

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:
15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MRS. CATHY
NICKNAME LAST SUFFIX
CATHY HIRT

OFFICE USE ONLY

Date Received: **JAN 18 2011**

Date Hand-delivered or Postmarked: _____

Receipt # _____ Amount _____

Date Processed: _____

Date Imaged: _____

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
**1201 HELLCREST; FT. WORTH, TX
76107**

change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 735-4342

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR. RICHARD G.
NICKNAME LAST SUFFIX
RECK KUBES

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**6801 REVEK PARK CIRCLE; FT. WORTH; TX
76116**

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 731 6070

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
- July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
8 / 1 / 2010 12 / 31 / 2010

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
NOV / 1 / 2010

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MAYOR

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

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME CATHY HIRT 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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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)

\$ 20,875

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 20,331.05

CONTRIBUTION BALANCE

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

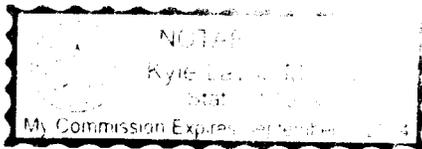
\$ 18,114.07

OUTSTANDING LOAN TOTALS

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

\$ 16,000

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.

Cathy Hirt
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cathy Hirt, this the 15 day of January, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Kyle McClure
Printed 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 Total pages Schedule A:

1 of 5

2 FILER NAME

CATHY HIRT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

NOV. 3, 2010

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

RICHARD G. KUBES

6 Contributor address; City; State; Zip Code

6801 RIVER PARK CIRCLE: FORTWORTH, TX
76116

7 Amount of contribution (\$)

\$1,000

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

NOV. 19 2010

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

MARY MARTINEZ

Contributor address; City; State; Zip Code

6713 MORNING DEW DR. FT WORTH, TX 76132

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

BEVERLY STEPHENS BRANHAM

Contributor address; City; State; Zip Code

6487 WOODSTOCK RD. FTWORTH, TX; 76116

Amount of contribution (\$)

\$ 200

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

JANICE TOMBERLIN

Contributor address; City; State; Zip Code

110 JENKINS RD: FORTWORTH, TX; 76008

Amount of contribution (\$)

\$ 1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

JOAN FITTING SCOTT

Contributor address; City; State; Zip Code

3872 BELLAIRE CIRCLE, FT WORTH, TX
76109

Amount of contribution (\$)

\$ 500

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 SCHEDULE 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:

2015

2 FILER NAME

CATHY HIRT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-9-2010

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

VINCENT SANCHEZ

6 Contributor address; City; State; Zip Code

5925 FOREST LANE, FT. WORTH, TX 76112

7 Amount of contribution (\$)

\$250

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

12-9-2010

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

PHILLIP SANCHEZ

Contributor address; City; State; Zip Code

5925 FOREST LN, FT. WORTH, TX 76112

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

MATTHEW SANCHEZ

Contributor address; City; State; Zip Code

5925 FOREST LANE, FT WORTH, TX 76112

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

CHRISTOPHER SANCHEZ

Contributor address; City; State; Zip Code

5925 FOREST LN. FT WORTH, TX 76112

Amount of contribution (\$)

\$250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-9-2010

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

ANA DE SOUSA

Contributor address; City; State; Zip Code

7733 BLOSSOM DR. FT WORTH, TX 76133

Amount of contribution (\$)

\$25

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 SCHEDULE 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:

3 of 5

2 FILER NAME

LATHY HIRT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-13-2010

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

RICHARD RUSSACK

6 Contributor address; City; State; Zip Code

2629 TORREY PINES DR. FT WORTH, TX
76109

7 Amount of contribution (\$)

\$500

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

12-13-2010

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

DIANE L. HANLEY

Contributor address; City; State; Zip Code

13205 UNIVERSITY DR, STE 820
FORT WORTH, TX 76107

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-13-2010

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

KIM DIGNUM

Contributor address; City; State; Zip Code

7001 SHINNECOCK HILLS DR
FORT WORTH, TX 76132

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-17-2010

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

PANKAJAM SANKARAPANDIAN

Contributor address; City; State; Zip Code

3205 QUEENSBURY WAY WEST
COLLEYVILLE, TX 76034

Amount of contribution (\$)

\$5000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-22-2010

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

GLENN NEASBITT

Contributor address; City; State; Zip Code

617 COOK LN., FT WORTH, TX 76120

Amount of contribution (\$)

\$50

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 SCHEDULE 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:

4 of 5

2 FILER NAME

CATHY HIRT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

12-22-2010

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

KALMAN S. NARAYAN

6 Contributor address; City; State; Zip Code

4301 CUMBERLAND N, FTWORTH, TX 76116

7 Amount of contribution (\$)

\$1000

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

12-22-2010

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

OLADAPO AFOLABI

Contributor address; City; State; Zip Code

2600 SUMMIT RIDGE DR SOUTHLAKE, TX
76092

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-22-2010

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

JAVIER LUCAS

Contributor address; City; State; Zip Code

2749 WILLING AVE, FT WORTH, TX
76110

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-24-2010

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

LYDIA MOORE

Contributor address; City; State; Zip Code

6601 OAK HILL CT, FTWORTH, TX 76132

Amount of contribution (\$)

\$5000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-31-2010

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

PATRICIA POLENZ

Contributor address; City; State; Zip Code

2424 COLLEGE AVE.; FTWORTH, TX
76110

Amount of contribution (\$)

\$1000

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 SCHEDULE 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:

5 of 5

2 FILER NAME

CATHY HIERT

3 ACCOUNT # (Ethics Commission Filers)

4 Date

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

HEATHER REYNOLDS

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12-31-2010

6 Contributor address; City; State; Zip Code

6321 DARWOOD AVE, FT. WORTH, TX 76116

\$1000

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

MALATHI RAVI

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-31-2010

Contributor address; City; State; Zip Code

4508 ELM RIVER, FT. WORTH, TX 76116

\$200

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

P. KISHORE

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-31-2010

Contributor address; City; State; Zip Code

1800 NATIVE DANCER M., SOUTH LAKE, TX 76092

\$500

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

CATHERINE BERNELL ESTRADA

Amount of contribution (\$)

In-kind contribution description (if applicable)

12-31-2010

Contributor address; City; State; Zip Code

805 HZLLCREST ST, FT. WORTH, TX 76107

\$300

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

CATHY HIRT

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

8-19-2010

7 Name of lender

CATHY HIRT

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$1000

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

1201 HILLCREST; FT. WORTH; TX 76107

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

RETIRED

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation (See Instructions)

RETIRED

20 Employer (See Instructions)

Date of loan

9-3-2010

Name of lender

CATHY HIRT

out-of-state PAC (ID# _____)

Loan Amount (\$)

5,000

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

1201 HILLCREST; FT WORTH, TX 76107

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME CATHY HIRT		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan 9-9-2010	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHY HIRT	9 Loan Amount (\$) 10,000
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 1201 HILLCREST; FT WORTH, TX 76107	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor	18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code	
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 1 of 6		2 FILER NAME CATHY HIRT		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9-2-2010		5 Payee name PRITCHETT CAMPAIGN STRATEGIES			
6 Amount (\$) \$2500		7 Payee address; City; State; Zip Code 6836 BRANTS LANE; FT. WORTH; TX 76116			
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) CAMPAIGN CONSULTING FEE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 10-1-2010		Payee name PRITCHETT CAMPAIGN STRATEGIES			
Amount (\$) \$2500		Payee address; City; State; Zip Code 6836 BRANTS LANE; FTWORTH; TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) CAMPAIGN CONSULTANT FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-11-2011		Payee name DEBRA STEIN			
Amount (\$) \$500		Payee address; City; State; Zip Code 2417 STADIUM DR, FT. WORTH; TX 76109			
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) COMMUNITY COORDINATOR	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 11-3-10		Payee name PRINT POINTE			
Amount (\$) \$229.41		Payee address; City; State; Zip Code 2901 ALTA MERE DR, FT. WORTH; TX 76116			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) INVITATIONS AND ENVELOPES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: <i>2 of 6</i>	2 FILER NAME <i>CATHY HIRT</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>11-11-2010</i>	5 Payee name <i>PRICHETT CAMPAIGN STRATEGIES</i>
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6 Amount (\$) <i>\$2500</i>	7 Payee address; City; State; Zip Code <i>6836 BRANTS LANE; FT. WORTH; TX 76116</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>LOGO DESIGN</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-19-2010</i>	Payee name <i>PRINT POINTE</i>
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Amount (\$) <i>\$337.39</i>	Payee address; City; State; Zip Code <i>2901 ALTAMERE DR.; FT. WORTH; TX 76116</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>INVITATIONS, REMITTANCE ENV.</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-22-2010</i>	Payee name <i>PRINTE POINTE</i>
---------------------------	------------------------------------

Amount (\$) <i>\$62.02</i>	Payee address; City; State; Zip Code <i>2901 ALTA MERE DR.; FT. WORTH; TX 76116</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>INVITATIONS, ENVELOPES</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-23-2010</i>	Payee name <i>RUN AND WIN</i>
---------------------------	----------------------------------

Amount (\$) <i>\$426.00</i>	Payee address; City; State; Zip Code <i>P.O. BOX 2096; AIKEN, S.C. 29802</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>PRINTING EXPENSES</i>	Description (If travel outside of Texas, complete Schedule T) <i>BUMPER STICKERS</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 3 of 6	2 FILER NAME CATHY HIRT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-01-2010	5 Payee name STAPLES
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6 Amount (\$) \$38.87	7 Payee address; City; State; Zip Code 1600 S. UNIVERSITY, FT. WORTH, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) OFFICE SUPPLIES
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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 12-01-2010	Payee name PRINT POINTE
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Amount (\$) \$242.93	Payee address; City; State; Zip Code 2901 ALTAMESA DR.; FT. WORTH, TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) LETTER HEAD, REMITTANCE ENV.
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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 12-4-10	Payee name PRINTPOINTE
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Amount (\$) \$973.23	Payee address; City; State; Zip Code 2901 ALTAMESA DR.; FT. WORTH; TX 76116
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BUSINESSCARDS, REMITTANCE ENV
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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 12-07-2010	Payee name PRITCHETT CAMPAIGN STRATEGIES
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Amount (\$) \$2500	Payee address; City; State; Zip Code 6836 BRANTS LN; FT. WORTH; TX 76116
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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) WEBSITE DESIGN
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: <i>4 of 6</i>		2 FILER NAME <i>CATHY HIRT</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>12-5-2010</i>		5 Payee name <i>COSTCO</i>			
6 Amount (\$) <i>\$118.52</i>		7 Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE BLVD; FT. WORTH; TX 76132</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>FOOD/BEVERAGE</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>FOOD FOR VOLUNTEER EVENT</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-5-2010</i>		Payee name <i>CHICOTSKY'S LIQUOR STORE</i>			
Amount (\$) <i>\$124.53</i>		Payee address; City; State; Zip Code <i>3429 W. 7th ST.; FORT WORTH; TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>BEVERAGES</i>		Description (If travel outside of Texas, complete Schedule T) <i>WINE FOR VOLUNTEER EVENT</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-2-2010</i>		Payee name <i>BALLOONS FANTASTIQUE</i>			
Amount (\$) <i>\$48.75</i>		Payee address; City; State; Zip Code <i>1007 W. BERRY ST.; FT WORTH; TX 76110</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>		Description (If travel outside of Texas, complete Schedule T) <i>BALLOONS</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>12-7-2010</i>		Payee name <i>STAPLES</i>			
Amount (\$) <i>\$64.79</i>		Payee address; City; State; Zip Code <i>1600 S. UNIVERSITY DR; FT. WORTH; TX 76107</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>OTHER</i>		Description (If travel outside of Texas, complete Schedule T) <i>OFFICE SUPPLIES</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 5 of 6	2 FILER NAME CATHY HIRT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-9-2010	5 Payee name CATHERINE TOLEDO
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6 Amount (\$) \$ 1000	7 Payee address; City; State; Zip Code 2608 MUSEUM WAY #3407; FT WORTH, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) SALARIES/CONTRACT LABOR	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN MANAGER
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-9-2010	Payee name DEBRA STEIN
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Amount (\$) \$500	Payee address; City; State; Zip Code 2417 STADIUM DR; FT WORTH, TX 76109
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) SALARIES/CONTRACT	Description (If travel outside of Texas, complete Schedule T) COMMUNITY COORDINATOR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-9-2010	Payee name CATHERINE KELLY
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Amount (\$) \$72.50	Payee address; City; State; Zip Code 1910 CLOVER LN; FT WORTH, TX 76107
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR	Description (If travel outside of Texas, complete Schedule T) DEPUTY CAMPAIGN DIRECTOR
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-12-2010	Payee name JOHN H REYNOLDS
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Amount (\$) \$ 4391.63	Payee address; City; State; Zip Code 6321 DARWOOD AVE.; FT. WORTH, TX 76116
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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) VIDEO
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: 6 of 6	2 FILER NAME CATHY HIRT	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12-12-2010	5 Payee name PAIGE HENDRICKS PUBLIC RELATIONS
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6 Amount (\$) \$ 262.50	7 Payee address; City; State; Zip Code 1253 W. MAGNOLIA AVE., FT. WORTH; TX 76104
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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) PUBLIC RELATION FEES
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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 12-12-2010	Payee name ILAJON
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Amount (\$) \$ 25.98	Payee address; City; State; Zip Code 5900 WEDGMONT CIR.N; FT.WORTH, TX 76133
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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) COMPUTER DOMAINS
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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 12-23-2010	Payee name KARL THIBODEAUX
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Amount (\$) \$ 649.50	Payee address; City; State; Zip Code 1717 BELLE PLACE; FORT WORTH, TX 76107
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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) PHOTOGRAPHER/PHOTOS
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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 12-26-2010	Payee name PAIGE HENDRICKS PUBLIC RELATIONS
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Amount (\$) \$ 262.50	Payee address; City; State; Zip Code 1253 W. MAGNOLIA AVE., FT. 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) PUBLIC RELATIONS FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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