

**OFFICIAL RECORD**  
**CANDIDATE / OFFICEHOLDER**  
**CAMPAIGN FINANCE REPORT**  
**WORTH, TEX**

**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 10

**3 CANDIDATE / OFFICEHOLDER NAME**

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

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 Change of Address

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

**5 CAMPAIGN TREASURER NAME**

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

**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  
 01/16/2011 07/01/2011

**10 ELECTION**

Month ELECTION DATE Day Year ELECTION TYPE  
 05/14/2011  Primary  Runoff  General  Special

**11 OFFICE**

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

**12 OFFICE SOUGHT (if known)**

**13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS**  
 additional pages

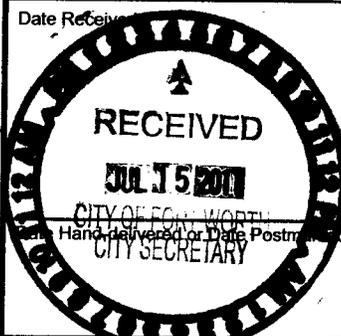
... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

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

**OFFICE USE ONLY**

Date Received



Receipt # Amount

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

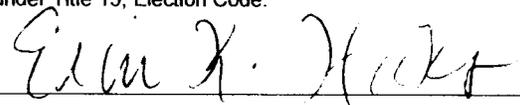
<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY 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.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,090.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 11,578.73
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 64,166.15
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

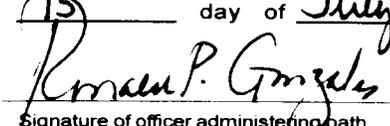
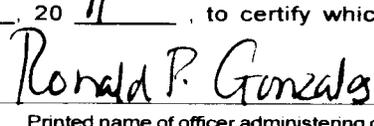
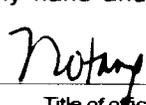
**19 AFFIDAVIT**

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

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin K. Hicks, this the 15 day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath      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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-22-11

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

Mrs. Estil A. Vance

6 Contributor address; City; State; Zip Code

3901 Mockingbird Ln.  
Fort Worth, Texas 76109

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01-23-11

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

MGP Household Account / Mary Palko

Contributor address; City; State; Zip Code

2409 Winton Terrace West  
Fort Worth, Texas 76109

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

01-24-11

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

Robert Fernandez / Larry Wilson

Contributor address; City; State; Zip Code

2305 Colonial PKWY  
Fort Worth, Texas 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-24-11

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

Elizabeth Parmer

Contributor address; City; State; Zip Code

307 West 7th St. Ste 1225  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-24-11

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

Ruth C. Stevenson

Contributor address; City; State; Zip Code

1200 Broad Ave.  
Fort Worth, Texas 76107

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)

**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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-25-11

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

Eugene & Lois Thompson

6 Contributor address; City; State; Zip Code

812 Shady Creek Dr.  
Kennedale, Texas 76060

7 Amount of contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01-25-11

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

Reby Cary

Contributor address; City; State; Zip Code

1804 Bunche Dr.  
Fort Worth, Texas 76112

Amount of contribution (\$)

\$25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-25-11

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

J. Michael & Margareth Craddock

Contributor address; City; State; Zip Code

4904 Dexter Ave.  
Fort Worth, Texas 76107

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-26-11

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

Jim Loveless

Contributor address; City; State; Zip Code

2900 Airport Freeway  
Fort Worth, Texas 76111

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-26-11

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

G. Malcolm Louden

Contributor address; City; State; Zip Code

500 W. 7th St. Unit. #27 Ste. 1007  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Developer

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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-27-11

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

Gary W. Terry

6 Contributor address; City; State; Zip Code

117 Shady Lake Ct.  
Fort Worth, Texas 76054

7 Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01-27-11

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

Jason M. & Christina D. Smith

Contributor address; City; State; Zip Code

4714 Alta Dr.  
Fort Worth, Texas 76107

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-27-11

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

Louise Britt Carvey

Contributor address; City; State; Zip Code

3601 Overton Park Dr. E.  
Fort Worth, Texas 76109

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-28-11

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

Fort Worth Retired Firefighters & Widows

Contributor address; City; State; Zip Code

1617 Tierney Rd.  
Fort Worth, Texas 76112

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)

Date

03-01-11

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

Good Government Fund

Contributor address; City; State; Zip Code

201 Main St. Ste 2500  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
PAC

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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

03-31-11

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

Ripsaw Development, LLC

6 Contributor address; City; State; Zip Code

509 N. Carroll Ave.  
Southlake, Texas 76092

7 Amount of contribution (\$)

\$2000.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)  
Developers

10 Employer (See Instructions)

Date

04-04-11

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

CH2M HILL

Contributor address; City; State; Zip Code

309 W. 7th St. Ste. 1020  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04-20-11

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

Erma C. Johnson Hadley & Bill J. Hadley

Contributor address; City; State; Zip Code

2362 Faett Ct.  
Fort Worth, Texas 76119

Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05-05-11

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

John M. Stevenson

Contributor address; City; State; Zip Code

1207 Hillcrest St.  
Fort Worth, Texas 76107

Amount of contribution (\$)

\$200.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05-07-11

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

Ross B. & Cheryl Calhoun

Contributor address; City; State; Zip Code

3709 Santiago Court  
Irving, Texas 75062

Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
Developers

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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

05-10-11

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

Reed Pigman, Jr.

6 Contributor address; City; State; Zip Code

200 Texas Way  
Fort Worth, Texas 76106

7 Amount of contribution (\$)

\$500.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)  
Aviation Business

10 Employer (See Instructions)

Date

05-11-11

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

Q PAC

Contributor address; City; State; Zip Code

301 Commerce St. Ste. 3200  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$750.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)

Date

06-10-11

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

Arnold & Harriet Gachman

Contributor address; City; State; Zip Code

1229 Shady Oaks Lane  
Fort Worth, Texas

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-27-11

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

Daniel B. Markson

Contributor address; City; State; Zip Code

111 Soledad St. Ste. 1220  
San Antonio, Texas 78205

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-26-11

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

Jacqueline G. & Ted R. Bailey Jr.

Contributor address; City; State; Zip Code

5245 Miller Rd.  
Brecksville, Ohio 44141

Amount of contribution (\$)

\$250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-27-11

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Alan F. Scott

6 Contributor address; City; State; Zip Code

4255 Vilamoura Dr.  
Avon, Ohio 44011

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

01-30-11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Valleau Wilkie, Jr.

Contributor address; City; State; Zip Code

309 Main St.  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-27-11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
R. E. Bolen

Contributor address; City; State; Zip Code

4213 Candlewind Ln.  
Fort Worth, Texas 76133

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

01-30-11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jackie D. Bewley

Contributor address; City; State; Zip Code

2200 S. Riverside Dr.  
Fort Worth, Texas 76104

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Taxi Service

Date

01-27-11

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fort Worth Roundtable, LLC

Contributor address; City; State; Zip Code

101 Summit Ave. Ste. 208  
Fort Worth, Texas 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)

PAC

**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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-29-11

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

Garey W. Gilley

6 Contributor address; City; State; Zip Code

2924 Alton Rd.  
Fort Worth, Texas 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

01-30-11

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

Jan E. Fersing

Contributor address; City; State; Zip Code

3800 Trailwood Ln.  
Fort Worth, Texas 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

01-30-11

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

Gregory Scott

Contributor address; City; State; Zip Code

1449 Glasgow Rd.  
Fort Worth, Texas 76134

Amount of contribution (\$)

\$40.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-30-11

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

Beatrice Tobin Armstrong

Contributor address; City; State; Zip Code

2913 Mansfield Hwy.  
Fort Worth, Texas 76119

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-30-11

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

Mary K Hughes

Contributor address; City; State; Zip Code

2544 Stadium Dr.  
Fort Worth, Texas 76109

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)

**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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

01-30-11

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

Richard J. Harleaux, Jr.

6 Contributor address; City; State; Zip Code

6116 Forest Ln  
Fort Worth, Texas 76112

7 Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

01-30-11

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

Christopher & Stefanie Martinez

Contributor address; City; State; Zip Code

1400 Fence Post Dr.  
Fort Worth, Texas 76052

Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-30-11

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

Eddie W. & Jacquelyn C. Burns

Contributor address; City; State; Zip Code

4706 Safe Harbour Dr.  
Arlington, Texas 76016

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-30-11

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

Wanda Conlin & Donald R. Boren

Contributor address; City; State; Zip Code

1755 Martel Ave.  
Fort Worth, Texas 76103

Amount of contribution (\$)

\$100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01-30-11

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

Charles R. Boswell

Contributor address; City; State; Zip Code

3731 Hulen Park Dr.  
Fort Worth, Texas 76109

Amount of contribution (\$)

\$50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 01-30-11	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reginalea L. Kemp <b>6</b> Contributor address; City; State; Zip Code 601 Samuels Ave. Townhome 304 Fort Worth, Texas 76102	<b>7</b> Amount of contribution (\$) \$250.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>Date</b> 01-28-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt Hickman <b>Contributor address; City; State; Zip Code</b> 5800 Merrymount Rd. Fort Worth, Texas 76107	<b>Amount of contribution (\$)</b> \$1000.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Developer		<b>Employer (See Instructions)</b>	
<b>Date</b> 02-07-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. & Charlotte A. Finley <b>Contributor address; City; State; Zip Code</b> 1308 Lake St. Fort Worth, Texas 76102	<b>Amount of contribution (\$)</b> \$2000.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Oil and Gas		<b>Employer (See Instructions)</b>	
<b>Date</b> 02-01-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Murrin, Jr. <b>Contributor address; City; State; Zip Code</b> 500 NE 23rd St. Fort Worth, Texas 76164	<b>Amount of contribution (\$)</b> \$100.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 02-16-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) L. Allen Hodges III <b>Contributor address; City; State; Zip Code</b> 306 W 7th St. Ste. 701 Fort Worth, Texas 76102	<b>Amount of contribution (\$)</b> \$200.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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:

2 FILER NAME

Ms. Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

02-01-11

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

Art & Lynda G. Brender

6 Contributor address; City; State; Zip Code

4121 Hampshire Blvd.  
Fort Worth, Texas 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

02-09-11

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

Betsy & Tom Price

Contributor address; City; State; Zip Code

3908 Summercrest Dr.  
Fort Worth, Texas 76109

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02-13-11

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

Trista Allen

Contributor address; City; State; Zip Code

4701 Foxfire Way  
Fort Worth, Texas 76133

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

02-28-11

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

Good Government Fund

Contributor address; City; State; Zip Code

100 Main St.  
Fort Worth, Texas 76102

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
PAC

Employer (See Instructions)

Date

03-04-11

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

Vernell Sturns & Debra Brown Sturns

Contributor address; City; State; Zip Code

612 Highwoods Tr.  
Fort Worth, Texas 76112

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 03-12-11	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Henry L. & Nina Jo Baker <b>6</b> Contributor address; City; State; Zip Code 958 E. Terrell Fort Worth, Texas 76104	<b>7</b> Amount of contribution (\$) \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
<b>Date</b> 03-20-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) James M. & Sandra S. Oliver <b>Contributor address; City; State; Zip Code</b> 2600 W. 7th St. #2508 Fort Worth, Texas 76107	<b>Amount of contribution (\$)</b> \$50.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 03-28-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) CH2M Hill Texas PAC <b>Contributor address; City; State; Zip Code</b> 12377 Merit Dr. 10th Flr Dallas, Texas 75251	<b>Amount of contribution (\$)</b> \$250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 03-30-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) Robert L. & Kara L. Baker <b>Contributor address; City; State; Zip Code</b> 9517 Bella Terra Dr. Fort Worth, Texas 76126	<b>Amount of contribution (\$)</b> \$2000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Developer		<b>Employer (See Instructions)</b>	
<b>Date</b> 03-30-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID# _____) FW Mason Heights, LP <b>Contributor address; City; State; Zip Code</b> 9555 Harmon Rd. Ste. 200 Fort Worth, Texas 76177	<b>Amount of contribution (\$)</b> \$2000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Developer		<b>Employer (See Instructions)</b>	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A:	
<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 03-31-11	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan Mallick <b>6</b> Contributor address; City; State; Zip Code 3717 W. 4th St. Fort Worth, Texas 76107	<b>7</b> Amount of contribution (\$) \$2000.00  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Developer		<b>10</b> Employer (See Instructions)	
<b>Date</b> 03-31-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandlin Capital, LLC <b>Contributor address; City; State; Zip Code</b> 550 Bailey Ave. Ste. 255 Fort Worth, Texas 76107	<b>Amount of contribution (\$)</b> \$2000.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Developer		<b>Employer (See Instructions)</b>	
<b>Date</b> 03-31-11	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ripsaw Development, LLC <b>Contributor address; City; State; Zip Code</b> 502 N. Carroll Ave. Ste. 120 Southlake, Texas 76092	<b>Amount of contribution (\$)</b> \$2000.00  (If travel outside of Texas, complete Schedule T)	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b> Developer		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04-22-11	<b>5</b> Payee name Luna de Noche Tex-Mex Grill	
<b>6</b> Amount (\$) \$80.65	<b>7</b> Payee address; City; State; Zip Code 2300 Victory Park Ln. Dallas, Texas 75219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituents	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 04-26-11	<b>Payee name</b> SMIT Panorama de Nuevos Horizontes	
<b>Amount (\$)</b> \$195.00	<b>Payee address; City; State; Zip Code</b> 3501 Williams Rd. Fort Worth, Texas 76116	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Campaign Advertisement	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 05-2011	<b>Payee name</b> AT&T Mobility	
<b>Amount (\$)</b> \$266.34	<b>Payee address; City; State; Zip Code</b> P.O.Box 650553 Dallas, Texas 75265	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Phone for Campaign	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 05-07-11	<b>Payee name</b> McKinley's Fine Bakery and Cafe	
<b>Amount (\$)</b> \$23.98	<b>Payee address; City; State; Zip Code</b> 1616 S. University Dr. Ste. 301 Fort Worth, Texas 76107	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Meal with Constituents	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)		
<b>4</b> Date 06-24-11	<b>5</b> Payee name Patrizio			
<b>6</b> Amount (\$) \$21.99	<b>7</b> Payee address; City; State; Zip Code 2935 Crockett St. Fort Worth, Texas 76107			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date 06-24-11	Payee name USPS Glencrest Station			
Amount (\$) \$25.60	Payee address; City; State; Zip Code Glencrest Station, Fort Worth, Texas 76119			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date UKN	Payee name Hispanic Women's Network			
Amount (\$) \$50.00	Payee address; City; State; Zip Code Fort Worth, Texas			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Membership Dues	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Date UKN	Payee name Red Cross			
Amount (\$) \$50.00	Payee address; City; State; Zip Code Fort Worth, Texas			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Donation	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 06-16-11	<b>5</b> Payee name Subway Sandwiches & Salads #47372	
<b>6</b> Amount (\$) \$71.42	<b>7</b> Payee address; City; State; Zip Code 3012 E. Rosedale St. Fort Worth, Texas	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituents	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 06-17-11	Payee name Hacienda San Miguel	
Amount (\$) \$21.83	Payee address; City; State; Zip Code 2948 Crockett St. Fort Worth, Texas 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Consituents	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 06-19-11	Payee name Country Kitchen	
Amount (\$) \$94.23	Payee address; City; State; Zip Code 5532 Jacksboro Hwy. Sansom Park, Texas 76114	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituents	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 06-24-11	Payee name Which Wich	
Amount (\$) \$13.21	Payee address; City; State; Zip Code 2901 W. Berry St. Fort Worth, Texas 7610	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituent	Description (If travel outside of Texas, complete Schedule T)
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

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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/3	<b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 04/22/2011	<b>5 Payee name</b> AT&T Mobility		
<b>6 Amount (\$)</b> \$298.38	<b>7 Payee address</b> City; State; Zip Code PO Box 650553 Dallas, TX 75265		

<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phone
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/28/2011	<b>Payee name</b> Cass, Wendell (Mr.)		
<b>Amount (\$)</b> \$550.00	<b>Payee address</b> City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/01/2011	<b>Payee name</b> City of Fort Worth		
<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone bill reimbursement
-------------------------------	---	---

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/13/2011	<b>Payee name</b> Pappadeaux		
<b>Amount (\$)</b> \$65.35	<b>Payee address</b> City; State; Zip Code 1304 Copeland Rd Arlington, TX 76011		

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> meal with consultant
-------------------------------	--	---

<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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)

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<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 05-14-11	<b>5</b> Payee name Risky's BBQ ~ Sundance Square		
<b>6</b> Amount (\$) \$25.33	<b>7</b> Payee address; City; State; Zip Code 300 Main St. Fort Worth, Texas 76102		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate / Officeholder name	Office sought	Office held
<b>Date</b> 06-06-11	<b>Payee name</b> Angelo's BBQ		
<b>Amount (\$)</b> \$42.75	<b>Payee address; City; State; Zip Code</b> 2533 White Settlement Rd. Fort Worth, Texas 76107		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Meal with Contituents	<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>			
	Candidate / Officeholder name	Office sought	Office held
<b>Date</b> 06-14-11	<b>Payee name</b> Schlotzsky's		
<b>Amount (\$)</b> \$10.04	<b>Payee address; City; State; Zip Code</b> 3216 SE Loop 820 Fort Worth, Texas 78759		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Meal with Constituent	<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>			
	Candidate / Officeholder name	Office sought	Office held
<b>Date</b> 06-15-11	<b>Payee name</b> Patrizio		
<b>Amount (\$)</b> \$37.80	<b>Payee address; City; State; Zip Code</b> 2935 Crockett St. Fort Worth, Texas 76107		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Meal with Constituents	<b>Description</b> (If travel outside of Texas, complete Schedule T)	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>			
	Candidate / Officeholder name	Office sought	Office held

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04-16-11	<b>5</b> Payee name Subway Sandwiches & Salads #18794	
<b>6</b> Amount (\$) \$7.58	<b>7</b> Payee address; City; State; Zip Code 1001 Jones St. Fort Worth, Texas 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04-17-11	Payee name Chuy's Mexican Restaurant	
Amount (\$) \$84.04	Payee address; City; State; Zip Code 5115 NE 28th St. Fort Worth, Texas 761	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Meal with Constituents	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04-21-11	Payee name Greater Meadowbrook News	
Amount (\$) \$215.00	Payee address; City; State; Zip Code P.O.Box 24264 Fort Worth, Texas 76124	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Advertisement	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 04-22-11	Payee name Risky's BBQ ~ Sundance Square	
Amount (\$) \$21.38	Payee address; City; State; Zip Code 300 Main St. Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Meal with Constituents	Description (If travel outside of Texas, complete Schedule T)
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 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 04-06-11	<b>5</b> Payee name Gordon Boswell Flowers	
<b>6</b> Amount (\$) \$70.31	<b>7</b> Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Flowers for Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 04-07-11	<b>Payee name</b> ACH Child and Family Services ~ HAND Luncheon	
<b>Amount (\$)</b> \$50.00	<b>Payee address; City; State; Zip Code</b> 1424 Summit Ave. Fort Worth, Texas 76102	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Donation	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 04-09-11	<b>Payee name</b> P.F. Chang's China Bistro	
<b>Amount (\$)</b> \$31.07	<b>Payee address; City; State; Zip Code</b> 400 Throckmorton Ste.102 Fort Worth, Texas 76102	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Meal with Constituents	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 04-11-11	<b>Payee name</b> Signs on the Cheap	
<b>Amount (\$)</b> \$428.51	<b>Payee address; City; State; Zip Code</b> signsonthecheap.com	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Campaign Signs	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought      Office held

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

# 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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/3	<b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 02/02/2011	<b>5 Payee name</b> Angelos BBQ		
<b>6 Amount (\$)</b> \$23.76	<b>7 Payee address</b> City; State; Zip Code 2533 White Settlement Rd Ft Worth, TX 76107		

<b>8 PURPOSE OF EXPENDITURE</b>	(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"/> meal with consultant
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/24/2011	<b>Payee name</b> AT&T Mobility		
<b>Amount (\$)</b> \$302.11	<b>Payee address</b> City; State; Zip Code PO Box 650553 Dallas, TX 75265		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phone
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/29/2011	<b>Payee name</b> Cass, Wendell (Mr.)		
<b>Amount (\$)</b> \$600.00	<b>Payee address</b> City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> distributing yard signs
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/29/2011	<b>Payee name</b> Cass, Wendell (Mr.)		
<b>Amount (\$)</b> \$450.00	<b>Payee address</b> City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119		

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03-10-11	<b>5</b> Payee name Risky's BBQ ~ Sundance Square	
<b>6</b> Amount (\$) \$8.61	<b>7</b> Payee address; City; State; Zip Code 300 Main St. Fort Worth, Texas 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituents	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 03-11-11	Payee name Starbucks #2874	
Amount (\$) \$12.28	Payee address; City; State; Zip Code 404 Houston St. Fort Worth, Texas 76102	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meeting with Constituent	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 03-18-11	Payee name Fireside Pies	
Amount (\$) \$31.93	Payee address; City; State; Zip Code 2941 Crockett St. Fort Worth, Texas 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Contituents	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 03-21-11	Payee name The Daily Planner	
Amount (\$) \$68.95	Payee address; City; State; Zip Code 43 West 33rd St. Ste 300 New York, New York 10001	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Campaign Supplies	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 03-18-11	<b>5</b> Payee name Gordon Boswell Flowers
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<b>6</b> Amount (\$) \$64.90	<b>7</b> Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Flowers for Constituent	<b>(b)</b> Description (if travel outside of Texas, complete Schedule T)
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03-21-11	Payee name Gordon Boswell Flowers
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Amount (\$) \$69.23	Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Flowers for Constituent	Description (if travel outside of Texas, complete Schedule T)
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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 03-10-11	Payee name CVS/Pharmacy #6788
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Amount (\$) \$28.65	Payee address; City; State; Zip Code 4140 E. Lancaster Fort Worth, Texas 761
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Gifts for Constituent	Description (if travel outside of Texas, complete Schedule T)
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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 03-10-11	Payee name Texas de Brazil
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Amount (\$) \$157.19	Payee address; City; State; Zip Code 101 N. Houston Fort Worth, Texas 76102
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<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituents	Description (if travel outside of Texas, complete Schedule T)
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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 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 02-25-11	<b>5</b> Payee name Gordon Boswell Flowers	
<b>6</b> Amount (\$) \$69.23	<b>7</b> Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Flowers for Constituents	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 02-07-11	Payee name Key Personnel	
Amount (\$) \$151.60	Payee address; City; State; Zip Code P.O. Box 1482 Fort Worth, Texas 76101	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Staff for Fundraiser	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 02-07-11	Payee name USPS Downtown Station	
Amount (\$) \$44.00	Payee address; City; State; Zip Code Downtown Station Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 02-26-11	Payee name Bistro Louise	
Amount (\$) \$66.00	Payee address; City; State; Zip Code 2900 S. Hulen St. Fort Worth, Texas 76109	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Meeting	Description (If travel outside of Texas, complete Schedule T)
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01-29-11	<b>5</b> Payee name Walmart #0940		
<b>6</b> Amount (\$) \$123.80	<b>7</b> Payee address; City; State; Zip Code Fort Worth, Texas		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Fundraiser Supplies	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01-30-11	Payee name Walmart #5312		
Amount (\$) \$97.66	Payee address; City; State; Zip Code Fort Worth, Texas 76111		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fundraiser Supplies	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02-07-11	Payee name Gordon Boswell Flowers		
Amount (\$) \$48.60	Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Flowers for Constituents	Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02-18-11	Payee name Gordon Boswell Flowers		
Amount (\$) \$64.90	Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Flowers For Constituents	Description (If travel outside of Texas, complete Schedule T)	
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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/3	<b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 02/20/2011	<b>5 Payee name</b> AT&T Mobility	
<b>6 Amount (\$)</b> \$308.34	<b>7 Payee address</b> City; State; Zip Code PO Box 650553 Dallas, TX 75265	

<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign phone
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 01/31/2011	<b>Payee name</b> Cass, Wendell (Mr.)	
<b>Amount (\$)</b> \$450.00	<b>Payee address</b> City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 03/01/2011	<b>Payee name</b> City of Fort Worth	
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 1000 Throckmorton Fort Worth, TX 76102	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> phone bill reimbursement
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/13/2011	<b>Payee name</b> Pappadeaux	
<b>Amount (\$)</b> \$10.21	<b>Payee address</b> City; State; Zip Code 1304 Copeland Rd Arlington, TX 76011	

<b>PURPOSE OF EXPENDITURE</b>	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"/> meal with consultant
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01-22-11	<b>5</b> Payee name The Home Depot	
<b>6</b> Amount (\$) \$14.05	<b>7</b> Payee address; City; State; Zip Code 7950 I-35 South Freeway Fort Worth, Texas 76134	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Campaign Supplies	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 01-22-11	Payee name USPS Stockyards Station	
Amount (\$) \$44.00	Payee address; City; State; Zip Code Fort Worth, Texas 76164	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 01-23-11	Payee name Chuy's Mexican Restaurant	
Amount (\$) \$119.68	Payee address; City; State; Zip Code 5115 NE 28th St. Haltom City, Texas 7611	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituents	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
Date 01-25-11	Payee name Sam's Club	
Amount (\$) \$119.50	Payee address; City; State; Zip Code Westworth Village, Texas	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Campaign Supplies	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held

**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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)		
<b>4</b> Date 01-21-11	<b>5</b> Payee name USPS Glencrest Station			
<b>6</b> Amount (\$) \$88.00	<b>7</b> Payee address; City; State; Zip Code Glencrest Station Fort Worth, Texas 76119			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Postage for Campaign	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 01-20-11	Payee name Subway Sandwiches & Salads #21938			
Amount (\$) \$6.77	Payee address; City; State; Zip Code Fort Worth, Texas			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituent	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 01-21-11	Payee name USPS Jack D. Watson Station			
Amount (\$) \$44.00	Payee address; City; State; Zip Code Fort Worth, Texas 76106			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 01-21-11	Payee name Global Group Inc.			
Amount (\$) \$108.25	Payee address; City; State; Zip Code 4901 N. Beach St. Fort Worth, Texas 76137			
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Invitations for Fundraiser	Description (If travel outside of Texas, complete Schedule T)		
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 01-16-11	<b>5</b> Payee name Key Personnel	
<b>6</b> Amount (\$) \$151.60	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1482 Fort Worth, Texas 76101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Staff for Fundraiser	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date 01-17-11	Payee name Mi Cocina - Chapel Hill #100	
Amount (\$) \$43.39	Payee address; City; State; Zip Code 4501 West Freeway Fort Worth, Texas 76107	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituent	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date 01-18-11	Payee name Pappadeaux #16	
Amount (\$) \$32.87	Payee address; City; State; Zip Code 2708 West Freeway Fort Worth, Texas 76102	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Meal with Constituent	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought      Office held
Date 01-18-11	Payee name USPS Downtown Station	
Amount (\$) \$52.69	Payee address; City; State; Zip Code Downtown Fort Worth, Texas 76102	
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)
<b>9</b> 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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 01-03-11	<b>5</b> Payee name Gordon Boswell Flowers
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<b>6</b> Amount (\$) \$39.83	<b>7</b> Payee address; City; State; Zip Code 1220 Pennsylvania Fort Worth, Texas 76104
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Flowers for Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
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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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<b>Date</b> 01-14-11	<b>Payee name</b> Sam's Club #
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<b>Amount (\$)</b> \$40.00	<b>Payee address; City; State; Zip Code</b> Fort Worth, Texas 761
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Campaign Supplies	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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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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<b>Date</b> 01-16-11	<b>Payee name</b> USPS 8th Ave. Station
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<b>Amount (\$)</b> \$7.33	<b>Payee address; City; State; Zip Code</b> 2600 8th Ave. Fort Worth, Texas 76110
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Postage for Campaign	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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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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<b>Date</b> 01-16-11	<b>Payee name</b> USPS 8th Ave. Station
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<b>Amount (\$)</b> \$23.76	<b>Payee address; City; State; Zip Code</b> 2600 8th Ave. Fort Worth, Texas 76110
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Postage for Campaign	<b>Description</b> (If travel outside of Texas, complete Schedule T)
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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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03-26-11	<b>5</b> Payee name Zoes Kitchen	
<b>6</b> Amount (\$) \$32.58	<b>7</b> Payee address; City; State; Zip Code 1601 S. University Dr. Fort Worth, Texas 761	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Meal with Constituent	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 03-30-11	<b>Payee name</b> Central Market #545	
<b>Amount (\$)</b> \$48.36	<b>Payee address; City; State; Zip Code</b> 4561 West Freeway Ste.A Fort Worth, Texas 76107	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Campaign Volunteer Snacks	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 03-31-11	<b>Payee name</b> Chevron & Texaco	
<b>Amount (\$)</b> \$45.34	<b>Payee address; City; State; Zip Code</b> Fort Worth, Texas	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Fuel for Volunteer	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	Candidate / Officeholder name	Office sought                      Office held
<b>Date</b> 04-02-11	<b>Payee name</b> Patrizio ~ Highland Park	
<b>Amount (\$)</b> \$45.14	<b>Payee address; City; State; Zip Code</b> Dallas, Texas	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See categories listed at the top of this schedule) Campaign Meeting	<b>Description</b> (If travel outside of Texas, complete Schedule T)
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		
	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.

<b>1</b> Total pages Schedule F:		<b>2</b> FILER NAME Ms. Erin Kathleen Hicks		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date 02-02-11		<b>5</b> Payee name Starbucks #2874			
<b>6</b> Amount (\$) \$11.69		<b>7</b> Payee address; City; State; Zip Code 404 Houston St. Fort Worth, Texas 76102			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) Meeting with		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03-2011		Payee name AT&T Wireless			
Amount (\$) 308.10		Payee address; City; State; Zip Code AT&T Wireless			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign Phone		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03-02-11		Payee name USPS Glencrest Station			
Amount (\$) \$60.00		Payee address; City; State; Zip Code Glencrest Station Fort Worth, Texas 76119			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Campaign P.O.Box		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03-16-11		Payee name Gordon Boswell Flowers			
Amount (\$) \$69.23		Payee address; City; State; Zip Code 1220 Pennsylvania Ave. Fort Worth, Texas 76104			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Flowers for Constituent		Description (If travel outside of Texas, complete Schedule T)	
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.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Ms. Erin Kathleen Hicks	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 02-07-11	<b>5</b> Payee name Corner Bakery Cafe	
<b>6</b> Amount (\$) \$21.07	<b>7</b> Payee address; City; State; Zip Code 615 Main St. Fort Worth, Texas 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Campaign Meeting	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 02-14-11	Payee name City Secretary's Office - City of Fort Worth	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1000 Throckmorton St. Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Filing Fee	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 02-15-11	Payee name Fort Worth Rotary Club	
Amount (\$) \$200.00	Payee address; City; State; Zip Code Downtown Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Bi-Annual Dues	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date 02-23-11	Payee name USPS Downtown Station	
Amount (\$) \$44.00	Payee address; City; State; Zip Code Downtown Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Postage for Campaign	Description (If travel outside of Texas, complete Schedule T)
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.

<b>1 PAGE #</b> Schedule: 1/1 Report: 3/3	<b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
--	---	---

<b>4 Date</b> 06/28/2011	<b>5 Payee name</b> Bermejo, Phillip (Mr.)
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<b>6 Amount (\$)</b> \$400.00	<b>7 Payee address</b> City; State; Zip Code 1913 Columbus Ave Fort Worth, TX 76164
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<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technical support
---------------------------------	---	---

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 02/22/2011	<b>Payee name</b> Cass, Wendell (Mr.)
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<b>Amount (\$)</b> \$600.00	<b>Payee address</b> City; State; Zip Code 2913 Ridgeview Fort Worth, TX 76119
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
-------------------------------	--	--

Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/08/2011	<b>Payee name</b> La Duni
---------------------------	------------------------------

<b>Amount (\$)</b> \$131.74	<b>Payee address</b> City; State; Zip Code 4264 Oaklawn Ave Dallas, TX 75219
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 05/11/2011	<b>Payee name</b> Texaco
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<b>Amount (\$)</b> \$73.12	<b>Payee address</b> City; State; Zip Code Henderson Ft Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> gas
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Complete <b>ONLY</b> 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<br>Accounting/Banking<br>Consulting Expense<br>Event Expense<br>Fees | Gifts/Awards/Memorial Expense<br>Legal Services<br>Food/Beverage Expense<br>Polling Expense<br>Printing Expense | Salaries/Wages/Contract Labor<br>Solicitation/Fundraising Expense<br>Travel In District<br>Travel Out Of District<br>Office Overhead/Rental Expense | Loan Repayment/Reimbursement<br>Transportation Equipment & Related Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>OTHER (enter a category not listed above) |
|--|---|---|--|

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

<b>1 PAGE #</b> Schedule: 1/8 Report: 3/10	<b>2 FILER NAME</b> Hicks, Erin Kathleen (Ms.)	<b>3 ACCOUNT # (TEC filers)</b> 00000001
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<b>4 Date</b> 04/24/2011	<b>5 Payee name</b> All Saints Church
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<b>6 Amount (\$)</b> \$100.00	<b>7 Payee address</b> City; State; Zip Code 214 NW 20th Ft Worth, TX 76164
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<b>8 PURPOSE OF EXPENDITURE</b>	(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
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<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/19/2011	<b>Payee name</b> All Saints Church
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<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 214 NW 20th Ft Worth, TX 76164
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<b>PURPOSE OF EXPENDITURE</b>	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
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/27/2011	<b>Payee name</b> Amazon.com
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<b>Amount (\$)</b> \$20.38	<b>Payee address</b> City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 06/22/2011	<b>Payee name</b> Amnesty International
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<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 5 Penn Plaza New York, NY 10001
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<b>PURPOSE OF EXPENDITURE</b>	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
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<b>Complete ONLY if direct expenditure to benefit C/OH</b>	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.

<b>1</b> PAGE # Schedule: 2/8 Report: 4/10	<b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 01/19/2011	<b>5</b> Payee name Baker, Ashley (Ms.)
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<b>6</b> Amount (\$) \$550.00	<b>7</b> Payee address City; State; Zip Code 2744 S Jones St Fort Worth, TX 76104
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> technical assistance-website, invitation design 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 03/03/2011	Payee name Barnes and Noble
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Amount (\$) \$29.07	Payee address City; State; Zip Code 1612 S. University Ft Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 01/18/2011	Payee name Bermejo, Phillip (Mr.)
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Amount (\$) \$350.00	Payee address City; State; Zip Code 1913 Columbus Ave Fort Worth, TX 76164
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 01/30/2011	Payee name Bermejo, Phillip (Mr.)
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Amount (\$) \$200.00	Payee address City; State; Zip Code 1913 Columbus Ave Fort Worth, TX 76164
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<b>PURPOSE OF EXPENDITURE</b>	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"/> photographer
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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.

<b>1</b> PAGE # Schedule: 5/8 Report: 7/10	<b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 06/24/2011	<b>5</b> Payee name DNC
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<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address City; State; Zip Code 430 S. Capitol St SE Washington, DC 20003
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/26/2011	Payee name Eatzi's
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Amount (\$) \$64.39	Payee address City; State; Zip Code 3403 Oaklawn Ave Dallas, TX 75209
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<b>PURPOSE OF EXPENDITURE</b>	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"/> campaing 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 05/11/2011	Payee name FW Symphony
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Amount (\$) \$100.00	Payee address City; State; Zip Code 330 E. 4th St, #200 Ft Worth, TX 76102
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 03/31/2011	Payee name Lawrences
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Amount (\$) \$78.21	Payee address City; State; Zip Code 4601 W Freeway Ste. 224 Fort Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1</b> PAGE # Schedule: 6/8 Report: 8/10	<b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/20/2011	<b>5</b> Payee name Morning Chapel CME Church
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<b>6</b> Amount (\$) \$30.00	<b>7</b> Payee address City; State; Zip Code 903 E 3rd St Ft Worth, TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> donation
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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 06/18/2011	Payee name Nothing Bundt Cakes
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Amount (\$) \$34.70	Payee address City; State; Zip Code 4603 Hulen Ft Worth, TX 76107
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<b>PURPOSE OF EXPENDITURE</b>	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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Date 06/01/2011	Payee name Outland Memorial AME Zion Church
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Amount (\$) \$25.00	Payee address City; State; Zip Code 601 S. Kentucky Ave Ft Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign advertisement
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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 05/04/2011	Payee name Southern Poverty Law Center
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Amount (\$) \$75.00	Payee address City; State; Zip Code 400 Washington Ave Montgomery, AL 36104
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<b>PURPOSE OF EXPENDITURE</b>	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
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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.

<b>1</b> PAGE # Schedule: 7/8 Report: 9/10	<b>2</b> FILER NAME Hicks, Erin Kathleen (Ms.)	<b>3</b> ACCOUNT # (TEC filers) 00000001
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<b>4</b> Date 02/20/2011	<b>5</b> Payee name St Patricks Church
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<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address City; State; Zip Code 1206 Throckmorton Ft Worth, TX 76102
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<b>8</b> 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
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/13/2011	Payee name St Thomas Church
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Amount (\$) \$100.00	Payee address City; State; Zip Code 2665 Woodley Road NW Washington, DC
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<b>PURPOSE OF EXPENDITURE</b>	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
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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 05/12/2011	Payee name Starbucks
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Amount (\$) \$43.84	Payee address City; State; Zip Code 1608 W. Rosedale Ft Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/22/2011	Payee name Teaching For Change
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Amount (\$) \$23.31	Payee address City; State; Zip Code PO Box 73038 Washington, DC 20056
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<b>PURPOSE OF EXPENDITURE</b>	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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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