

CITY SECRETARY
FT. WORTH, TEX

CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)
00000008

2 PAGE #
1 of 20

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

Ms.

FIRST
Erin Kathleen

MI

NICKNAME

LAST
Hicks

SUFFIX

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. 15921
Fort Worth, TX 76119

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

Dr.

FIRST
Clarence

MI

NICKNAME

LAST
Brooks

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2200 Evans Avenue
Fort Worth, TX 76104

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 926-4693

8 REPORT TYPE

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

9 PERIOD
COVERED

Month Day Year

07/01/2011

THROUGH

12/31/2011

10 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

- Primary
- Runoff
- General
- Special

11 OFFICE

OFFICE HELD (if any)

FORT WORTH CITY COUNCIL DIST 8

12 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00000008

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,125.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES	\$	6,973.78
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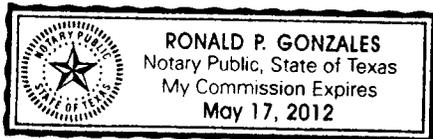
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	62,317.37
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OUTSTANDING LOAN TOTALS

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



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

Erin Kathleen Hicks

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathleen Hicks, this the 17th day of January, 2012, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
Signature of officer administering oath

Ronald P. Gonzales
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/20	
2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 12/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Israel 6 Contributor address; City; State; Zip Code PO Box 1361 Austin, TX 78767	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonner Real Estate Agency 6 Contributor address; City; State; Zip Code 4525 Rolling Hills Dr Ft Worth, TX 76119	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/15/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boswell, Charles 6 Contributor address; City; State; Zip Code 3731 Hulen Park Dr Ft Worth, TX 76109	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brender, Art 6 Contributor address; City; State; Zip Code 4121 Hampshire Blvd Ft Worth, TX 76103	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Roy C. (Hon.) 6 Contributor address; City; State; Zip Code PO Box 16868 Ft Worth, TX 76162	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 2/7 Report: 4/20

2 FILER NAME Hicks, Erin Kathleen

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
09/15/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Brooks, Roy C. (Hon.)

6 Contributor address; City; State; Zip Code
PO Box 16868
Ft Worth, TX 76162

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

\$50.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
09/15/2011

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

Contributor address; City; State; Zip Code
PO Box 1894
Ft Worth, TX 76101

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

\$50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/19/2011

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

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

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/2011

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

Contributor address; City; State; Zip Code
1755 Martel Ave
Ft Worth, TX 76103

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/14/2011

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

Contributor address; City; State; Zip Code
2117 Mount Royal Terr
Ft Worth, TX 76107

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

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 5/20	
2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (Ethics Commission filers) 11111111	
4 Date 09/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Wendy (Hon.) 6 Contributor address; City; State; Zip Code PO Box 1039 Ft Worth, TX 76101	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Everhart, Carol Contributor address; City; State; Zip Code 7506 Bent Trl Mansfield, TX 76063	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/10/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fersing, Jan (Mr.) Contributor address; City; State; Zip Code 3800 Trailwood Ln Ft Worth, TX 76109	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ft Worth Retired Firefighters and Widows PAC Contributor address; City; State; Zip Code 1617 Tierney Rd Ft Worth, TX 76112	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)	
Date 09/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gideon, Randall (Mr.) Contributor address; City; State; Zip Code 3812 Monticello Dr Ft Worth, TX 76107	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 5/7 Report: 7/20

2 FILER NAME Hicks, Erin Kathleen

3 ACCOUNT # (Ethics Commission filers)
11111111

4 Date
09/26/2011

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

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

6 Contributor address; City; State; Zip Code
3420 Potomac Ave
Dallas, TX 75205

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
09/08/2011

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

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

Contributor address; City; State; Zip Code
4200 S Hulen St, STE 417
Ft Worth, TX 76109

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/08/2011

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

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

Contributor address; City; State; Zip Code
PO Box 17428
Austin, TX 78760

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Attorneys at Law

Employer (See Instructions)
Linebarger Goggan Blair & Sampson, LLC

Date
09/06/2011

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

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

Contributor address; City; State; Zip Code
307 W 7th st, suite 1225
Ft Worth, TX 76102

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/2011

Full name of contributor out-of-state PAC (ID# _____)
Perez, Azzah (Dr.)

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

Contributor address; City; State; Zip Code
3737 Bellaire Cir
Ft Worth, TX 76109

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/11 Report: 10/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 07/21/2011	5 Payee name AT&T				
6 Amount (\$) \$266.19	7 Payee address City; State; Zip Code PO Box 650553 Dallas, TX 75265				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign cellphone		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/21/2011	Payee name AT&T				
Amount (\$) \$266.19	Payee address City; State; Zip Code PO Box 650553 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phone		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/21/2011	Payee name AT&T				
Amount (\$) \$266.19	Payee address City; State; Zip Code PO Box 650553 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign cellphone		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/21/2011	Payee name AT&T				
Amount (\$) \$895.25	Payee address City; State; Zip Code PO Box 650553 Dallas, TX 75265				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign cell phone		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/11 Report: 11/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 11/21/2011	5 Payee name AT&T				
6 Amount (\$) \$563.83	7 Payee address City; State; Zip Code PO Box 650553 Dallas, TX 75265				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign cell phone		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/22/2011	Payee name Avoca Coffee				
Amount (\$) \$6.50	Payee address City; State; Zip Code 1311 W Magnolia Ave Ft Worth, TX 76104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with constituent		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/18/2011	Payee name Baker, Ashley				
Amount (\$) \$250.00	Payee address City; State; Zip Code 2744 S Jones Ft Worth, TX 76104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> invitation design for 09/15/2011 fundraiser		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/19/2011	Payee name Baker, Ashley				
Amount (\$) \$250.00	Payee address City; State; Zip Code 2744 S Jones Ft Worth, TX 76104				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technical support		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/11 Report: 12/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/03/2011	5 Payee name Big Brothers Big Sisters				
6 Amount (\$) \$50.00	7 Payee address City; State; Zip Code Ft Worth, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/22/2011	Payee name Cass, Wendell (Mr.)				
Amount (\$) \$500.00	Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political consultant		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/29/2011	Payee name Cass, Wendell (Mr.)				
Amount (\$) \$250.00	Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political consultant		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/09/2011	Payee name Cass, Wendell (Mr.)				
Amount (\$) \$750.00	Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting on fundraiser		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/11 Report: 13/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/28/2011	5 Payee name Cass, Wendell (Mr.)				
6 Amount (\$) \$600.00	7 Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political consultant		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 11/18/2011	Payee name Cass, Wendell (Mr.)				
Amount (\$) \$400.00	Payee address City; State; Zip Code 2913 Ridgeview Ft Worth, TX 76119				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> political consultant		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/07/2011	Payee name Cat City Grill				
Amount (\$) \$20.57	Payee address City; State; Zip Code 1208 W. Magnolia Ave Ft Worth, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/31/2011	Payee name Cedar Social				
Amount (\$) \$42.23	Payee address City; State; Zip Code 1326 S Lamar St Dallas, TX 75215				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign meeting		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/11 Report: 14/20	2 FILER NAME Hicks, Erin Kathleen	3 ACCOUNT # (TEC filers) 11111111
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4 Date 12/31/2011	5 Payee name Central Meadowbrood Neighborhood Assoc
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6 Amount (\$) \$15.00	7 Payee address City; State; Zip Code Ft Worth, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> membership dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/31/2011	Payee name Country Kitchen
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Amount (\$) \$89.85	Payee address City; State; Zip Code 5532 Jacksboro HWY Ft Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with constituents
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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 08/07/2011	Payee name Country Kitchen
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Amount (\$) \$107.87	Payee address City; State; Zip Code 5532 Jacksboro HWY Ft Worth, TX 76114
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with constituents
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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 10/10/2011	Payee name Eta Phi Beta
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Amount (\$) \$90.00	Payee address City; State; Zip Code TX
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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) <input type="checkbox"/> ad in program
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/11 Report: 15/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/15/2011		5 Payee name Ft Worth Symphony Orchestra			
6 Amount (\$) \$75.00		7 Payee address City; State; Zip Code Ft Worth, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/10/2011		Payee name Glen Crest Civic League			
Amount (\$) \$35.00		Payee address City; State; Zip Code Ft Worth, TX			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> ad	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/01/2011		Payee name Glen Crest Civic League			
Amount (\$) \$20.00		Payee address City; State; Zip Code Ft Worth, TX			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/15/2011		Payee name Gloria's			
Amount (\$) \$342.81		Payee address City; State; Zip Code 2600 W 7th St #175 Ft Worth, TX 76107			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 9/15/2011 fundraiser invoice	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/11 Report: 16/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 09/11/2011		5 Payee name IHOP #1410			
6 Amount (\$) \$15.13		7 Payee address City; State; Zip Code 2309 West Airport Freeway Ft Worth, TX 76040			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign meeting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 10/10/2011		Payee name IHOP #1928			
Amount (\$) \$18.04		Payee address City; State; Zip Code 1664 S University Dr Ft Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 11/23/2011		Payee name IHOP #1928			
Amount (\$) \$20.63		Payee address City; State; Zip Code 1664 S University Dr Ft Worth, TX 76107			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/04/2011		Payee name Lambert's			
Amount (\$) \$73.62		Payee address City; State; Zip Code 2731 White Settlement Rd Ft Worth, TX 76109			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting about fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/11 Report: 17/20	2 FILER NAME Hicks, Erin Kathleen	3 ACCOUNT # (TEC filers) 11111111
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4 Date 10/10/2011	5 Payee name McKinleys Fine Bakery and Cafe
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6 Amount (\$) \$20.51	7 Payee address City; State; Zip Code 1616 S. University #301 Ft Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch meeting
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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 08/27/2011	Payee name Milanos Restaurant
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Amount (\$) \$18.18	Payee address City; State; Zip Code 3416 W 7th St Ft Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fundraiser meeting
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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 08/29/2011	Payee name Office Depot #2518
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Amount (\$) \$84.31	Payee address City; State; Zip Code 401 Carroll St Ft Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> invitation for fundraiser
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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 08/31/2011	Payee name Office Depot #2518
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Amount (\$) \$10.81	Payee address City; State; Zip Code 401 Carroll St Ft Worth, TX 76107
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign mailing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 18/20		2 FILER NAME Hicks, Erin Kathleen		3 ACCOUNT # (TEC filers) 11111111	
4 Date 10/07/2011	5 Payee name Pappadeaux #16				
6 Amount (\$) \$44.59	7 Payee address City; State; Zip Code 2708 West Freeway Ft Worth, TX 76102				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with constituent		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 09/20/2011	Payee name Phillip Bermejo				
Amount (\$) \$100.00	Payee address City; State; Zip Code 1813 Columbus Ave Ft Worth, TX 76164				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> photographer		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 10/03/2011	Payee name Shannon, Cynthia				
Amount (\$) \$250.00	Payee address City; State; Zip Code 2019 Clinton Ave Ft Worth, TX 76164				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> clerical work		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 08/29/2011	Payee name Smiths				
Amount (\$) \$6.43	Payee address City; State; Zip Code E Lancaster Ft Worth, TX				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fundraiser supplies		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION Guide explains how to complete this form.

1 PAGE # Schedule: 10/11 Report: 19/20	2 FILER NAME Hicks, Erin Kathleen	3 ACCOUNT # (TEC filers) 11111111
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4 Date 07/13/2011	5 Payee name Swiss Pastry Shop
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6 Amount (\$) \$10.53	7 Payee address City; State; Zip Code 3936 W Vickery Blvd Ft Worth, TX 76107
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> food for volunteers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/17/2011	Payee name Taverna Ft Worth
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Amount (\$) \$46.49	Payee address City; State; Zip Code Throckmorton Ft Worth, TX
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meeting with constituents
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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 09/02/2011	Payee name US Post Office-Glencrest Station
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Amount (\$) \$52.80	Payee address City; State; Zip Code Wichita Ft Worth, TX 76119
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> stamps for fundraiser invitations
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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 09/08/2011	Payee name Walgreen's
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Amount (\$) \$25.00	Payee address City; State; Zip Code 921 Henderson Ft Worth, TX
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11 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gift for constituent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/11 Report: 20/20	2 FILER NAME Hicks, Erin Kathleen	3 ACCOUNT # (TEC filers) 11111111
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4 Date 11/01/2011	5 Payee name West Meadowbrook Neighborhood Assoc
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6 Amount (\$) \$12.00	7 Payee address City; State; Zip Code Ft Worth, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> dues
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/02/2011	Payee name Which Wich
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Amount (\$) \$12.23	Payee address City; State; Zip Code 6115 Camp Bowie Blvd, ste 120 Ft Worth, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> lunch meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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