#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00067001 28 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Bill D. 07/15/2024 NAME NICKNAME **LAST SUFFIX** Hicks Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** In reviewing my documentation, I realized that I forgot to include some expenditures and needed to amend the report. The amended report is submitted before the due date and there is no need for a request for late-filing penalty waiver or reduction. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Sworn to and subscribed before me, by the said \_\_\_\_\_\_\_, this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_, to certify which, witness my hand and seal of office.

 Title of officer administering oath

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally

The Honorable Bill D. Hicks
Signature of Candidate or Officeholder

filed was made in good faith.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

AFFIX NOTARY STAMP / SEAL ABOVE

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple		1 Filer ID (Ethics Commi 00067001		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Bill D.			Date Received  ELECTRONICA	
	NICKNAME	LAST		SUFFIX	07/15/2024	
		Hicks				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1731 Montana				Receipt #	Amount
Change of Address	El Paso, TX 79902					
onalige or yautious	LI F 430, 1 × 19902				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Ms.	Elodia				
	NICKNAME	LAST		SUFFIX		
		Perches		301117		
		T CIGICS				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	r / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	6219 Los Altos Dr.					
(Residence or Business)	El Paso, TX 79902					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(915) 345-4500					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after can	
		<b>-</b>		_	appointment (offic	eholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	ROUGH	06/30/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Attorney (Multi-cou Culberson, & Hudspeth	nty) District 34	El Paso,	District Attorney	(Multi-county) Dis	strict 34
	•					
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 28

13 C / OH NAME	Hicks, Bill D. (The Ho	norable)	14 Filer ID ( 00067001	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 17,786.90
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,642.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 13,357.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Bill D. Hicks	
		Signature of	Candidate or Officeholo	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			CC	JVER S	4 of 28
l .	ER NAM	ne D. (The Honorable)	<b>19</b> Filer ID 00067001	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,430.35
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,356.55
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	9,642.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
I					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/28	
2	FILER NAME Hicks, Bill D	. (The Honorable)		3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 04/26/2024	Full name of contributor out-of-state PAC (ID#:_Antcliff, Christopher (Judge)     Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79901				
8	Principal occu Lawyer	ipation / Job title (See Instructions)	9 Employer (See Instructions Antcliff Mediation	)		
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ Armbruster, John (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.03
	Dringing Logg	El Paso, TX 79912	Employer (Co.) Instructions			
	Realtor	ipation / Job title (See Instructions)	Employer (See Instructions Coldwell Banker	)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_ Benning, Henry (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79901				
	Principal occu Construction	pation / Job title (See Instructions)	Employer (See Instructions Benning Construction	)		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Chuck, Kohlhaas (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79902	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Coleman, John (Mr.) Contributor address; City; State; Zip Code El Paso, TX 79936			Amount of Contribution (\$)	\$250.00
	Principal occu Consulting S	pation / Job title (See Instructions) Services	Employer (See Instructions The Colman Group	)		

	MONET	ARY POLITICAL C	CONTRIBUTION	NS			SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/28	
2	FILER NAME Hicks, Bill D.	(The Honorable)				3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 02/10/2024	<ul><li>5 Full name of contributor Cortes, Jennifer (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$104.10
8	Dringing aggr	El Paso, TX 79938	\	) Em	ployer (See Instructions	<u>,,</u>		
•	Project Direct	pation / Job title (See Instructions ctor	) 9		Paso County	·)		
	Date 05/16/2024	Full name of contributor Curlin, Jackson (Mr.) Contributor address; City; St			)	•	Amount of Contribution (\$)	\$260.25
		El Paso, TX 79902						
	Principal occu Retired	pation / Job title (See Instructions	)	Em	ployer (See Instructions	s)		
	Date 05/18/2024	Full name of contributor Davis, Edward (Mr.)  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)	•	Amount of Contribution (\$)	\$104.10
		El Paso, TX 79912				<u></u>		
	Retired	pation / Job title (See Instructions	)	Em	ployer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor Diaz, L. Rene (Mr.)  Contributor address; City; St  El Paso, TX 79925	out-of-state PAC (ID#: ate; Zip Code			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Chief of Staff	pation / Job title (See Instructions f	)		ployer (See Instructions Paso County	5)		
	Date 01/04/2024	Full name of contributor Dickenson, Elizabeth (Ms. Contributor address; City; St Flower Mound, TX 75028					Amount of Contribution (\$)	\$250.00
	Principal occu Managemen	pation / Job title (See Instructions t	)		ployer (See Instructions nning Construction	5)		
					<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/28	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 06/11/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$200.00
_		El Paso, TX 79922					
8	Principal occu Investments	pation / Job title (See Instructions)	9	Employer (See Instructions GCD Investment Compa		,	
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID# Edwards, Louis (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
		El Paso, TX 79901	_		<u></u>		
	Architect	pation / Job title (See Instructions)		Employer (See Instructions Wilson and Company	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# El Paso Police Department Officer's Association Contributor address; City; State; Zip Code	on	)		Amount of Contribution (\$)	\$1,500.00
		El Paso, TX 79901	_		<u></u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# El Paso Sheriff's Officer's Association  Contributor address; City; State; Zip Code  El Paso, TX 79901		)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#Flores , Damon (Mr.)  Contributor address; City; State; Zip Code  Cypress, TX 77433	#:	)		Amount of Contribution (\$)	\$26.03
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions College	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/28	
2	FILER NAME Hicks, Bill D.	. (The Honorable)		3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 02/06/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$104.10
•	Dringing! goog	El Paso, TX 79925	O Employer (Coo Instructions			
8	Investigator	pation / Job title (See Instructions)	9 Employer (See Instructions) El Paso County	) 		
	Date 03/25/2024	Full name of contributor out-of-state PAC (ID#:_ Greater El Paso Republican Women Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu	El Paso, TX 79925 pation / Job title (See Instructions)	Employer (See Instructions	)		
	•	,				
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Greer , John (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$260.25
		El Paso, TX 79938				
	Principal occu Officer	pation / Job title (See Instructions)	Employer (See Instructions) City of Socorro	)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (ID#:_ Guzman, Luis (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79930			Amount of Contribution (\$)	\$104.10
	Principal occu Detective	pation / Job title (See Instructions)	Employer (See Instructions) El Paso County	)		
	Date 04/03/2024	Full name of contributor out-of-state PAC (ID#:_ Hicks, Donna (Mrs.)  Contributor address; City; State; Zip Code  Midland, TX 79707			Amount of Contribution (\$)	\$1,041.02
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this form	n.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/28	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)
4	Date 05/16/2024	Horsley, Jennifer (Mrs.)	state PAC (ID#: ode		7	Amount of Contribution (\$)	\$520.51
		El Paso, TX 79912					
8	Principal occu CFO	pation / Job title (See Instructions)	9	Employer (See Instructions BPSI	5)		
	Date 06/18/2024	Hubert, John (The Honorable)  Contributor address; City; State; Zip C	state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Kingsville, TX 78364 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	District Attor	ney		Kleberg and Kennedy C	ou	nty	
	Date 02/15/2024	Full name of contributor out-of- Jimenez, Julio (Mr.)  Contributor address; City; State; Zip C	state PAC (ID#: ode			Amount of Contribution (\$)	\$520.51
		El Paso, TX 79902					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Cryogenic Trucking Inc.	s)		
	Date 05/16/2024	Lyle, James (Mr.)	state PAC (ID#: ode			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/19/2024	Full name of contributor out-of- Martinez, Gerardo (Mr.)  Contributor address; City; State; Zip C	state PAC (ID#:	)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/28	
2	FILER NAME Hicks, Bill D	. (The Honorable)		3	Filer ID (Ethics Commissio 00067001	n Filers)
4	Date 06/19/2024	5 Full name of contributor out-of-state PAC (ID#:_ McCormick, Elizabeth (Mrs.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$20.00
_	<u> </u>	Harlingen, TX 78550	10.5.1.70.1.11			
8	Homemaker	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_McCracken, David (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$208.20
	Deignaignal annu	San Angelo, TX 76904				
	Attorney	ipation / Job title (See Instructions)	Employer (See Instructions Bastrop County	)		
	Date 05/31/2024	Full name of contributor out-of-state PAC (ID#:_ Mende, Jesse (Mr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$520.51
		El Paso, TX 79912				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions El Paso County	)		
	Date 06/05/2024	Full name of contributor out-of-state PAC (ID#:_ Morales, Alice (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79936	)		Amount of Contribution (\$)	\$26.03
	Principal occu Assistant	pation / Job title (See Instructions)	Employer (See Instructions El Paso County	)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Moye, John (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79902			Amount of Contribution (\$)	\$50.00
	Principal occu Financial Se	pation / Job title (See Instructions)	Employer (See Instructions Wells Fargo	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/28	
2	FILER NAME Hicks, Bill D	. (The Honorable)		3 Filer ID (Ethics Commission 00067001	ı Filers)
4	Date 05/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ ODonnell, David (Mr.)  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902			
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions) Superglass Windshield F		
	Date 06/11/2024	Full name of contributor out-of-state PAC (ID#:_ Romero, John (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$200.00
	Principal occu	El Paso, TX 79925 pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Officer		El Paso County		
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_ Rubio, Rodolpho (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$26.03
		El Paso, TX 79934			
	Principal occu Customer Se	pation / Job title (See Instructions) ervice	Employer (See Instructions) ADP	s)	
	Date 02/10/2024	Full name of contributor out-of-state PAC (ID#:_Ruiz, Yvette (Mrs.)  Contributor address; City; State; Zip Code  El Paso, TX 79932	)	Amount of Contribution (\$)	\$260.25
	Principal occu Assistant	pation / Job title (See Instructions)	Employer (See Instructions) El Paso County	s)	
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_ Russell, Carl (Mr.) Contributor address; City; State; Zip Code  El Paso, TX 79951	)	Amount of Contribution (\$)	\$300.00
	Principal occu Property Dev	pation / Job title (See Instructions) velopment	Employer (See Instructions) Russell Properties	s)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/28	
2	FILER NAME Hicks, Bill D	. (The Honorable)		3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 05/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Ryan, Carl (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
_		El Paso, TX 79902				
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 05/17/2024	Full name of contributor out-of-state PAC (ID#:_ Skidmore, John (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$208.20
		El Paso, TX 79922				
	Consultant	pation / Job title (See Instructions)	Employer (See Instructions JP Skidmore Co.	)		
	Date 05/14/2024	Full name of contributor out-of-state PAC (ID#:_ Skidmore, Wally (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		El Paso, TX 79902				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/20/2024	Full name of contributor out-of-state PAC (ID#:_ Telles, Adolfo (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79932			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID#:_ Van Dommelen, Craig (Mr.)  Contributor address; City; State; Zip Code  Las Cruces , NM 88001			Amount of Contribution (\$)	\$26.03
	Principal occu Welder	pation / Job title (See Instructions)	Employer (See Instructions AKS Industries	)		

ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/28
. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067001
Veloz, David (Mr.)		7 Amount of Contribution (\$) \$104.10
El Paso, TX 79912		
upation / Job title (See Instructions)	9 Employer (See Instructions Vitalant	s)
Full name of contributor out-of-state PAC (ID#:_Willard, Eric (Mr.)  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$500.00
El Paso, TX 79901		
upation / Job title (See Instructions)	Employer (See Instructions El Paso County	5)
	ction Guide explains how to complete this form.  (The Honorable)  5 Full name of contributor	5 Full name of contributor out-of-state PAC (ID#:

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f		1 Total pages Schedule A2: Sch: 1/4 Rpt: 14/28					
2 FILER NAME		3 Filer ID (Ethic	cs Commission Filers)					
Hicks, Bill D	. (The Honorable)	00067001						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution				
05/16/2024	Benning, Henry (Mr.)		contribution (\$)	description Food and decorations for				
	7 Contributor address; City; State; Zip Code		\$675.00	Fundraiser				
				] 				
	El Paso, TX 79901	•		outside of Texas. Complete Schedule T.				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	,	nstructions)				
Construction		Benning Construct						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1						
20 ii continutori	is a simu, law little of parent(s) (if any) (if of coopies/le)							
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution				
05/16/2024	Benning, Henry (Mr.)		contribution (\$)	description I drinks and refreshments				
	Contributor address; City; State; Zip Code			for fundraiser				
			_	 				
	El Paso, TX 79901	1		outside of Texas. Complete Schedule T.				
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,					
Construction		Benning Construct						
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l						
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution				
01/15/2024	Blue Hand Consultants		contribution (\$)	description Campaign Banners				
	Contributor address; City; State; Zip Code		Ψ05.00	I I				
				! 				
	=1 5		l <u> </u>	 				
	El Paso, TX 79903	1		outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See i	nstructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributed	omployer/low firm (FOR HIDIOIAL)	Love firms of a contain the city	orlo anguas (if are ) (	LOD TIDICIAL				
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

<b>SCH</b>	EDI	JLE	<b>A2</b>
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The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/4 Rpt: 15/28						
2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)				
	). (The Honorable)	00067001						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution				
03/27/2024	Blue Hand Consultants		contribution (\$) \$284.16	description Yard Signs - Evolution				
	7 Contributor address; City; State; Zip Code		,	Graphics				
	El Paso, TX 79903		Chock if traval of	l butside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)				
			,					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)				
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor  ut-of-state PAC (ID#:		Amount of	In-kind contribution				
05/30/2024	Blue Hand Consultants		contribution (\$)	description Yard Signs and H-Wire				
	Contributor address; City; State; Zip Code		φοσο.σσ	from Evolution Graphics				
				! 				
	El Paso, TX 79903		l 🖂	 				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.				
	,			•				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of	In-kind contribution				
05/30/2024	Blush Balloons		contribution (\$)	description Balloons for Fundraiser				
	Contributor address; City; State; Zip Code		Ψ200.00					
				! 				
	El Paso, TX 79938		l 🖂	! !				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.				
1 Timelpai occi	apation 7 300 title (1 OK NOW 300101AE)	Employer (1 Ort Nort	(SOBICIAL)	iou doublio)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)				
	,	,	,					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 3/4 Rpt: 16/28						
2 FILER NAME		3 Filer ID (Ethics Commission Filers)						
	. (The Honorable)	00067001						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution					
05/16/2024	Blush Balloons		contribution (\$) description \$115.00 Balloons for Fundraiser					
	7 Contributor address; City; State; Zip Code		I					
			<u> </u>					
	El Paso, TX 79938	1	Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı						
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of In-kind contribution					
03/04/2024			contribution (\$) description					
00/01/2021	Contributor address; City; State; Zip Code		\$242.19 4 Campaign Banners					
	Continuator address, City, State, Zip Code		i i					
	El Paso, TX 79938		Check if travel outside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON						
Project Dire		El Paso County	·					
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
	,	,						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
	,		,					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l						
Date	Full name of contributor		Amount of ! In-kind contribution					
05/14/2024	Gut of state 1710 (IBII.	)	contribution (\$) description					
03/14/2024	——————————————————————————————————————		\$312.89 1 large campaign sign,					
	Contributor address; City; State; Zip Code		Fundraiser Welcome Signs and balloons and 2					
			Signs and balloons and 2   banners.					
	El Paso, TX 79938							
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)					
Project Dire		El Paso County	,					
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)					
	p		(					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
ii continuator	is a sima, raw min or parent(s) (ii any) (i on sobiethe)							

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 17/28 3 Filer ID (Ethics Commission Filers) FILER NAME Hicks, Bill D. (The Honorable) 00067001 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 05/12/2024 Cortes, Jennifer (Ms.) \$86.13 Picture Frames for QR 7 Contributor address; City; State; Zip Code codes for fundraisers El Paso, TX 79938 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) **Project Director** El Paso County 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 05/30/2024 Ramirez, Roderick (Mr.) \$475.18 Food and Drinks for Contributor address; City; State; Zip Code Fundraiser - Don Julios El Paso, TX 79997 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Equipment Financing & Leasing **EP Eagle Capital** Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 18/28	Hicks, Bill D. (The Honorable)	00067001
4	Date	5 Payee name	•
	02/29/2024	1731 Montana Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	1731 Montana Ave	
		El Paso, TX 79902	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	rintion
	OF		neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	l □ cr	neck if Austin, TX, officeholder living expense
		Quai	rterly Rent
_			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/01/2024	1731 Montana Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	1731 Montana Ave	
		El Paso, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Onice Overnead/Nerital Expense	neck if travel outside of Texas. Complete Schedule T.
			neck if Austin, TX, officeholder living expense rterly Rent
		Quai	nelly Kent
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Office Held
	Date	Davies name	
	01/16/2024	Payee name Axiom Strategies	
		-	
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1001 Congress St, STE 340	
	\$3,000.00	1001 Congress St, STE 340	
		A	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Consulting Expense	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
		·	paign Consultants
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/11 Rpt: 19/28	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	01/30/2024	El Paso GOP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	7717 Lockheed Dr STE D
		El Paso, TX 79925
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Table for Lincoln Day Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/24/2024	Make A Wish
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	310 N Mesa St #411
		El Paso, TX 79901
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Walk For Wishes Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	04/26/2024	Payee name Texas Ethics Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	201 E 14th St #10
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Late Fee for one day late filed PFS
		Late Fee for one day late filed FF3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 20/28	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	02/28/2024	Thomas, Lauren (Ms.)
6	Amount (\$) \$1,523.00	7 Payee address; City; State; Zip Code 2511 Willowick Rd, #702  Houston , TX 77027
8	PURPOSE	
0	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Website Design / Hosting  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website Design and Hosting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/27/2024	Tovar's Printing
	Amount (\$) \$121.24	Payee address; City; State; Zip Code 1230 Texas St
		El Paso, TX 79901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Cards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2024	West Star Bank
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 601 N. Mesa
		El Paso, TX 79901
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Bank Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Com	mittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services  The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	I								Filer ID	(Ethics Commission Filers)
L	Sch: 4/11 Rpt: 21/28	L	Hicks, Bill D	. (The Honorable)						00067001	
4	Date	5	Payee name								
	02/29/2024	١ ١	West Star B	ank							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$20.00	(	601 N. Mesa	a							
			El Paso, TX	79901							
8	PURPOSE	(a) (	Category (Se	e Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees			,		느		de of Texas. Com	
								<b>—</b>	TX,	officeholder living	expense
								Bank Fees			
_	Complete ONI V if direct		andidata/Offi	coholdor nama		ffice con	ah+			Office he	ald
9	Complete ONLY if direct expenditure to benefit C/Oh		anuiuale/Offic	ceholder name		ffice sou	yııı			Office ne	au 
	Date		Payee name					_			
	03/29/2024	۱ ا	West Star B	ank							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$20.00	(	601 N. Mesa	a							
			El Paso, TX	79901							
	PURPOSE	(a) (	Category <sub>(Se</sub>	e Categories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE	l	Fees			,		<b>=</b>		de of Texas. Com	
	EXI ENDITORE							_	TX,	officeholder living	expense
								Bank Fees			
_	Complete ONLY if direct		andidate/Offic	ceholder name		ffice sou	ah+			Office he	ald
	expenditure to benefit C/O		ai iuiuale/UIII(	cololuci Haitle	U	mee Sou	yııl			Onice ne	au .
<b> </b>	Data	_									
	Date	I	Payee name West Star B	ank							
	04/30/2024				<u> </u>	<b>-</b>					
	Amount (\$)	I	Payee addres		State;	Zip Co	de				
	\$20.00	'	601 N. Mesa	t.							
			El Paso, TX	79901							
	PURPOSE	(a) (	Category <sub>(Se</sub>	e Categories listed at the t	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Fees					ш		de of Texas. Com	
								Check if Austin, Bank Fees	TX,	officeholder living	expense
								Dank 17663			
	Complete ONLY if direct		andidate/Offi	ceholder name	0	ffice sou	aht			Office he	ald.
	expenditure to benefit C/O		andidate/Offic	choluel hallle	U	11106 20U	giit			Office He	Ju

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 5/11 Rpt: 22/28	Hicks, Bill D. (The Honorable) 00067001	
4	Date	5 Payee name	
	01/01/2024	WinRed	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1.03	1776 Wilson Blvd. Suite 530	
	,		
		Arlington, VA 22209	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		credit card processing fee	
_			_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to benefit of or	· 	
	Date	Payee name	Τ
	01/15/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1.03	1776 Wilson Blvd. Suite 530	
	,		
		Arlington 1/A 22200	
		Arlington, VA 22209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		credit card processing fee	
		ordan dara processing rec	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
	Date	Payee name	
	02/05/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.10	1776 Wilson Blvd. Suite 530	
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense	
		credit card processing fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experiulture to beliefft C/OI	1	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 23/28	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	02/06/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card processing fee
		Great data processing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	
	Date	Payee name
L	02/09/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card processing fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
┡		
	Date	Payee name
	02/09/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.25	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card processing fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
lacksquare		
L		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions' Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment	mittee Legal Services Salaries/  The Instruction Guide explains how to c	Wages/Contract Labor OTHER (enter a category not listed above)
A Tatal manage Calculula Edu lo E	<u> </u>	<u> </u>
1 Total pages Schedule F1: 2 F		3 Filer ID (Ethics Commission Filers)
Sch: 7/11 Rpt: 24/28	Hicks, Bill D. (The Honorable)	00067001
<b>4</b> Date <b>5</b> F	Payee name	
02/10/2024 V	WinRed	
<b>6</b> Amount (\$) <b>7</b> F	Payee address; City; State; Zip C	ode
` '	1776 Wilson Blvd. Suite 530	
41.00	1770 Wilson Biva. Gaile 300	
	Arlington, VA 22209	
		(h) Deceription
) OE  `´``	Category (See Categories listed at the top of this schedule) Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		credit card processing fee
	andidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OH		
Date F	Payee name	
02/15/2024 V	WinRed	
Amount (\$)	Payee address; City; State; Zip C	ode
\$20.51 1	1776 Wilson Blvd. Suite 530	
<i> </i>	Arlington, VA 22209	
PURPOSE (a) (	Category (See Categories listed at the top of this schedule)	(b) Description
OF   <sub>E</sub>	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE '		Check if Austin, TX, officeholder living expense
		credit card processing fee
	andidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OH		
Date F	Payee name	
03/26/2024 V	WinRed	
Amount (\$)	Payee address; City; State; Zip C	ode
\$4.10 1	1776 Wilson Blvd. Suite 530	
ļ ,	Arlington, VA 22209	
PURPOSE (a) (	Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		credit card processing fee
	andidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OH		
Forms provided by Tayas Ethics	Commission was athics state ty	Version V/4.1.0 d278aha

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 8/11 Rpt: 25/28	Hicks, Bill [	). (The Honorable)					00067001	
4	Date	<b>5</b> Payee name							
	04/03/2024	WinRed							
6	Amount (\$) \$41.02	7 Payee addre 1776 Wilso Arlington, V	n Blvd. Suite 530	State; Zip Co	ode				
8	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				Check if Austin,	, TX,	officeholder living	plete Schedule T. g expense
						credit card pr	oce	essing fee	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	05/14/2024	WinRed							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$3.94	1776 Wilso	n Blvd. Suite 530						
		Arlington, V	'A 22209						
	PURPOSE OF	1	ee Categories listed at the top o	f this schedule)	(b)	Description		df-T O	alete Och edule T
	EXPENDITURE	Fees				<b>=</b>		officeholder living	plete Schedule T. gexpense
						credit card pr			•
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ught			Office he	eld
	Date	Payee name							
	05/15/2024	WinRed							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
	\$10.25	1776 Wilso	n Blvd. Suite 530						
		Arlington, V	'A 22209						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees				ш			plete Schedule T.
						credit card pre		officeholder living	g expense
						orean cara pri	JUC	Josniy icc	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O	Н			-				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
L	Sch: 9/11 Rpt: 26/28	Hicks, Bill D. (The Honorable)		00067001	
4	Date	5 Payee name			
L	05/16/2024	WinRed			
6	Amount (\$) \$20.51	<b>7</b> Payee address; City; State; Zip Coo 1776 Wilson Blvd. Suite 530	de		
		Arlington, VA 22209			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				credit card processing fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held	
F	Date	Payee name			
	05/16/2024	WinRed			
Г	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$8.20	1776 Wilson Blvd. Suite 530			
		Arlington, VA 22209			
	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees		Check if Austin, TX, officeholder living expense	
				credit card processing fee	
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held	
	expenditure to benefit C/OH				
F	Date	Payee name			
	05/17/2024	WinRed			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$4.10	1776 Wilson Blvd. Suite 530			
		Arlington, VA 22209			
┝	PURPOSE	-	(h)	Description	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, officeholder living expense	
				credit card processing fee	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held	
	expenditure to benefit C/OI				
_					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	·	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 10/11 Rpt: 27/28	Hicks, Bill D. (The Honorable) 00067001			
4	Date	5 Payee name			
	05/29/2024	WinRed			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$8.20	1776 Wilson Blvd. Suite 530			
		Arlington, VA 22209			
8	PURPOSE	(6) 0			
ľ	OF	Fees (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		credit card processing fee			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	05/30/2024	WinRed			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.25	1776 Wilson Blvd. Suite 530			
	Ψ10.20	1770 Wilson Biva. Gaile 666			
		Aulium			
		Arlington, VA 22209			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		credit card processing fee			
		Greate data processing rec			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
_	Data				
	Date	Payee name			
	05/30/2024	WinRed			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$30.00	1776 Wilson Blvd. Suite 530			
		Arlington, VA 22209			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense			
		credit card processing fee			
_	Commission ON 11 V 11 11	Condidate/Officeholder come			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/11 Rpt: 28/28	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	05/30/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.85	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		credit card processing fee
		ordan dana processing red
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/31/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.51	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card processing fee
		credit eard processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Data	Davida nama
	Date 06/05/2024	Payee name WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	