring Springs Road Fort Worth, Texas 76114	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 8/27/09	Full name of contributor out-of-state PAC (ID#: _____) Gary W. Terry Contributor address; City; State; Zip Code 117 Shady Lake Court Hurst, Texas 76054	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 8/26/09	Full name of contributor out-of-state PAC (ID#: _____) Woodrin Groosman or Beth J. Rivers Contributor address; City; State; Zip Code 4900 Riverbend Drive Fort Worth, Texas 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/29/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David M. Porter	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2100 Ross Avenue, Ste 2900, Dallas, Texas 75201			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/26/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte Sobel	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/26/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Estil A. Vance, Jr.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/9/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James M. Loveless, Atty.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2900 Airport Freeway Fort Worth, Texas 76111			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/3/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinley W. Knox, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1610 Valley View Joshua , Texas 76058			
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/5/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Thomas A. Leavens, MD and Adelaide Bratten Leavens  6 Contributor address; City; State; Zip Code 3839 South Hills Circle, Fort Worth, Texas 76109	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input type="checkbox"/>	10 Employer (See Instructions)		
Date 9/6/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Valleau Wilkie, Jr.  Contributor address; City; State; Zip Code 309 Main Street fort Worth, texas 76102	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 9/5/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Kemp Janitorial Lawn Service  Contributor address; City; State; Zip Code 1421 Glasgow Road, Fort Worth, TX 76134	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 9/7/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  E. Scott Polikov  Contributor address; City; State; Zip Code 2105 Western Avenue Fort Worth, TX 76107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>	Employer (See Instructions)		
Date 9/6/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Mr. and Mrs. Victor Henderson  Contributor address; City; State; Zip Code 3863 Candelite Lane, Fort Worth, Texas 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C.H. Brown or K.W. Brown 6 Contributor address; City; State; Zip Code 4606 Collinwood, Fort Worth, Texas 76107	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <input type="checkbox"/>		10 Employer (See Instructions)	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherry K. Dunn Contributor address; City; State; Zip Code 6963 Cox lane North Richland Hills, Texas 76180	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>		Employer (See Instructions)	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene Jones Contributor address; City; State; Zip Code 912 Creede Trail Fort Worth, Texas 76118	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>		Employer (See Instructions)	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Bellen Contributor address; City; State; Zip Code P.O. Box 17093 Fort Worth, Texas 76102	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <input type="checkbox"/>		Employer (See Instructions)	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel and Erika McCarthy Contributor address; City; State; Zip Code 2547 Stadium Drive Fort Worth, Texas 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pavlik & Associates, L.P. 6 Contributor address; City; State; Zip Code 6115 Camp Bowie BLVD, Fort Worth, Texas 76116	7 Amount of contribution (\$)  \$100.00	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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Chesapeake Energy for Texans PAC Contributor address; City; State; Zip Code PO Box 916, Fort Worth, Texas 76101	Amount of contribution (\$)  \$100.00	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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Jane E. Schlansker Contributor address; City; State; Zip Code 1614 Sunset Terrace fort Worth, Texas 76102	Amount of contribution (\$)  \$50.00	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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Mr. or Mrs. James T. Chambers Contributor address; City; State; Zip Code 3112 Tanglewood Trl. Fort Worth, Texas 76109	Amount of contribution (\$)  \$100.00	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)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Mark Vaughan or Tyron Dupont Contributor address; City; State; Zip Code 447 Mike Lane Fort Worth, Texas 76116	Amount of contribution (\$)  \$50.00	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)			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  David B. Camp  6 Contributor address; City; State; Zip Code 4999 Rendon Road Fort Worth, Texas 76140	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John D. Angle and Joel C. Burns</b> Contributor address; City; State; Zip Code 2420 South Adams Street Fort Worth, Texas 76110	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James W. or Judy J. Schell</b> Contributor address; City; State; Zip Code 901 Fort Worth Club Building, Fort Worth, Texas 76102	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 9/10/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford Sims  Contributor address; City; State; Zip Code Post office Box 15921 Fort Worth, Texas 76119	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>James Austin</b>  Contributor address; City; State; Zip Code 2017 Teakwood Fort Worth, Texas 76112	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date  9/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Marcy Paul  6 Contributor address; City; State; Zip Code  3411 Autumn Drive, Fort Worth, Texas 76109	7 Amount of contribution (\$)  \$18.00	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)			
Date  9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Andrea Lundy Breedlove  Contributor address; City; State; Zip Code 2724 Walton Fort Worth, Texas 76133-2902	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date  9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Lauri Lawrence  Contributor address; City; State; Zip Code 109 Williamsburg Lane Fort Worth, Texas 76107	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			
Date  9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Tracy Delce  Contributor address; City; State; Zip Code 1406 Meadwood Village Fort Worth, Texas 76120	Amount of contribution (\$)  \$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)			
Date  9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  John W. Klocek and Carol H. Klocek  Contributor address; City; State; Zip Code 430 Angus Road, Waxahachie, Texas 75167	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Steve Dutton and Thomas Lang 6 Contributor address; City; State; Zip Code  500 Throckmorton, Fort Worth, Texas 76102	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Trista Allen Contributor address; City; State; Zip Code 4701 Foxfire Way Fort Worth, Texas 76133	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Dr. Melody A. Johnson Contributor address; City; State; Zip Code 2709 Manorwood Trail Fort Worth, Texas 76109	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Donald R. Boren and Wanda A. Conlin Contributor address; City; State; Zip Code 1755 Martel Avenue, Fort Worth, Texas 76103-1418	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date 9/9/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Gunhild Corbett Contributor address; City; State; Zip Code 22 Westover Road, Fort Worth, Texas 76107	Amount of contribution (\$)  \$1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Business Owner		(if travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9/10/09	Ms. Shelia Broderick Johnson 6 Contributor address; City; State; Zip Code	\$250.00		
9 Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)		
		10 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/9/09	Marvinell Johnson Contributor address; City; State; Zip Code	\$25.00		
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/11/09	Dorothy C. Wing Contributor address; City; State; Zip Code 217 Royal View Court, Weatherford, Texas 76087	9/11/09	\$25.00	
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/11/09	Charles Boswell Contributor address; City; State; Zip Code 210 North Bailey Avenue, Fort Worth, Texas 76107	\$50.00		
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/11/09	Wanda Conlin and Don Boren Contributor address; City; State; Zip Code 1755 Martel Avenue, Fort Worth, Texas 76103	\$50.00		
Principal occupation / Job title (See Instructions)		(if travel outside of Texas, complete Schedule T)		
		Employer (See Instructions)		

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/11/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Gregory Scott  6 Contributor address; City; State; Zip Code  1449 Glasgow Road Fort Worth, Texas 76134	7 Amount of contribution (\$) \$40.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <small>(if travel outside of Texas, complete Schedule T)</small>	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Kristi Wiseman Contributor address; City; State; Zip Code 3731 Hulen Park Drive, Fort Worth, Texas 76109	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(if travel outside of Texas, complete Schedule T)</small>	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Beatrice Armstrong Contributor address; City; State; Zip Code Mansfield Hwy, Fort Worth, Texas 76119	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(if travel outside of Texas, complete Schedule T)</small>	
Date 9/11/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Mario and Azzah Perez Contributor address; City; State; Zip Code 5 <sup>th</sup> Avenue, Fort Worth, Texas 76110	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(if travel outside of Texas, complete Schedule T)</small>	
Date 9/10/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Michael Schlueter Contributor address; City; State; Zip Code 7304 Vanguard Court, Fort Worth, Texas 76034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(if travel outside of Texas, complete Schedule T)</small>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/9/09	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  William W. Meadows  6 Contributor address; City; State; Zip Code 3904 Hamilton Avenue, Fort Worth, Texas 76107	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) <small>(If travel outside of Texas, complete Schedule T)</small>	
Date 9/4/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Linebarger Goggan Blair and Sampson, LLP Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(If travel outside of Texas, complete Schedule T)</small>	
Date 9/18/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  James D. Finley  Contributor address; City; State; Zip Code 1308 Lake Street Fort Worth, Texas 76102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(If travel outside of Texas, complete Schedule T)</small>	
Date 9/1/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Timothy and Elaine Petrus Contributor address; City; State; Zip Code 3736 Country Club Circle Fort Worth, Texas 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(If travel outside of Texas, complete Schedule T)</small>	
Date 9/14/09	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Katrina M. Keyes Contributor address; City; State; Zip Code 3009 State Street, Dallas, Texas 75204	Amount of contribution (\$) \$500.	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <small>(If travel outside of Texas, complete Schedule T)</small>	
Owner, Public Relations Firm  <p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Erin Kathleen Hicks</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/14/09</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Thomas I.G. Ross</b> 6 Contributor address; City; State; Zip Code <b>6210 Sierra Court, Arlington, Texas 76016</b>	7 Amount of contribution (\$) <b>\$100.00</b>	8 In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
<del>Principal occupation / Job title (See instructions)</del>		<del>Employer (See instructions)</del>	
Date <b>9/14/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Eddie and Jacquelyn Burns</b> Contributor address; City; State; Zip Code <b>4706 Safe Harbour Drive, Fort Worth, Texas 76016</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
<del>Principal occupation / Job title (See instructions)</del>		<del>Employer (See instructions)</del>	
Date <b>9/11/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenn Spoons</b> Contributor address; City; State; Zip Code <b>1912 Delga Street, Fort Worth, Texas 76102</b>	Amount of contribution (\$) <b>\$100.00</b>	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
<del>Principal occupation / Job title (See instructions)</del>		<del>Employer (See instructions)</del>	
Date <b>12/10/09</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Steve Murrin</b> Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
<del>Principal occupation / Job title (See instructions)</del>		<del>Employer (See instructions)</del>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
		(if travel outside of Texas, complete Schedule T)	
<del>Principal occupation / Job title (See instructions)</del>		<del>Employer (See instructions)</del>	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME  
Erin Kathleen Hicks 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/3/09	5 Payee name Rotary dues	7 Amount (\$)
	6 Payee address; City; State; Zip Code	200.00

8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 10/15/09	Payee name Wendell Cass	Amount (\$)
	Payee address; City; State; Zip Code	\$600.00

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 8/20/09	Payee name Office Depot	Amount (\$)
	Payee address; City; State; Zip Code	14.38

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date 8/17/09	Payee name Boswell High School	Amount (\$)
	Payee address; City; State; Zip Code	\$100.00

Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME  
Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/10/09	5 Payee name <b>American Heart Association</b>  6 Payee address; City; State; Zip Code	7 Amount (\$)  <b>\$75.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>Donation</b>  (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 11/21/09	Payee name AT and T  Payee address; City; State; Zip Code	Amount (\$)  <b>\$216.89</b>
------------------	--	------------------------------------

Purpose of payment (See instructions regarding type of information required.) <b>Campaign phone</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 9/12/09	Payee name <b>Container Store</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>\$20.78</b>
-----------------	--	-----------------------------------

Purpose of payment (See instructions regarding type of information required.) <b>supplies</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date 7/30/09	Payee name <b>United States Post Office</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>\$2.24</b>
-----------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.) <b>Campaign mailing</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

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# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 11/16/09	<b>5</b> Payee name US Post Office  <b>6</b> Payee address;           City;   State;   Zip Code	<b>7</b> Amount (\$)  <b>\$44.00</b>
<b>8</b> Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name                      Office sought                      Office held
<b>Date</b> 11/15/09	<b>Payee name</b> Buttons Restaurant  <b>Payee address;</b> <b>City;   State;   Zip Code</b>	<b>Amount (\$)</b>  <b>\$27.57</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b>  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name                      Office sought                      Office held
<b>Date</b> 9/3/09	<b>Payee name</b> US Post Office  <b>Payee address;</b> <b>City;   State;   Zip Code</b>	<b>Amount (\$)</b>  <b>\$44.00</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b>  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name                      Office sought                      Office held
<b>Date</b> 12/01/09	<b>Payee name</b> Southern Poverty Law Center <b>Payee address;</b> <b>City;   State;   Zip Code</b>	<b>Amount (\$)</b>  <b>\$100.00</b>
<b>Purpose of payment (See instructions regarding type of information required.)</b>  (If travel outside of Texas, complete Schedule T)		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name                      Office sought                      Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/06/09	5 Payee name Mac's  6 Payee address;           City; State; Zip Code	7 Amount (\$)  \$37.63
8 Purpose of payment (See instructions regarding type of information required.)  campaign lunch (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name           Office sought           Office held
Date 7/25/09	Payee name Wendell Cass  Payee address;           City; State; Zip Code	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) consulting (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name           Office sought           Office held
Date 12/14/09	Payee name US Post Office  Payee address;           City; State; Zip Code	Amount (\$)  \$63.80
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name           Office sought           Office held
Date 12/15/09	Payee name Gigi Goesling  Payee address;           City; State; Zip Code	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) design work for mailing (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name           Office sought           Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/06/09	5 Payee name Borders Books  6 Payee address; City; State; Zip Code	7 Amount (\$)  \$27.99
8 Purpose of payment (See instructions regarding type of information required.) donation of books for children  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/17/09	Payee name Sams Club Payee address; City; State; Zip Code	Amount (\$)  \$79.88
Purpose of payment (See instructions regarding type of information required.) donation for food drive  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/18/09	Payee name Dollar Tree Stores, Inc Payee address; City; State; Zip Code	Amount (\$)  \$15.41
Purpose of payment (See instructions regarding type of information required.) donation for food drive  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 12/13/09	Payee name FW Symphony  Payee address; City; State; Zip Code	Amount (\$)  \$30.00
Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/30/09	5 Payee name At and T  6 Payee address; City; State; Zip Code	7 Amount (\$)  \$216.89
8 Purpose of payment (See instructions regarding type of information required.) campaign phone  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/02/09	Payee name Minuteman Press  Payee address; City; State; Zip Code	Amount (\$)  \$31.50
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/17/09	Payee name Lawrence's  Payee address; City; State; Zip Code	Amount (\$)  \$86.60
Purpose of payment (See instructions regarding type of information required.) constituent gifts  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 7/29/09	Payee name Ashley Baker  Payee address; City; State; Zip Code	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) consulting  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/25/09	5 Payee name AT and T  6 Payee address; City; State; Zip Code	7 Amount (\$)  \$207.41
8 Purpose of payment (See instructions regarding type of information required.) campaign phone  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/17/09	Payee name US Post Office Payee address; City; State; Zip Code	Amount (\$)  \$30.00
Purpose of payment (See instructions regarding type of information required.) mailing  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/16/09	Payee name US Post Office  Payee address; City; State; Zip Code	Amount (\$)  \$32.30
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/07/09	Payee name Yucatan Taco Stand  Payee address; City; State; Zip Code	Amount (\$)  \$27.60
Purpose of payment (See instructions regarding type of information required.) lunch with resident (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/25/09	5 Payee name Wendell Cass  6 Payee address; City; State; Zip Code	7 Amount (\$)  \$550.00
8 Purpose of payment (See instructions regarding type of information required.) Consulting  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/20/09	Payee name Ashley Baker  Payee address; City; State; Zip Code	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) consulting  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15/09	Payee name Risky's  Payee address; City; State; Zip Code	Amount (\$)  19.08
Purpose of payment (See instructions regarding type of information required.) meal with resident  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/03/09	Payee name Lambert's  Payee address; City; State; Zip Code	Amount (\$)  \$59.31
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount (\$)
9/11/09	<b>Pappas Burger</b> 6 Payee address; City; State; Zip Code	\$135.12
8 Purpose of payment (See instructions regarding type of information required.) <b>fundraiser</b>  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/11/09	Payee name <b>Pappas's</b>  Payee address; City; State; Zip Code	Amount (\$)  \$578.00
Purpose of payment (See instructions regarding type of information required.) <b>fundraiser</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15/09	Payee name <b>Wendell Cass</b>  Payee address; City; State; Zip Code	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/14/09	Payee name <b>Potbelly</b>  Payee address; City; State; Zip Code	Amount (\$)  20.55
Purpose of payment (See instructions regarding type of information required.) <b>meal with residents</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Erin Kathleen Hicks</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>7/17/09</b>	5 Payee name <b>Flower Market</b>  6 Payee address; City; State; Zip Code	7 Amount (\$)  <b>\$73.29</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>flowers for residents</b>  (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <b>9/15/09</b>	Payee name <b>Ashley Baker</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>150.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <b>10/07/09</b>	Payee name <b>P.F. Chang</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>46.06</b>
Purpose of payment (See instructions regarding type of information required.) <b>meal with resident</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <b>9/16/09</b>	Payee name <b>At and T</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>\$208.41</b>
Purpose of payment (See instructions regarding type of information required.) <b>campaign phone</b>  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Erin Kathleen Hicks</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/10/09</b>	5 Payee name <b>Ellerbe Fine Foods</b>  6 Payee address; City; State; Zip Code	7 Amount (\$)  <b>\$77.03</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>meal with resident</b>  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>6/17/09</b>	Payee name <b>Subway Sandwiches</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>\$37.89</b>
Purpose of payment (See instructions regarding type of information required.) <b>meal with residents</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>10/15/09</b>	Payee name <b>Ashley Baker</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>100.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>8/29/09</b>	Payee name <b>Mi Cocina</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>42.96</b>
Purpose of payment (See instructions regarding type of information required.) <b>meal with residents</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/9/09	5 Payee name US Post Office	7 Amount (\$)  \$56.20
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/02/09	Payee name Amazon	Amount (\$)  37.88
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) materials for fundraiser  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/11/09	Payee name Party Warehouse	Amount (\$)  \$18.58
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) materials for fundraiser  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/1/09	Payee name Corinth Baptist Church	Amount (\$)  \$123.00
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/15/09	5 Payee name Texas Association of Black City Council Members  6 Payee address; City; State; Zip Code	7 Amount (\$)  200.00
8 Purpose of payment (See instructions regarding type of information required.) donation  (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/28/09	Payee name PSA Essentials  Payee address; City; State; Zip Code	Amount (\$)  43.60
Purpose of payment (See instructions regarding type of information required.) printing  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 10/30/09	Payee name At and T  Payee address; City; State; Zip Code	Amount (\$)  470.45
Purpose of payment (See instructions regarding type of information required.) campaign phone  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 11/15/09	Payee name Wendell Cass  Payee address; City; State; Zip Code	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) consulting  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <b>Erin Kathleen Hicks</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/29/09</b>	5 Payee name <b>Gordon Boswell</b>  6 Payee address; City; State; Zip Code	7 Amount (\$)  <b>\$329.18</b>
8 Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>12/22/09</b>	Payee name <b>Wendell Cass</b> Payee address; City; State; Zip Code	Amount (\$)  <b>600.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>consulting</b>  (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>10/15/09</b>	Payee name <b>Judy Needham</b>  Payee address; City; State; Zip Code	Amount (\$)  <b>50.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>donation</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>9/15/09</b>	Payee name <b>Shell</b> Payee address; City; State; Zip Code	Amount (\$)  <b>\$150.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>gas - travel expenses</b> (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME  
Erin Kathleen Hicks 3 ACCOUNT # (Ethics Commission filers)

4 Date 8/16/09	5 Payee name US Post Office	7 Amount (\$)  \$341.60
6 Payee address; City; State; Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) mailing (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/17/09	Payee name US Post Office	Amount (\$)  8.80
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/19/09	Payee name Love Shack Burger	Amount (\$)  14.00
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 11/24/09	Payee name Corner Bakery	Amount (\$)  13.93
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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# POLITICAL EXPENDITURES

# SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME  
Erin Kathleen Hicks 3 ACCOUNT # (Ethics Commission filers)

<b>4 Date</b> 12/13/09	<b>5 Payee name</b> Target  <b>6 Payee address; City; State; Zip Code</b>	<b>7 Amount (\$)</b>  \$123.85
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<b>8 Purpose of payment (See instructions regarding type of information required.)</b> donation of toys for kids (If travel outside of Texas, complete Schedule T)	<b>9 -- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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<b>Date</b> 12/23/09	<b>Payee name</b> Gordon Boswell Payee address;      City; State; Zip Code	<b>Amount (\$)</b>  \$168.09
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<b>Purpose of payment (See instructions regarding type of information required.)</b> flowers for residents (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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<b>Date</b> 12/23/09	<b>Payee name</b> At and T  Payee address;      City; State; Zip Code	<b>Amount (\$)</b>  \$262.04
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<b>Purpose of payment (See instructions regarding type of information required.)</b>  (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
---	--

<b>Date</b>	<b>Payee name</b>  Payee address;      City; State; Zip Code	<b>Amount (\$)</b>
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<b>Purpose of payment (See instructions regarding type of information required.)</b>  (If travel outside of Texas, complete Schedule T)	<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name      Office sought      Office held
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