OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed: 18

OFFICE USE ONLY

Date Received

RECEIVED
JUL 15 2013
CITY OF FT. WORTH
CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ change of address

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

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 713.1250 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Doctor FIRST: Clarence MI: S
NICKNAME: LAST: Brooks SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

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

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) PHONE NUMBER: 926.4643 EXTENSION:

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year: 05/01/2013 THROUGH Month Day Year: 06/30/2013

11 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): City Council, District 8

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: E. Kathleen Hicks

15 ACCOUNT # (Ethics Commission Filers):

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15,940
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ —
	4. **TOTAL POLITICAL EXPENDITURES**	$ 32,801.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11,138.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ —

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
CINDY PICKETT
My Commission Expires
December 10, 2015

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

Erin Kathleen Hicks

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Erin Kathleen Hicks, this the 18th day of July, 20 13, 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: E. Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3 May 13	Ross B. or Cheryl Calhoun 3709 Santiago Court Irving, Texas 75062	$500.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): Developer

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10 May 13	S&B Technical Products, Inc 1300 East Berry Fort Worth, Texas 76119	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Manufacturing company

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9 May 13	Comittee for Public Safety FW Police Office Association 904 Collier Streek Fort Worth, Texas 76102	$2500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11 May 13	Theodhious A. Sims D.D. 4421 Kingsdale Drive Fort Worth, Texas 76119	$25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME: Erin Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2 may 13	Roy Paley 2913 Sarah Jane Lane Fort Worth, Texas 76114	$50.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions):

10 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2 may 13	Celeste Vasquez 6626 Oak View Drive Fort Worth, Texas 76112	25.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2 may 13	Reed Pigman, Jr. 200 Texas way Fort Worth, Texas 76106-2782	$500.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Developer

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
2 may 13	L. Appleman 801 Cherry St. Ste 1600 Fort Worth, Texas 76102	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3 may 13	Menrdad Moayedi 1221 N I-35E, Ste 200 Carrollton, Tx 75006	$500.00	

(If travel outside of Texas, complete Schedule T)

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 foradditional 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: E. Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers):

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#: ____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
1 May 13	Vertex Asset Partners LP 3715 Camp Bowie Blvd Fort Worth, Tx 76107	$1,500.00 (If travel outside of Texas, complete Schedule T)		Developer	
9 May 13	Vertex Asset Partners, LP 3715 Camp Bowie Blvd. Fort Worth, Tx 76107	$2500.00 (If travel outside of Texas, complete Schedule T)		Developer	
5 May 13	Gregory Scott 1446 Glasgow Road Fort Worth, Texas 76134	$50.00 (If travel outside of Texas, complete Schedule T)			
2 May 13	Adesubomi Ogoro, MD 1100 Pennsylvania Ave Fort Worth, Texas 76104	$250.00 (If travel outside of Texas, complete Schedule T)		medical Doctor	
2 May 13	Veronica Sutton 2813 Farrell Lane Fort Worth, Texas 76119	$50.00 (If travel outside of Texas, complete Schedule T)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional 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

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8 may 13	Alan or kendal Lake 3000 5th Avenue Fort worth, Texas 76110	$40.00	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6 may 13	Mrs. Margarot De Moss 2600 W 7th # 2644 Fort worth, Texas	$100.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7 may 13	Mrs. Lucille Williams 904 Judd Street Fort worth, Texas 76104	$50.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): retired

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
13. may 13	James R. Dunaway 777 Taylor Street Fort worth, Tx 76102	200.00	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): Developer

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11 may 13	Atty. Rebecca Lucas 6420 South west Blvd Suite 111 Fort worth, Texas 76109	250.00	

(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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	E. Kathleen Hicks	

4 Date 13 May 13	5 Payee name Kimmi Black		
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code Arlington, Texas		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 13 May 13	Payee name Wendell Cass		
Amount ($) $750.00	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	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 7 May 2013	Payee name Art, Etc.		
Amount ($) ~~4 May 2013~~ $406.97	Payee address; City; State; Zip Code 135 Star Street Hereford, Texas 79045		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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 6 May 2013	Payee name Art, Etc.		
Amount ($) 81.38	Payee address; City; State; Zip Code 135 Star Street Hereford, Texas 79045		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME: E. Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 9 May 2013

5 Payee name: Office Depot

6 Amount ($): $365.01

7 Payee address; City; State; Zip Code: 401 Carrol Street, Fort Worth, Tx 76102

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): printing

(b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 11 My 2013

Payee name: Walmark

Amount ($): $192.15

Payee address; City; State; Zip Code: W. Berry, Fort Worth, Texas

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): food for volunteers

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: 7 May 2013

Payee name: Ray Turco & Associates

Amount ($): 2500.00

Payee address; City; State; Zip Code: 6729 Meadowcrest Drive, Arlington, Texas 76002

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): consulting

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: 9 May 2013

Payee name: Johns Son's Press

Amount ($): $2071.47

Payee address; City; State; Zip Code: 3300 South Freeway, Fort Worth, Texas 76110

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): printing

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:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: Z. Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name: Johnson's Press	
6 Amount ($): $1,134.14	7 Payee address; City; State; Zip Code: 3300 South Freeway Fort Worth, Texas 76110	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 7 May 2013	Payee name: KHVN Radio	
Amount ($): 506.00	Payee address; City; State; Zip Code: 5707 South Hampton Road, Suite 205 Dallas, Texas 75232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): advertising	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: 11 May 2013	Payee name: Lee Henderson	
Amount ($): $90.00	Payee address; City; State; Zip Code: 4313 Sogura Ct N Fort Worth, Texas 76132	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting	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: 13 May 2013	Payee name: Linda Paulick & Associates	
Amount ($): 1500.00	Payee address; City; State; Zip Code: 6115 Camp Bowie Fort Worth, Texas 76116	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Kathleen. Hicks	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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	G. Kathleen Hicks	

4 Date: 7 May 2013	5 Payee name: Ronald Baker
6 Amount ($): $200.00	7 Payee address; City; State; Zip Code: 2744 S. Jones Street, Fort Worth, TX 76104
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Consulting (b) Description (If travel outside of Texas, complete Schedule T):
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:

Date: 7 May 2013	Payee name: Gregory Draper Graphics
Amount ($): 924.38	Payee address; City; State; Zip Code: 6115 Camp Bowie Blvd, Suite 270, Fort Worth, Texas 76116
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Advertising 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: 9 May 2013	Payee name: Ronald Baker
Amount ($): 180.00	Payee address; City; State; Zip Code: 2744 S. Jones Street, Fort Worth, Texas 76104
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): 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: 9 May 2013	Payee name: Campisis
Amount ($): $41.94	Payee address; City; State; Zip Code: Camp Bowie, Fort Worth, Texas
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Meeting with consulting 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:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME E. Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3 May 2013	5 Payee name Kimmi Black	
6 Amount ($) $500.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) consulting	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name
9 May 2013	Texaco
Amount ($) $42.66	Payee address; City; State; Zip Code: 3300 E. Berry, Fort Worth, Texas
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): travel in district; 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	Payee name
3 May 2013	Stuart Clegg
Amount ($) $750.00	Payee address; City; State; Zip Code: 3201 Odessa Avenue, Fort Worth, Texas
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting; 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	Payee name
4 May 2013	Ronald Baker
Amount ($) $400.00	Payee address; City; State; Zip Code: 2744 S. Jones Street, Fort Worth, Texas 76104
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting; 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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME G. Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)
4 Date 28 June 13	5 Payee name Rent a Frog Valet	
6 Amount ($) 250.00	7 Payee address; City; State; Zip Code 3417 Hulen St. Suite 202 Fort Worth, Texas 76107	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Fees	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 1 May 2013	Payee name Mexican Inn	
Amount ($) 822.05	Payee address; City; State; Zip Code Lancaster Fort Work, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food Expense	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 2 May 2013	Payee name John Son Press	
Amount ($) $1000.00	Payee address; City; State; Zip Code 3300 South Freeway Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing	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 5 May 2013	Payee name Shell Oil	
Amount ($) 42.99	Payee address; City; State; Zip Code 5101 Airport Fwy Fort Worth, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) travel in District	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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
	Erin Kathleen Hicks	

4 Date	5 Payee name
2 May 2013	Kroger

6 Amount ($)	7 Payee address; City; State; Zip Code
195.98	3120 South University Fort Worth, Texas

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Food for event	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
2 May 2013	Lawrence's Fort Worth

Amount ($)	Payee address; City; State; Zip Code
$100.76	4601 I-30 @ Hulen Fort Worth, Texas 76107

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	gift for hostesses	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
1 May 2013	Ronald Baker

Amount ($)	Payee address; City; State; Zip Code
$250.00	2744 S. Jones FW 76104

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Contract Labor	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3 May 2013	Linda Pavlik & Associates

Amount ($)	Payee address; City; State; Zip Code
$3000.00	6115 Camp Bowie Fort Worth, Texas 76116

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Consulting	

Complete ONLY 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME E. Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payee name
15 May 2013	ATT

6 Amount ($)	7 Payee address; City; State; Zip Code
680.73	5565 Glenridge Connector Atlanta, Georgia 30342

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Fees	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
6 May 2013	McKinley's Fine Bakery

Amount ($)	Payee address; City; State; Zip Code
$217.00	1616 S. University Drive Suite 301 Fort Worth, Texas 76107

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food Expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
3 May 13	Pappas Burges

Amount ($)	Payee address; City; State; Zip Code
$191.06	2700 West Freeway Fort Worth, Texas 76102

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Food for volunteers	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
6 May 2013	Office Depot

Amount ($)	Payee address; City; State; Zip Code
54.61	401 Carroll Street Fort Worth, Texas 76102

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Printing Expense	

Complete ONLY 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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME: Sen Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)
4 Date: 3 May 2013	5 Payee name: Sign Rocket	
6 Amount ($): $2,786.21	7 Payee address; City; State; Zip Code: Saint Paul, MN 55071	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): advertising	(b) Description (If travel outside of Texas, complete Schedule T):
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date: 3 June 2013	Payee name: Wendell Cass	
Amount ($): $500.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting	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: 4 May 13	Payee name: Sam's	
Amount ($): $326.18	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): food for volunteers	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: 13 May 13	Payee name: Sandra Valenzuela	
Amount ($): ~~13 May 13~~ $4500.00	Payee address; City; State; Zip Code: 128 west cheryl Drive San Antonio, Texas	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): consulting	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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME E. Kathleen Hicks	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/28/2013	5 Payee name Stuart Clegg	
6 Amount ($) 1800.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Consulting	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 9 May 2013	Payee name Flower market	
Amount ($) $25.97	Payee address; City; State; Zip Code 2733 West 7th Fort Worth, Texas 76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift	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 7 May 13	Payee name Angelos	
Amount ($) 91.51	Payee address; City; State; Zip Code White Settlement Fort Worth, Texas 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food volunteers	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	Payee name Peoples Group	
Amount ($) 6000.00	Payee address; City; State; Zip Code 613 Green River Trl Fort Worth, Texas 76103	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	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

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: E. Kathleen Hicks

3 ACCOUNT # (Ethics Commission Filers):

4 Date: 11 May 13

5 Payee name: Kimi Black

6 Amount ($): $500.00

7 Payee address; City; State; Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): consulting

(b) Description (If travel outside of Texas, complete Schedule T):

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 13 May 13

Payee name: Maryellen Hicks

Amount ($): 846.11

Payee address; City; State; Zip Code: P. O. Box 19265 Fort Worth, Texas

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Food / Beverage Expense

Description (If travel outside of Texas, complete Schedule T):

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name:

Office sought:

Office held:

Date: 13 May 13

Payee name: Ronald Baker

Amount ($): $400.00

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Consulting

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: 13 May 13

Payee name: Peoples Group

Amount ($): $2000.00

Payee address; City; State; Zip Code: 613 Green River Trl Fort Worth, Texas 76103

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): Rental Expense

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:

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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
1	E. Kathleen Hicks	

4 Date	5 Payee name
15 May 2013	Ronald Baker

6 Amount ($)	7 Payee address; City; State; Zip Code
$180.00	2744 S. Jones Street Fort Worth, Texas 76104

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	Consulting	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name
5 May 2013	First John Baptist Church

Amount ($)	Payee address; City; State; Zip Code
$75.00	2401 East Berry Street Fort Worth, Texas 76110

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	donation	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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	Payee name

Amount ($)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED