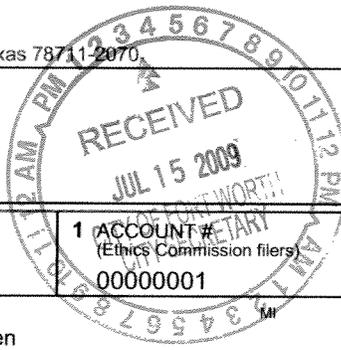


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1



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

1 ACCOUNT #  
(Ethics Commission filers)  
00000001

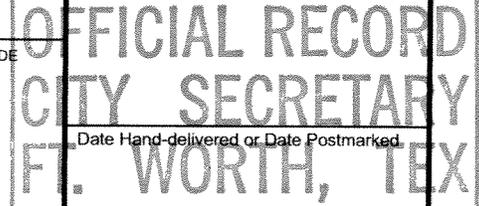
2 PAGE #  
1 of 20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

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

### OFFICE USE ONLY

Date Received



4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 15921  
Fort Worth, TX 76119

Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

5 CAMPAIGN  
TREASURER  
NAME

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

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2200 Evans Avenue  
Fort Worth, TX 76104

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 926-4693

8 REPORT TYPE

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

9 PERIOD  
COVERED

Month Day Year THROUGH Month Day Year  
04/30/2009 07/12/2009

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Fort Worth City Council District 8

12 OFFICE SOUGHT (if known)  
Fort Worth City Council District 8

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

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

15 ACCOUNT # (Ethics Commission filers)  
00000001

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
---	----	------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,402.16
--	----	-----------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	7,331.15
---------------------------------	----	----------

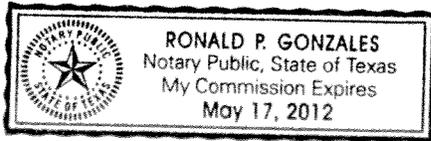
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	52,607.64
--	----	-----------

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT



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

*Erin Kathleen Hicks*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin Kathleen Hicks, this the 15 day of July, 2009, 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: 2/10 Report: 4/20

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

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

**4** Date  
05/06/2009

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Burdette, Carter (Mr.)

**6** Contributor address; City; State; Zip Code  
600 W 6th St,  
Suite 300  
Fort Worth, TX 76102

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

\$100.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

Date  
05/02/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Chesapeake Energy for Texans PAC

Contributor address; City; State; Zip Code  
P.O. Box 916  
Fort Worth, TX 76101

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

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/06/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Conlin, Wanda (Mrs.)

Contributor address; City; State; Zip Code  
1755 Martel Ave  
Fort 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  
05/05/2009

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

Contributor address; City; State; Zip Code  
64 Westover Terr  
Fort Worth, TX 76107

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
04/30/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Corbett, Gunhild

Contributor address; City; State; Zip Code  
22 Westover Rd  
Fort Worth, TX 76107

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

\$500.00

(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: 3/10 Report: 5/20	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/04/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corbett, Todd (Mr.)  6 Contributor address; City; State; Zip Code 2140 Highland Park Circle Fort Worth, TX 76107	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corbett Murrin, Pamela (Ms.)  Contributor address; City; State; Zip Code 1520 Thomas Place Fort Worth, TX 76107	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corbett, B.G.  Contributor address; City; State; Zip Code 1300 E Berry Fort Worth, TX 76119	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/05/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Courtney, Will (Mr.)  Contributor address; City; State; Zip Code P.O. Box 121488 Fort Worth, TX 76121	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craddock, Margareth  Contributor address; City; State; Zip Code 4904 Dexter Ave Fort Worth, TX 76107	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) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

**1** PAGE #

Schedule: 4/10 Report: 6/20

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

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

**4** Date  
05/06/2009

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Cumbie, Gary (Mr.)

**6** Contributor address; City; State; Zip Code  
400 Willow Ridge Rd  
Fort Worth, TX 76103

**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  
05/08/2009

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

Contributor address; City; State; Zip Code  
3825 Camp Bowie Blvd  
Fort Worth, TX 76107

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)

Employer (See Instructions)

Date  
05/08/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Day, Annie Jewel (Ms.)

Contributor address; City; State; Zip Code  
2900 Hunting Dr  
Fort Worth, TX 76119

Amount of contribution (\$)  
\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
05/07/2009

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

Contributor address; City; State; Zip Code  
2300 Autumn Oaks Trl  
Arlington, TX 76006

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)

Employer (See Instructions)

Date  
05/06/2009

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

Contributor address; City; State; Zip Code  
3721 Monticello Dr  
Fort Worth, TX 76107

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)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/10 Report: 7/20

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

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

**4** Date 05/06/2009  
**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
DOAA PAC

**6** Contributor address; City; State; Zip Code  
PO Box 6565  
Arlington, TX 76005

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

\$100.00

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

Date 05/06/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Dulle, Joseph (Mr.)

Contributor address; City; State; Zip Code  
2127 Pembroke  
Fort Worth, TX 76110

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 05/12/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fort Worth Fire Fighters Association

Contributor address; City; State; Zip Code  
417 N Retta Ave  
Fort Worth, TX 76111

Amount of contribution (\$) | In-kind contribution description (if applicable)  
fee for labor- Putting signs out

\$351.80

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 06/12/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fort Worth Fire Fighters Association

Contributor address; City; State; Zip Code  
417 N Retta Ave  
Fort Worth, TX 76111

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

\$175.36

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/10/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fort Worth Retired Fire Fighters Association

Contributor address; City; State; Zip Code  
1617 Tierney Rd  
Fort Worth, TX 76112

Amount of contribution (\$) | In-kind contribution description (if applicable)  
Salaries to provide Poll Watchers at various precincts for the May 9 election

\$900.00

(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: 6/10 Report: 8/20

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

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

**4** Date 05/08/2009  
**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Gandy, Shirlee (Ms.)

**6** Contributor address; City; State; Zip Code  
3408 Overton Park W  
Fort Worth, TX 76109

**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)

**10** Employer (See Instructions)

Date 04/30/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Garvey, Richard (Mr.)

Contributor address; City; State; Zip Code  
P.O. Box 9600  
Fort Worth, TX 76147

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 04/30/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Haddock, Gerald

Contributor address; City; State; Zip Code  
512 Main St, Suite 1200  
Fort Worth, TX 76102

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)

Employer (See Instructions)

Date 05/15/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hammer & Nails Club--Candidate

Contributor address; City; State; Zip Code  
6464 Brentwood Stair Rd.  
Suite 100  
Fort Worth, TX 76112

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)

Employer (See Instructions)

Date 05/06/2009  
Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Harman, Judith (Mr.)

Contributor address; City; State; Zip Code  
2222 Winton Terrace East  
Fort Worth, TX 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 PAGE # Schedule: 7/10 Report: 9/20	
2 FILER NAME Hicks, Erin Kathleen (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/06/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, James (Mr.) ..... 6 Contributor address; City; State; Zip Code 619 Rivercrest Fort Worth, TX 76107	7 Amount of contribution (\$)  \$300.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harvey, William (Mr.) ..... Contributor address; City; State; Zip Code 6001 Lovell Ave Fort Worth, TX 76116	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) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Komatsu, Karl ..... Contributor address; City; State; Zip Code 3905 Lenox Dr Fort Worth, TX 76107	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger, Goggan, Blair & Sampson LLP ..... Contributor address; City; State; Zip Code 100 Throckmorton Suite 300 Fort Worth, TX 76102	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/06/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Molyneaux, John (Mr.) ..... Contributor address; City; State; Zip Code 4008 Tamworth Fort Worth, TX 76116	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) <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: 8/10 Report: 10/20

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

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

00000001

**4** Date  
  
05/06/2009

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Moore, Teresa (Ms.)

**6** Contributor address; City; State; Zip Code  
3616 Watonga St  
Fort Worth, TX 76107

**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)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Petrus, Elaine

05/06/2009

Contributor address; City; State; Zip Code  
3736 Country Club Cir  
Fort Worth, TX 76109

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

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Q Pac

05/05/2009

Contributor address; City; State; Zip Code  
301 Commerce St  
Suite 3200  
Fort Worth, TX 76102

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)

Employer (See Instructions)

Date

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

05/01/2009

Contributor address; City; State; Zip Code  
2805 Alton  
Fort Worth, TX 76109

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)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Rogers, Mary (Mrs.)

05/06/2009

Contributor address; City; State; Zip Code  
5404 Northcrest Rd  
Fort Worth, TX 76107

Amount of contribution (\$)  
  
\$300.00

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 PAGE #

Schedule: 9/10 Report: 11/20

2 FILER NAME Hicks, Erin Kathleen (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date  
  
05/10/2009

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Schell, James (Mr.)

6 Contributor address; City; State; Zip Code  
901 Fort Worth Club Bldg  
Fort Worth, TX 76102

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

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Smith Williams, Suzanne (Ms.)

04/30/2009

Contributor address; City; State; Zip Code  
5404 El Campo Ave  
Fort Worth, TX 76102

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

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Sohmer, Sara (Ms.)

05/08/2009

Contributor address; City; State; Zip Code  
400 Crestwood Dr  
Fort Worth, TX 76107

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)

Employer (See Instructions)

Date

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

05/05/2009

Contributor address; City; State; Zip Code  
2225 Tremont Ave  
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)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Vendigm Construction LLC

05/05/2009

Contributor address; City; State; Zip Code  
5725 E Lancaster, Suite 208  
Fort Worth, TX 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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/10 Report: 12/20

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

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

**4** Date  
05/08/2009

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Whitley, Glen (Judge)

**6** Contributor address; City; State; Zip Code  
345 Charleston Pl  
Hurst, TX 76054

**7** Amount of contribution (\$) | **8** In-kind contribution description (if applicable)  
\$100.00 |

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

Date  
05/06/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Williams, Barbara (Ms.)

Contributor address; City; State; Zip Code  
3500 Lenox Dr  
Fort Worth, TX 76107

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  
04/30/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
XTO Energy PAC

Contributor address; City; State; Zip Code  
810 Houston St  
Fort Worth, TX 76102

Amount of contribution (\$) | In-kind contribution description (if applicable)  
\$500.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/8 Report: 13/20

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

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

<b>4</b> Date	<b>5</b> Payee name AT&T	<b>7</b> Amount (\$)
05/10/2009	<b>6</b> Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	\$208.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign Phone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name AT&T	Amount (\$)
06/10/2009	Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	\$215.00

Purpose of payment (See instructions regarding type of information required.) Campaign Phone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name AT&T	Amount (\$)
07/10/2009	Payee address; City; State; Zip Code PO BOX 650553 Dallas, TX 75265	\$208.00

Purpose of payment (See instructions regarding type of information required.) Campaign Phone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Baker, Ashley (Ms.)	Amount (\$)
05/22/2009	Payee address; City; State; Zip Code 2744 S Jones St Fort Worth, TX 76104	\$200.00

Purpose of payment (See instructions regarding type of information required.) Campaign Coordination  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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** PAGE #  
Schedule: 2/8 Report: 14/20

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

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

<b>4</b> Date	<b>5</b> Payee name Baker, Ashley (Ms.)	<b>7</b> Amount (\$)
07/01/2009	<b>6</b> Payee address; City; State; Zip Code 2744 S Jones St Fort Worth, TX 76104	\$250.00

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

Date	Payee name Cafe Modern	Amount (\$)
06/04/2009	Payee address; City; State; Zip Code 3200 Darnell Ave Fort Worth, TX 76107	\$17.54

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

Date	Payee name Cass, Wendell (Mr.)	Amount (\$)
05/08/2009	Payee address; City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	\$400.00

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

Date	Payee name Cass, Wendell (Mr.)	Amount (\$)
06/18/2009	Payee address; City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	\$250.00

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

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/8 Report: 15/20

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

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

<b>4</b> Date	<b>5</b> Payee name Charter Cable	<b>7</b> Amount (\$)
05/09/2009	<b>6</b> Payee address; City; State; Zip Code  Fort Worth, TX	\$201.60

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Civic Strategies	Amount (\$)
04/30/2009	Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	\$1,103.79

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Civic Strategies	Amount (\$)
05/09/2009	Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	\$1,500.00

Purpose of payment (See instructions regarding type of information required.)  
Get out the vote- election day

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date	Payee name Civic Strategies	Amount (\$)
06/22/2009	Payee address; City; State; Zip Code 1201 W Park Row Dr Arlington, TX 76013	\$198.67

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/8 Report: 16/20

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

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

<b>4</b> Date  07/11/2009	<b>5</b> Payee name Democratic Women's Club  <b>6</b> Payee address; City; State; Zip Code  Fort Worth, TX	<b>7</b> Amount (\$)  \$50.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  05/30/2009	Payee name Edible Arrangements  Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	Amount (\$)  \$57.47
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Purpose of payment (See instructions regarding type of information required.) Hostess Gift  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  05/30/2009	Payee name Edible Arrangements  Payee address; City; State; Zip Code 2600 W 7th St Fort Worth, TX 76107	Amount (\$)  \$62.88
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Purpose of payment (See instructions regarding type of information required.) Hostess Gift  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  05/08/2009	Payee name Enterprise  Payee address; City; State; Zip Code 1001 Jones St. Suite 139 Fort Worth, TX 76102	Amount (\$)  \$79.44
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Purpose of payment (See instructions regarding type of information required.) Car rental  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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** PAGE #  
Schedule: 5/8 Report: 17/20

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

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

4 Date	5 Payee name	7 Amount (\$)
05/06/2009	Feastivities <hr/> 6 Payee address; City; State; Zip Code 3637 W Vickery Blvd Fort Worth, TX 76107	\$433.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) food for fundraiser  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
05/23/2009	Greater Meadowbrook News <hr/> Payee address; City; State; Zip Code P.O. Box 24264 Fort Worth, TX 76124	\$228.00

Purpose of payment (See instructions regarding type of information required.) Advertisement  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
05/05/2009	Madea's <hr/> Payee address; City; State; Zip Code 1019 W Enon Everman, TX	\$108.00

Purpose of payment (See instructions regarding type of information required.) Food for Campaign Event  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name	Amount (\$)
05/09/2009	Madea's <hr/> Payee address; City; State; Zip Code 1019 W Enon Everman, TX	\$300.00

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/8 Report: 18/20
<b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001
<b>4</b> Date  07/02/2009	<b>5</b> Payee name Net Play Promotions  <b>6</b> Payee address; City; State; Zip Code 6464 Crestmore Rd Fort Worth, TX 76116	<b>7</b> Amount (\$)  \$433.75
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Campaign tshirts  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/30/2009	Payee name Office Depot  Payee address; City; State; Zip Code 401 Carroll St Fort Worth, TX 76107	Amount (\$)  \$9.01
Purpose of payment (See instructions regarding type of information required.) Campaign copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/09/2009	Payee name Onyx Inc  Payee address; City; State; Zip Code 1301 Evans Ave Fort Worth, TX 76104	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Rental of Campaign Facility  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/02/2009	Payee name Purple Cow Fort Worth  Payee address; City; State; Zip Code 4601 West Frwy Fort Worth, TX 76107	Amount (\$)  \$82.26
Purpose of payment (See instructions regarding type of information required.) Lunch for volunteers  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/8 Report: 19/20

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

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

**4** Date  
  
05/15/2009

**5** Payee name  
Shell  
  
**6** Payee address; City; State; Zip Code

**7** Amount (\$)  
  
\$85.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
06/02/2009

Payee name  
The Leukemia & Lymphoma Society  
  
Payee address; City; State; Zip Code  
1200 Summit Ave  
Fort Worth, TX 76102

Amount (\$)  
  
\$50.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
05/14/2009

Payee name  
Trinity Habitat For Humanity  
  
Payee address; City; State; Zip Code  
3345 S Jones St  
Fort Worth, TX 76110

Amount (\$)  
  
\$100.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

Date  
  
07/01/2009

Payee name  
United States Post Service  
  
Payee address; City; State; Zip Code  
5125 Wichita St  
Fort Worth, TX 76119

Amount (\$)  
  
\$44.00

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/8 Report: 20/20

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

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

<b>4</b> Date	<b>5</b> Payee name USPS	<b>7</b> Amount (\$)
05/02/2009	<b>6</b> Payee address; City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109	\$22.68

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

<b>4</b> Date	<b>5</b> Payee name USPS	<b>7</b> Amount (\$)
05/03/2009	<b>6</b> Payee address; City; State; Zip Code 4450 Oak Park Ln Fort Worth, TX 76109	\$22.68

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

<b>4</b> Date	<b>5</b> Payee name USPS	<b>7</b> Amount (\$)
07/06/2009	<b>6</b> Payee address; City; State; Zip Code 5125 Wichita St Fort Worth, TX 76119	\$60.38

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

<b>4</b> Date	<b>5</b> Payee name West Meadowbrook Neighborhood Association	<b>7</b> Amount (\$)
06/15/2009	<b>6</b> Payee address; City; State; Zip Code Fort Worth, TX	\$150.00

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