

# 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 4/20/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E. Ferrell	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atty. Leslie C. Johns	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlos Delacruz	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy S. Meade-Corn	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mae M. Ferguson	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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4 Date 4/15/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack & Nancy Larson 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darrell & Cathy Hirt Contributor address; City; State; Zip Code	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Atty. Art & Lynda G. Brenden Contributor address; City; State; Zip Code	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gayland W. Taylor Contributor address; City; State; Zip Code	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe & Mary Ann Epps Contributor address; City; State; Zip Code	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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4 Date <i>4/23/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Akky. Keivne Evonia Daniels</i>	7 Amount of contribution (\$) <i>25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Honorable John A. Mrs. Skoverson</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Celenn S. Forbes</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>William H. Walker</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ward Allen White III</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/20/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Starr	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Austin, Jr.	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth & Nancy Stevens	Amount of contribution (\$) 35	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caitlin & Adam DeYoung	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roy Lavene Brooks	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vandera P. King	7 Amount of contribution (\$) 30	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. Joe Thompson	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas H. Gilliland	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honorable Donovan W. Wexford	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mr. & Mrs. John V. Roach II	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Honorable Bob Bolen	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/23/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gene A. Jones	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greater FW Builders Assoc.	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jackie D. Bewley	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/22/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eduardo Conas	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4/21/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reed. P.igman, Jr.</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Paulik</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/21/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>S. Ann Zimmerman</i>	Amount of contribution (\$) <i>30</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/23/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Acky Mitchell &amp; Lonie Poe</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/25/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard &amp; Carol Minkes</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>4/24/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>J. David &amp; Jennie W. Tracy</i>	7 Amount of contribution (\$) <i>50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/22/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dr. Dwight &amp; Nada Ruddock</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/16/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jim &amp; Quida Bradshaw</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Clearpoint, Inc.</i>	Amount of contribution (\$) <i>150</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/16/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Shirley &amp; Jonny Lewis</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/22/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William & Patricia Meadows 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 150	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Lundy Breedlove Contributor address; City; State; Zip Code	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Bobbie Jones Contributor address; City; State; Zip Code	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy & Esterline Griffin Contributor address; City; State; Zip Code	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atty. V. Wayne Ward Contributor address; City; State; Zip Code	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission files)	
4 Date 4/18/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pearl D. Ford	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Debra Stein	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arky Joson & G. N. Smith	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/18/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Shirley Knox Benson	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/20/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Randy @ Hanger, L.L.P.	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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