# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	uide explains how to com	plete this form.	1 Filer ID (Ethics Commis	ssion Filers)	2 Total pages file	
2 CANDIDATE /	140 / 14D0 / 14D		00067001		44	
	MS/MRS/MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Bill D.			Date Received ELECTRONICAL	LLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		Hicks				
	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	1731 Montana				Receipt #	Amount
Change of Address	El Paso, TX 79902					
onango on manoso	LIF 430, 17 19302				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER NAME	Ms.	Elodia				
	NIIOIANAE					
	NICKNAME	LAST		SUFFIX		
		Perches				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	Γ / SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	6219 Los Altos Dr.					
(Residence or Business)	El Paso, TX 79902					
	LIF 430, 17 19902					
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER E	XTENSION			
TREASURER	(915) 345-4500					
PHONE	,					
8 REPORT TYPE	January 15	X 30th day before	election	Runoff	15th day after cam	paign treasurer
				_	appointment (office	
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
	Month Day Year	·		Month Day	Year	
COVERED	07/01/2024	TH	ROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	r Pr	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Attorney (Multi-c Culberson, & Hudspeth	ounty) District 34	El Paso,	District Attorney Culberson, and F	(Multi-county) Dist Iudspeth	rict 34 El_paso,
				1		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 44

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 56,476.2  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  \$ 18,461.6  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY	13 C / OH NAME	<b>14</b> Filer ID (I 00067001	Ethics Commission Filers)		
COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  4. TOTAL POLITICAL EXPENDITURES  5. O.C.  CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  CONTRIBUTION 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OF THE REPORTING PERIOD  17 AFFIDAVIT  LI 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.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said	FROM POLITICAL	candidate / officeholder.	These expenditures may have been made without	the candidate's or office	holder's knowledge or
COMMITTEE CAMPAIGN TREASURER NAME  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE SEPORTING PERIOD  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1 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.  The Honorable Bill D. Hicks  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworm to and subscribed before me, by the said		COMMITTEE TYPE	COMMITTEE NAME		
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. ATOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  CONTRIBUTION BALANCE  CONTRIBUTION 6. TOTAL PRINCIPLEAL MOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  1. 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.  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said		GENERAL			
COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  5. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  5. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. 18,461.6  CONTRIBUTION BALANCE APPROPRING PERIOD  OUTSTANDING CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTION TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST D			COMMITTEE ADDRESS		
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16 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL EXPENDITURES  6. TOTAL POLITICAL EXPENDITURES  7. TOTAL POLITICAL EXPENDITURES  8. 0.0.0  18.461.6  18.461.			COMMITTEE CAMPAIGN TREASURER NAME		
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  S 56,476.2  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  S 18,461.6  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING G. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY  OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  The Honorable Bill D. Hicks  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day  of, 20, to certify which, witness my hand and seal of office.	16 CONTRIBUTION				T
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  4. TOTAL POLITICAL EXPENDITURES  5. 18,461.6  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  The Honorable Bill D. Hicks  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$ 0.00
TOTALS  4. TOTAL POLITICAL EXPENDITURES  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  17 AFFIDAVIT  1 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.  The Honorable Bill D. Hicks  Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day  of, 20, to certify which, witness my hand and seal of office.		5)	<b>\$</b> 56,476.23		
CONTRIBUTION BALANCE  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  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.  The Honorable Bill D. Hicks Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.		3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
BALANCE REPORTING PERIOD \$ 48,498.5  OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.0  17 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  The Honorable Bill D. Hicks Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.		4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,461.61
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.  The Honorable Bill D. Hicks Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				AST DAY OF THE	\$ 48,498.57
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.  The Honorable Bill D. Hicks Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.				OF THE LAST DAY	\$ 0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code.  The Honorable Bill D. Hicks Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.	17 AFFIDAVIT				
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			true and correct and includes a		
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			The He	norable Bill D. Hieke	
AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					der
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	Ç		
	Sworn to and subs	cribed before me, by the s	aid	, this the	day
Signature of officer administering Printed name of officer administering Title of officer administering oath					
Signature of officer administering Printed name of officer administering Title of officer administering oath					
	Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

					3 of 44
	ER NAN		19 Filer ID	(Eth	nics Commission Filers)
Hic	ks, Bill	D. (The Honorable)	00067001		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	52,838.94
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,637.29
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	18,461.61
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.		\$			
12.		\$			
				-	

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/11/2024	Acosta, DeAndra (Mrs.)	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	El Paso, TX 79927 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Adminsitration	on		El Paso County			
	Date 09/05/2024	Full name of contributor on the contributor on the contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77030	1				
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Alavi Anaipakos PLLC	5)		
	Date 07/17/2024	Baine, Greg (Colonel)  Contributor address; City; State; Z	it-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Dringing con	El Paso, TX 79922 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Retired	pation / 300 title (3ee instructions)		U.S. Army	')		
	Date 09/10/2024	Full name of contributor on Barroso, Ric (Mr.)  Contributor address; City; State; Z  El Paso, TX 79938				Amount of Contribution (\$)	\$130.13
	Principal occu Driving Instru	pation / Job title (See Instructions)		Employer (See Instructions West Texas Driving Aca		my	
	Date 09/16/2024	Full name of contributor on Beltran, Hector (Mr.)  Contributor address; City; State; Z  El Paso, TX 79922	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$104.10
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Attorney			Carreon Beltran PLLC			

	MONET	ARY POLITICAL (	SCHEDULE A1				
	The Instruc	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 2/17 Rpt: 5/44	
2	FILER NAME Hicks, Bill D.	. (The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/19/2024	<ul><li>5 Full name of contributor Benjamin, Brock (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$100.00
_		El Paso, TX 79901	,		_		
8	Attorney	pation / Job title (See Instructions	9	Employer (See Instructions Benjamin Law Firm	5)		
	Date 09/14/2024	Full name of contributor Bowling, Randall (Mr.) Contributor address; City; S		)	•	Amount of Contribution (\$)	\$1,041.02
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions		Employer (See Instructions	-) 		
	Home Builde		5)	Tropicana Homes	>)		
	Date 09/10/2024	Full name of contributor Bowling, Robert (Mr.) Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,041.02
		El Paso, TX 79912					
	Home Builde	pation / Job title (See Instructions er	5)	Employer (See Instructions Tropicana Building	5)		
	Date 09/17/2024	Full name of contributor Brandi, Leandro (Mr.)  Contributor address; City; S  El Paso, TX 79932		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Commercial	pation / Job title (See Instructions Banker	s)	Employer (See Instructions First national Bank of Te		s	
	Date 09/19/2024	Full name of contributor Bransford, Richard (Mr.) Contributor address; City; S El Paso, TX 79936	out-of-state PAC (ID#:tate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Project Direc	pation / Job title (See Instructions ctor	5)	Employer (See Instructions Foster Company	5)		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/17 Rpt: 6/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)
4	Date 09/12/2024	<ul><li>5 Full name of contributor Brown, Tim (Mr.)</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:;	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	El Paso, TX 79936 pation / Job title (See Instructions)	اه	Employer (See Instructions	.)		
Ü	Retired	pation 7 300 tale (See instructions)	ľ	Retired	')		
	Date 09/07/2024	Full name of contributor  Bumgardner, Jack (Mr.)  Contributor address; City; State;	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$208.20
		El Paso, TX 79922					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 07/08/2024	Full name of contributor Carl , Russell (Mr.)  Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$300.00
	Delicalization	El Paso, TX 79912		Farada and (One backward)	_		
	Principal occu Property Dev	pation / Job title (See Instructions) /eloper		Employer (See Instructions Russell Properties	5)		
Date 09/06/2024		Full name of contributor  Clouser, Jeffrey (Mr.)  Contributor address; City; State;  El Paso, TX 79936				Amount of Contribution (\$)	\$52.05
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/12/2024	Full name of contributor  Cooper, Robyn (Mrs.)  Contributor address; City; State;  El Paso, TX 79912	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$52.05
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions KR Cooper Estates	)		

	MONET	ARY POLITICAL C		SCHEDUL	E <b>A1</b>		
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)
4	Date 09/10/2024	<ul><li>5 Full name of contributor Cooper, Robyn (Ms.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$130.13
		El Paso, TX 79912	į				
8	Principal occu Realtor	pation / Job title (See Instructions)	9	Employer (See Instructions KR Cooper Estates	5)		
	Date 09/09/2024	Full name of contributor Cores, Leonardo (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$125.00
	Principal occu	El Paso, TX 79938 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Staff	,		Fox Dealership			
	Date 09/21/2024	Full name of contributor Cortes, Jennifer (Ms.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79938					
	Principal occu Project Direc	pation / Job title (See Instructions) ctor		Employer (See Instructions El Paso County	5)		
	Date 09/19/2024	Full name of contributor Crawford, Alan (Mr.) Contributor address; City; Sta El Paso, TX 79932	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$156.15
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Ysleta ISD	<u>(</u>		
	Date 07/17/2024	Full name of contributor  De La O, Maria Lupe (Ms.  Contributor address; City; Sta  El Paso, TX 79912				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	S		SCHEDUI	LE <b>A1</b>	
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 5/17 Rpt: 8/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 07/19/2024	<ul><li>5 Full name of contributor</li><li>Diaz, Luis (Mr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code	)	7	Amount of Contribution (\$)	\$420.00
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
•	Administrato			El Paso County	,		
	Date 08/19/2024	Full name of contributor Diaz, Luis (Mr.)  Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
		El Paso, TX 79912					
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions El Paso County	i)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00	
		El Paso, TX 79912					
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions El Paso County	5)		
	Date 09/26/2024	Full name of contributor Elizalde, Mayte (Ms.)  Contributor address; City; Sta  El Paso, TX 79911		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Secretary	pation / Job title (See Instructions)		Employer (See Instructions El Paso County	)		
	Date 09/16/2024	Full name of contributor Fox, Steve (Mr.)  Contributor address; City; Sta  El Paso, TX 79935	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Principal	pation / Job title (See Instructions)		Employer (See Instructions Fox Auto Group	()		
			,				

	MONET	ARY POLITICAL CONTRIBU		SCHEDUI	E A1		
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/17 Rpt: 9/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/19/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$2,500.00
_	Deireitad	El Paso, TX 79901		Foundament (October November 1			
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions West Star Bank	·)		
	Date 07/08/2024	Full name of contributor  out-of-state PAGE Frausto, Ignacio (Mr.)  Contributor address; City; State; Zip Code	,			Amount of Contribution (\$)	\$500.00
	Dringing age	El Paso, TX 79925		Employer (Coo Instructions			
	Investigator	pation / Job title (See Instructions)		Employer (See Instructions El Paso County	5)		
	Date 09/03/2024	Full name of contributor	C (ID#:	)		Amount of Contribution (\$)	\$130.13
		El Paso, TX 79928					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Chili Pro	5)		
	Date 09/26/2024	Full name of contributor out-of-state PAG Gonzalez , Marco (Dr.)  Contributor address; City; State; Zip Code  El Paso, TX 79911				Amount of Contribution (\$)	\$250.00
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAG Goodman, Leornard (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79922	C (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL COI	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 7/17 Rpt: 10/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)
4	Date 09/21/2024	Grossman Ph.D, Max (Dr.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	Dringing Loggy	El Paso, TX 79912	lo.	Employer (Coo Instructions			
8	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions UTEP	)		
	Date 07/23/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$520.51
		El Paso, TX 79912		5 1 (0 1 1 1			
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Harmonson Law Firm	)		
	Date 09/21/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$52.05
		Bryan , TX 77802					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 07/17/2024	Full name of contributor Grand of Hermosillo, Blas (Ms.)  Contributor address; City; State; 2  El Paso, TX 79901	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 09/19/2024	Full name of contributor Contributor Contributor address; City; State; 2	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$26.03
	Principal occu District Attor	pation / Job title (See Instructions) ney		Employer (See Instructions 34th Judicial District	)		
			l .				

	MONET	ARY POLITICAL CO		SCHEDUI	E A1		
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 8/17 Rpt: 11/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/26/2024	<ul><li>5 Full name of contributor Hicks, Bill (The Honorable)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
•	District Attor		9	34th Judicial District	•)		
	Date 07/19/2024	Full name of contributor Hicks, Deborah (Mrs.) Contributor address; City; State				Amount of Contribution (\$)	\$3,000.00
	Deireciant	El Paso, TX 79902		Family (Control to the time time to	$\overline{\Gamma}$		
	Senior Direc	pation / Job title (See Instructions) tor		Employer (See Instructions Morrison Food Services			
	Date Full name of contributor out-of-state PAC (ID#:)  09/04/2024 Hovel, William (Dr.)  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$156.15
		El Paso, TX 79935	,		_		
	Dentist	pation / Job title (See Instructions)		Employer (See Instructions TTUHSC	5)		
	Date 09/19/2024	Full name of contributor Hunt , Woody (Mr.)  Contributor address; City; State El Paso, TX 79901				Amount of Contribution (\$)	\$2,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Hunt Corp	5)		
	Date 09/12/2024	Full name of contributor Johnson, George (Mr.)  Contributor address; City; State El Paso, TX 79907	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$104.10
	Principal occu Police	pation / Job title (See Instructions)		Employer (See Instructions Socorro ISD	5)		
			•				

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 9/17 Rpt: 12/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)				3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/14/2024	<ul><li>5 Full name of contributor Kimmelman, Gil (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$52.05
		El Paso, TX 79901						
8	Principal occu Retalier	pation / Job title (See Instructions	5)		Employer (See Instructions CDG Enterprises Inc	5)		
	Date 07/17/2024	Full name of contributor Lopez, Martin (Mr.) Contributor address; City; S					Amount of Contribution (\$)	\$260.25
	Dringing age	El Paso, TX 79907	a)		Employer (Coo Instructions	<u></u>		
	Director	pation / Job title (See Instructions	5)		Employer (See Instructions El Paso Electric	5)		
	Date 09/07/2024	Full name of contributor Lopez Jr., Louis (Mr.) Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$520.51
		El Paso, TX 79912						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Louis Lopez Law	s)		
	Date 09/26/2024	Full name of contributor Lujan, Arturo (Mr.)  Contributor address; City; S  El Paso, TX 79912			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Investments	pation / Job title (See Instructions and Media	5)		Employer (See Instructions Self	5)		
	Date 09/26/2024	Full name of contributor Lujan, Walter (Mr.) Contributor address; City; S El Paso, TX 79912			)		Amount of Contribution (\$)	\$300.00
	Principal occu Builder	pation / Job title (See Instructions	5)		Employer (See Instructions Daw Co	5)		
			<u> </u>					

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1					
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 10/17 Rpt: 13/44	
2	FILER NAME Hicks, Bill D.	. (The Honorable)				3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 08/20/2024			7	Amount of Contribution (\$)	\$1,041.02		
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions	;) I	9	Employer (See Instructions	 		
	Retired	(	,		Retired	,		
	Date 09/26/2024	Full name of contributor Malooly, Robert (Mr.) Contributor address; City; S			)		Amount of Contribution (\$)	\$1,000.00
		El Paso, TX 79902						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)  Real Estate Investments Self		5)					
	Date 07/18/2024	Full name of contributor Margo III, Donald (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,041.02
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions	9		Employer (See Instructions	;) 		
	Insurance	panon / 305 the (300 manuchons	,,		HUB International	"		
	Date 09/04/2024	Full name of contributor  Marquez, Cesar (Mr.)  Contributor address; City; S  El Paso, TX 79924			)		Amount of Contribution (\$)	\$187.38
	Principal occu Admin	pation / Job title (See Instructions	s)		Employer (See Instructions SVM Driving School	<u>l</u> 5)		
	Date 07/17/2024	Full name of contributor  Martin , John (Mr.)  Contributor address; City; S  El Paso, TX 79922					Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 11/17 Rpt: 14/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/23/2024			7	Amount of Contribution (\$)	\$100.00	
_	Deignigal	El Paso, TX 79902	lo-	Faralousy (Co.s. In admirations			
8	Banker	pation / Job title (See Instructions)		Employer (See Instructions West Star Bank	)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/24/2024 McCue, Shelby (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$312.30		
	Dringing occur	El Paso, TX 79912		Employer (See Instructions			
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions Retired		)				
	Date 09/26/2024	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$250.00
	Deire die alle access	El Paso, TX 79912		Farabasa (Ossabastas tisas			
	Investments	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
	Date 08/21/2024	Full name of contributor of contributor of contributor (Mr.)  Contributor address; City; State; Z  El Paso, TX 79912	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$2,602.54
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/20/2024	Full name of contributor of contributor dendoza, Zayra (Mrs.)  Contributor address; City; State; Z  Austin, TX 78739	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$208.20
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE <b>A1</b>			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/17 Rpt: 15/44	
2	FILER NAME Hicks, Bill D	FILER NAME Hicks, Bill D. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00067001		
4	Date 09/26/2024			7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	El Paso, TX 79912 pation / Job title (See Instructions	) I	9 Employer (See Instructions	<u> </u>		
	CEO	, , , , , , , , , , , , , , , , , , , ,	,	Carspireaa	,		
	Date Full name of contributor out-of-state PAC (ID#:)  09/05/2024 Monty & Ramirez LLP  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	Houston, TX 77076	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				Employer (See Instructions	')		
	Date 09/19/2024	Full name of contributor Mozelle, Shelley (Ms.)  Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$200.00
		El Paso, TX 79912					
	Principal occu Publisher	pation / Job title (See Instructions	)	Employer (See Instructions The City Magazine	<u>.</u>		
	Date Full name of contributor out-of-state PAC (ID#:)  09/19/2024 Murga, Yasser (Mr.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions	)	Employer (See Instructions Shades	<u>(</u>		
	Date 08/26/2024	Full name of contributor Norez, Tony (Mr.)  Contributor address; City; St  El Paso, TX 79928	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$130.13
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions El Paso County	<u> </u>		
	investigatol			Li r aso County			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 13/17 Rpt: 16/44	
2	FILER NAME Hicks, Bill D.	. (The Honorable)				3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 08/06/2024  5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$104.10			
_	Deinsinal	El Paso, TX 79936			Faradaya (Carabasta at a			
8	Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 07/26/2024	Full name of contributor Ordaz, Raul (Mr.)  Contributor address; City; St					Amount of Contribution (\$)	\$520.51
	Dringing agg	El Paso, TX 79912	<u> </u>		Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions)  CFO  Employer (See Instructions)  HD Homes Escrow		·)					
	Date 07/18/2024	Full name of contributor Ortega, Francisco (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	El Paso, TX 79901	, I		Franksian (Can Instructions	<u></u>		
	Attorney	pation / Job title (See Instructions	)		Employer (See Instructions Scott Hulse PC	5)		
	Date 07/17/2024	Full name of contributor Pablos , Sergio (Mr.)  Contributor address; City; St  El Paso, TX 79905		••••	)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	s)		
	Date 07/17/2024	Full name of contributor Perches, Sal (Mr.) Contributor address; City; St El Paso, TX 79912	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Principal	pation / Job title (See Instructions	)		Employer (See Instructions Perches Funeral Homes			
			•					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 14/17 Rpt: 17/44	
2	FILER NAME Hicks, Bill D.	. (The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date  08/15/2024  Perches, Sal (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,000.00		
_		El Paso, TX 79912	1-				
8	Principal occu Principal	pation / Job title (See Instructions)	9	Employer (See Instructions Perches Funeral Home	)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/17/2024 Perez, Gabriel (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	El Paso, TX 79902		Employer (See Instructions			
	Principal occupation / Job title (See Instructions)  Attorney  Employer (See Instructions)  Gabriel Perez Law Firm		)				
	Date 07/11/2024	Full name of contributor Perez, Michael (Mr.)  Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$52.05
		El Paso, TX 79912					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 09/13/2024	Full name of contributor Perez, Michael (Mr.)  Contributor address; City; Stat  El Paso, TX 79912				Amount of Contribution (\$)	\$26.03
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 09/12/2024	Full name of contributor Piedra, Jose (Mr.)  Contributor address; City; Stat  El Paso, TX 79925	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Adminstratio	pation / Job title (See Instructions) n		Employer (See Instructions El Paso County	)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to compl	ete this fo	orm.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/44		
2	FILER NAME Hicks, Bill D.	FILER NAME Hicks, Bill D. (The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)	
4	Date 09/26/2024			7	Amount of Contribution (\$)	\$4,000.00		
8	Principal occu	El Paso, TX 79701 pation / Job title (See Instructions)		9 Employer (See Instructions	5)			
	Date 07/17/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$260.25		
	Principal occupation / Job title (See Instructions)  Vice President  Employer (See Instruction HUB International		)					
	Date 09/19/2024	Full name of contributor out-of-state Salome, James (Mr.)  Contributor address; City; State; Zip Code El Paso, TX 79902	te PAC (ID#:_			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>			
	Date Full name of contributor out-of-state PAC (ID#:)  09/26/2024 Sanchez, Ada (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79911				Amount of Contribution (\$)	\$1,000.00		
	Principal occu Operations	pation / Job title (See Instructions)		Employer (See Instructions AS Logistics	()			
	Date  Full name of contributor out-of-state PAC (ID#:)  Sassenfeld, Hans (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79936			Amount of Contribution (\$)	\$26.03			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/17 Rpt: 19/44	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 09/26/2024			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	El Paso, TX 79901 pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 09/06/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$125.00	
	Principal occupation / Job title (See Instructions) Employer (See Instruction Retired		)				
	Date 07/17/2024	Full name of contributor Serna, Silvia (Ms.) Contributor address; City; Star El Paso, TX 79903	out-of-state PAC (ID#:_  e; Zip Code			Amount of Contribution (\$)	\$260.25
	Principal occu Grant Analys	pation / Job title (See Instructions)		Employer (See Instructions El Paso County	)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/04/2024 Surratt, Angela (Mrs.)  Contributor address; City; State; Zip Code  Fabens, TX 79838				Amount of Contribution (\$)	\$260.25	
	•	pation / Job title (See Instructions) Compliance Specialist		Employer (See Instructions Self	)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/05/2024 Tarang, Toni (Ms.)  Contributor address; City; State; Zip Code  El Paso, TX 79924			Amount of Contribution (\$)	\$156.15		
	Principal occu Chief Investi	pation / Job title (See Instructions) gator		Employer (See Instructions County of El Paso	)		

NETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 17/17 Rpt: 20/44
	3 Filer ID (Ethics Commission Filers) 00067001
5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$500.00
El Paso, TX 79912	
	ns)
Full name of contributor out-of-state PAC (ID#:)  West El Paso Republican Women  Contributor address; City; State; Zip Code	Amount of Contribution (\$)
El Paso, TX 79925	
al occupation / Job title (See Instructions)  Employer (See Instruction	ns)
	Tompkins, Christopher (Mr.)  6 Contributor address; City; State; Zip Code  El Paso, TX 79912  al occupation / Job title (See Instructions) resident  Full name of contributor out-of-state PAC (ID#:  West El Paso Republican Women  Contributor address; City; State; Zip Code  El Paso, TX 79925

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/4 Rpt: 21/44				
	FILER NAME Hicks, Bill D. (The Honorable)			s Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date		· · ·	·	9 In-kind contribution			
09/05/2024	6 Full name of contributor out-of-state PAC (ID#: Hicks, Bill (The Honorable)		contribution (\$)	description			
	7 Contributor address; City; State; Zip Code			Cost of Flight to / from Houston for Fundraiser			
				i I			
	El Paso, TX 79902			l outside of Texas. Complete Schedule T.			
10 Principal occu District Attor	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON 34th Judicial Distric	•	nstructions)			
	principal occupation (FOR JUDICIAL)	13 Contributor's job title		(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)						
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description			
09/05/2024	Hicks, Bill (The Honorable)  Contributor address; City; State; Zip Code		\$122.07	Cost of Hotel Rental for			
	Contributor address, City, State, Zip Code			Houston Fundraiser			
	El Paso, TX 79902			i I			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.			
District Atto		34th Judicial Distric	•	•			
Contributor's	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)						
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution			
09/05/2024	Hicks, Bill (The Honorable)	,	contribution (\$)				
	Contributor address; City; State; Zip Code			Cost of car rental for Houston for fundraiser			
				! 			
	El Paso, TX 79902		Check if travel of	butside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	,	nstructions)			
District Attor		34th Judicial Distric					
Continutor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(LOK 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	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 22/44			
	FILER NAME Hicks, Bill D. (The Honorable)			s Commission Filers)		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	,	·	9 In-kind contribution		
08/18/2024	out or ottate 1710 (127)		contribution (\$)	description  Supplies for sign		
	7 Contributor address; City; State; Zip Code		Φ34.12	placement		
	El Paso, TX 79902	I		butside of Texas. Complete Schedule T.		
District Atto	upation / Job title (FOR NON-JUDICIAL) (See instructions) rnev	11 Employer (FOR NON 34th Judicial District	*	nstructions) e		
	principal occupation (FOR JUDICIAL)	13 Contributor's job title		(See instructions)		
44 Oznatniko da ula	and a selection from (EQD NUDICIAL)	45 Lave finns of a subsilicate		EOD HIDIOIAL)		
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	ors spouse (if any) (	FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I				
Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: Hicks, Bill (The Honorable)	)	Amount of contribution (\$)	In-kind contribution description		
33/32/232	Contributor address; City; State; Zip Code		\$156.15	Home Depot - sign placement supplies		
	El Paso, TX 79902		Check if travel of	l butside of Texas. Complete Schedule T.		
·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	*	nstructions)		
District Atto	principal occupation (FOR JUDICIAL)	34th Judicial Distric		(See instructions)		
Continuators	principal occupation (FOR JODICIAL)	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)					
Date 09/12/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)	In-kind contribution description		
09/12/2024	Hicks, Bill (The Honorable)  Contributor address; City; State; Zip Code			Bowl El Paso - donated food to volunteers		
				I		
	El Paso, TX 79902		Check if travel	   		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)		
District Atto	-	34th Judicial Distric				
Contributor's	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)	1				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 3/4 Rpt: 23/44
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Hicks, Bill D	. (The Honorable)		00067001
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
09/19/2024	Hicks, Bill (The Honorable)		contribution (\$) description \$55.28   Como's - pizzas for
	7 Contributor address; City; State; Zip Code		campaign meeting
			i
	El Paso, TX 79902		_
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
District Attor		34th Judicial Distric	,
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	•
22 Continuotor 3	principal decapation (i Ort debien te)	20 Continuator 3 job title	(COCHOLINE)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
07/23/2024	Hicks, Deborah (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$40.36   Food for Campaign Strategy Meeting
			l l
			_
	El Paso, TX 79902	1	Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	1 ' ' '	I-JUDICIAL) (See instructions)
Senior Direc		Morrison Healthcar	
Contributors	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)	1	
Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of In-kind contribution
09/19/2024	Hunt, Woody (Mr.)		contribution (\$) description \$877.93   Food, Drink and Service
	Contributor address; City; State; Zip Code		for Fundraiser
			_
	El Paso, TX 79922	1	Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Principal		Hunt Enterprises	(707 117 17 17 17 17 17 17 17 17 17 17 17 1
Contributor's	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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

#### 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: 24/44 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 Date out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 07/17/2024 Margo II, Donald (Mr.) \$1,010.08 Food, Drink and Service 7 Contributor address; City; State; Zip Code for Fundraiser El Paso, TX 79922 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) Retired Retired 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 09/05/2024 Monty, Jacob (Mr.) \$1,232.78 Food, Drink and Service Contributor address; City; State; Zip Code for Fundraiser. Pre-**Fundraiser Publication** Houston, TX 77076 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Monty & Ramirez LLP Attorney Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 25/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	07/09/2024	All Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	7230-D Gateway East
		El Paso, TX 79915
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		4x4 signs
Ļ	Opening ONLY & Street	One district Office health are asset of the second of the
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/11/2024	All Print
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.12	7230-D Gateway Ease
		El Paso, TX 79915
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Sales tax for previous purchase, delayed invoicing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	07/16/2024	Blue Hand Consultants
	Amount (\$)	Payee address; City; State; Zip Code
	\$560.00	2917 E. Yandell St
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consulting and design of yard signs
		Consulting and design of yard signs
_	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/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: 2/20 Rpt: 26/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	08/14/2024	Blue Hand Consultants
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$555.00	2917 E. Yandell St
		El Paso, TX 79903
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sign production and placement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>'</del>
	Date	Payee name
	09/12/2024	Bowl El Paso
	Amount (\$)	Payee address; City; State; Zip Code
	\$337.97	11144 Pellicano Dr
		El Paso, TX 79935
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Costs for fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	•
	Date	Dayso name
	07/05/2024	Payee name Cortes, Jennifer (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$428.00	3681 Tiera Alba Dr
	Ψ420.00	3001 Heta Alba Di
		El Paso, TX 79938
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for Printing Expenses - banners
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit 0/01	•

## 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	ommittee	Gift/Awards/Memorials Ex Legal Services	Salaries	/Wage	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
			The Instruction Guid	ie expiains how to c	ompl	iete this form.				
1	Total pages Schedule F1:	FILER NA	ME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/20 Rpt: 27/44	Hicks, Bi	II D. (The Honorable	)				00067001		
4	Date	Payee na	me							
	08/14/2024	Edgertor	n Strategies							
6	Amount (\$)	Payee ad	dress; City;	State; Zip C	ode					
	\$8,500.00	1540 Ke	ller Parkway #108-40	)2						
		Keller, T	X 76248							
8	PURPOSE	) Category	(See Categories listed at the	top of this schedule)	(b)	Description				_
	OF EXPENDITURE		ng Expense			Check if travel o	outsi	de of Texas. Com	plete Schedule T.	
	LXI ENDITORE					<b>—</b>		officeholder living		
						Consulting an	id F	Polling Expe	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/	Officeholder name	Office so	ught			Office he	eld	
	CAPERIOLORE TO DETIRIT C/OF									
	Date	Payee na	me							
	07/16/2024	Frame P	roduction Studio, LLG	C						
	Amount (\$)	Payee ad	dress; City;	State; Zip C	ode					
	\$4,950.00	2914 E.	Paisano Dr.							
L		El Paso,	TX 79905							
	PURPOSE	Category	(See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ng Expense			ш			plete Schedule T.	
								officeholder living		
						Commercial F	ro	uuction exp	erise	
_	0 1. 0	0 111 : :	O.W. 1 11		<u> </u>			- · ·		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/	Officeholder name	Office so	ught			Office he	eia	
										_
	Date	Payee na								
	08/18/2024	Home D								
	Amount (\$)	Payee ad	dress; City;	State; Zip C	ode					
	\$34.12	7545 N.	Mesa							
L		El Paso,	TX 79901							
	PURPOSE	Category	(See Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisi	ng Expense						plete Schedule T.	
								officeholder living	g expense	
						Sign Placeme	JI 15	Supplies		
L	Complete ONLY if direct	Candidata/	Officeholder name	Office so	liap+			Office he	ald	_
	expenditure to benefit C/O	Candidate/	Omcenduer Haitle	Office S0	ugnt			Office H	Jiu	
										$\dashv$

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 4/20 Rpt: 28/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/18/2024	Lowe's Home Improvement
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.01	11950 Rojas Dr
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Sign Placement
		Cappines for eight facement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	09/18/2024	Lowe's Home Improvement
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$59.51	11950 Rojas Dr
		El Paso, TX 79936
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies for Sign Placement
		Supplies for Sign Flacement
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	Date	Payee name
	08/21/2024	Tovar Printing
L	Amount (\$)	Payee address; City; State; Zip Code
	\$909.30	1230 Texas Ave
	φ909.30	1230 TEXAS AVE
		El Paso, TX 79901
L	PURPOSE	I
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Door Hangers
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

## SCHEDULE F1

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

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/Political Co Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category  The Instruction Guide explains how to complete this form.	not listed above)
1 Total pages Schedule F1: 2	2 FILER NAME 3 Filer ID (Ethics	Commission Filers)
Sch: 5/20 Rpt: 29/44	Hicks, Bill D. (The Honorable) 00067001	
4 Date 5	Payee name	
07/29/2024	Village Inn	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$121.31	5863 N. Mesa	
	El Paso, TX 79912	
8 PURPOSE (a)	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Sch  Check if Austin, TX, officeholder living expense	
	Food for Block Walker Volunteers	
	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
08/20/2024	West Star Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.00	601 N. Mesa	
	El Paso, TX 79901	
PURPOSE (a) OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
	bank fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	Canadate Office folder frame	
Doto I	Davies seems	
Date	Payee name West Star Bank	
08/21/2024	West Star Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.00	601 N. Mesa	
	El Paso, TX 79901	
	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
ZXI ZIIZII GILZ	Check if Austin, TX, officeholder living expense	
	Bank Fees	
Operation ON V. V. V.	Our stide to 10 ff as held as many	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2		

## 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	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: 6/20 Rpt: 30/44	Hicks, Bill D. (The Honorable) 00067001				
4	Date	5 Payee name				
	07/11/2024	WinRed				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2.05	1776 Wilson Blvd. Suite 530				
		Arlington, VA 22209				
8	PURPOSE					
°	OF	(a) Category (See Categories listed at the top of this schedule)  FRES  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
	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	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
H	Date	Payee name				
	07/17/2024	WinRed				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.25	1776 Wilson Blvd. Suite 530				
	Ψ10.25	1770 Wilson Bivd. Suite 330				
		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				
		Creak cara ricoccoming rec				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Data					
	Date 07/17/2024	Payee name				
	07/17/2024	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				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
_						

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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 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: 7/20 Rpt: 31/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	07/17/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.10	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
		Ground Cura 1 1000000 mg 1 00
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
	Date	Payee name
	07/17/2024	WinRed
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.25	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
		Credit Guita i rocessing i ee
┡	Commission ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•
L	·	
	Date	Payee name
	07/18/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.02	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
lacksquare	Commission Chill V. V. II	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

## SCHEDULE F1

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

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

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: 8/20 Rpt: 32/44	Hicks, Bill D. (The Honorable) 00067001				
4	Date	5 Payee name				
	07/18/2024	WinRed				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$41.02	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				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Date	Payee name				
	07/23/2024	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				
		orealt data i rocessing i ee				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	<b>o</b>				
_	Date	Dayso name				
	07/26/2024	Payee name WinRed				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.51	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				
		Ground Guild Frobessing Fee				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

## 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	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		kpense /ages/Cor	ntract Labor	Travel in Distr Travel Out of OTHER (ente	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
	Sch: 9/20 Rpt: 33/44	Hicks, Bill I	D. (The Honorable)				00067001	<u> </u>
4	Date 08/06/2024	5 Payee name WinRed	9					
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip Co	de			
	\$4.10	,	on Blvd. Suite 530	, ,,				
		Arlington, \	VA 22209					
8	PURPOSE	(a) Category (S	See Categories listed at the top of t	his schedule)	<b>(b)</b> De	scription		
	OF EXPENDITURE	Fees					ıtside of Texas. Co FX, officeholder liv	omplete Schedule T.
					∟ Cr	edit Card Pr		
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ght		Office	held
$\vdash$	Date	Payee name	<u> </u>					
	08/20/2024	WinRed	•					
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
	\$41.02	_	on Blvd. Suite 530					
		Arlington, \	VA 22209					
	PURPOSE	(a) Category (S	See Categories listed at the top of t	his schedule)	<b>(b)</b> De	escription		
	OF EXPENDITURE	Fees					utside of Texas. Co FX, officeholder liv	omplete Schedule T.
					∟ Cr	edit Card Pr		
							ŭ	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ght		Office	held
H	Date	Payee name	2					
	08/20/2024	WinRed						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
	\$8.20	1776 Wilso	on Blvd. Suite 530					
		Arlington, \	/Δ 22209					
	PURPOSE				(h) D-	oorintic :		
	OF	(a) Category (s	See Categories listed at the top of t	his schedule)	(v) De	escription Check if travel ou	utside of Texas. Co	omplete Schedule T.
	EXPENDITURE	. 555				Check if Austin, 1	ΓX, officeholder liv	ring expense
					Cr	edit Card Pr	ocessing Fe	ee
	Complete ONLY if direct	Candidata/Of	ficeholder name	Office	aht		Office	hold
	Complete ONLY if direct expenditure to benefit C/OH		псеновен паше	Office sou	yııı		Onice	Heiu

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 10/20 Rpt: 34/44	Hicks, Bill D. (The Honorable) 00067001	
4	Date	5 Payee name	_
	08/21/2024	WinRed	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$52.54	1776 Wilson Blvd. Suite 530	
		Arlington, VA 22209	
8	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	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	08/26/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$5.13	1776 Wilson Blvd. Suite 530	
	Ψ0.10	2110 Wilson Bivar Sake 666	
		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	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	
	08/27/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.00	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Credit Card Processing 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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

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: 11/20 Rpt: 35/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/03/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.13	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/27/2024	WinRed
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5.13	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
		Ground Sura i rooccomig i co
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>y</b>
⊨	Date	Davisa nama
	09/04/2024	Payee name WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.15	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
		Credit Card Processing Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

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

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 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: 12/20 Rpt: 36/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/04/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.38	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davies name
	09/04/2024	Payee name 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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	09/05/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.15	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 ONU V # stills	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

## SCHEDULE F1

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

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

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/Politi Credit Card Payment	Cal Committee Legal Services Salaries/N  The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.
1 Total pages Schedule F1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/20 Rpt: 37/44	Hicks, Bill D. (The Honorable)	00067001
4 Date	5 Payee name	
09/06/2024	WinRed	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$2.05	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
		Ground Gara Frososomig Foo
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
expenditure to benefit C/0		onice neid
Date	Payee name	
09/06/2024	WinRed	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$5.13	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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
		000
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sou DH	ught Office held
Date	Payee name	
09/07/2024	WinRed	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$8.20	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.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
Complete ONII V if diversit	Condidate/Officeholder name	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sou DH	ught Office held
· '		

## 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)

	Credit Card Payment	The Instruction Guide explains how to compl	lete this form.
1	Total pages Schedule F1: Sch: 14/20 Rpt: 38/44	2 FILER NAME Hicks, Bill D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067001
4	Date 09/07/2024	5 Payee name WinRed	<b>I</b>
6	Amount (\$) \$20.51	<ul><li>7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530</li><li>Arlington, VA 22209</li></ul>	
8	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  Credit Card Processing Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/09/2024	Payee name WinRed	
	Amount (\$) \$5.13	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530  Arlington, VA 22209	
	PURPOSE OF EXPENDITURE	-	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 09/10/2024	Payee name WinRed	
	Amount (\$) \$5.13	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530	
		Arlington, VA 22209	
	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 Credit Card Processing Fee
	Complete ONLY 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 -Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 15/20 Rpt: 39/44	Hicks, Bill D. (The Honorable) 00067001			
4	Date	5 Payee name			
	09/10/2024	WinRed			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$5.13	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	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
_	Date	Payee name			
	09/10/2024	WinRed			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$41.02	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.			
	EXPENDITORE	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				
-	Date	Payros namo			
	09/11/2024	Payee name WinRed			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$5.13	1776 Wilson Blvd. Suite 530			
	40.20				
		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			
	Complete ONLY 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 Com

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: 16/20 Rpt: 40/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/12/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.10	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
		Credit Out at 1 100033111g 1 00
Ļ	Commission ONII V if disease	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	09/12/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.05	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 Card Processing Fee
┡	On and the ONE Wife disease	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	09/13/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	1776 Wilson Blvd. Suite 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		Credit Card Processing Fee
L	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	S. portantare to borient 0/01	·

## SCHEDULE F1

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

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

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 compl	te this form.	
1	Total pages Schedule F1: Sch: 17/20 Rpt: 41/44	FILER NAME     Hicks, Bill D. (The Honorable)		er ID (Ethics Commission Filers) 067001
4	Date 09/14/2024	5 Payee name WinRed	I	
6	Amount (\$) \$41.02	<ul><li>7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530</li><li>Arlington, VA 22209</li></ul>		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Check if Austin, TX, office Credit Card Process	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held
	Date 09/14/2024	Payee name WinRed		
	Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530  Arlington, VA 22209		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b)	Description  Check if travel outside of Check if Austin, TX, office  Credit Card Process	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held
	Date 09/16/2024	Payee name WinRed		
	Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530		
		Arlington, VA 22209		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Check if Austin, TX, office Credit Card Process	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office held

## SCHEDULE F1

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

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 Salaries (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 form.
1	Total pages Schedule F1:	
_	Sch: 18/20 Rpt: 42/44	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/17/2024	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
Ļ	Operation ONLY if allowed	On distribute 10 th a balden manner
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	09/18/2024	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 Card Frocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	09/19/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	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.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Processing Fee
	0 1. 0	
	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 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	l Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ	· 	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 43/44	Hicks, Bill D. (The Honorable)	00067001
4	Date	5 Payee name	
	09/19/2024	WinRed	
L			
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	
ľ	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	TX, officeholder living expense
		Credit Card P	rocessing Fee
			-
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
L			
	Date	Payee name	
	09/19/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.15	1776 Wilson Blvd. Suite 530	
		Aulianton VA 22200	
		Arlington, VA 22209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			TX, officeholder living expense  rocessing Fee
		Cledit Calu F	Tocessing Fee
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	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/61	'	
	Date	Payee name	
	09/21/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	1776 Wilson Blvd. Suite 530	
	Ψ1.00		
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1663	outside of Texas. Complete Schedule T.
	EXI ENDITORE		TX, officeholder living expense
		Credit Card P	rocessing Fee
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
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## SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		ttee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed	above)
L				The Instruction G	uide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2 FIL	LER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 20/20 Rpt: 44/44	Hie	cks, Bill D	. (The Honorab	ıle)					00067001		
4	Date	<b>5</b> Pa	yee name									
	09/23/2024	ı	inRed									
Ļ				- Oite	04-4-	7:- 0-	-1 -					
l٥	Amount (\$)	l	yee addres		•	Zip Co	ae					
	\$4.10	1/	76 Wilson	Blvd. Suite 53	0							
l		Arl	lington, V	A 22209								
8	PURPOSE	(a) Ca	ategory (a				(h)	Description				
ľ	OF		ees	e Categories listed at t	ne top of this sch	edule)	(~)	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		563							officeholder livin		
								Credit Card F	roc	cessing Fee	9	
9	Complete ONLY if direct	l Can	ndidate/Offic	ceholder name		Office sou	aht			Office h	neld.	
ľ	expenditure to benefit C/O		ididate/Offic	cholder flame		Jilice 30u	giit			Office i	iciu	
L												
	Date	Pa	iyee name									
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	Amount (\$)	Pa	yee addres	s; City;	State;	Zip Co	de					
	\$12.30	17	76 Wilson	Blvd. Suite 53	0							
		٨٠	lington, V	N 22200								
L												
	PURPOSE OF	<b>(a)</b> Ca	ategory (Se	e Categories listed at t	the top of this sch	edule)	(b)	Description				
l	EXPENDITURE	Fe	ees					<b>=</b>		de of Texas. Cor officeholder livin	nplete Schedule T.	
								<b>—</b>				
Credit Card Processing Fe							Jessing i ec	•				
┡		<u> </u>										
l	Complete ONLY if direct expenditure to benefit C/Ol		ididate/Offic	eholder name	C	Office sou	gnt			Office h	ieia	
	onponditare to benefit of e	•										
	Date	Pa	yee name									
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l		l										
		Ari	lington, V	4 22209		_						
	PURPOSE	<b>(a)</b> Ca	ategory (Se	e Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	Fe	ees								mplete Schedule T.	
	EXI ENDITORE							_		officeholder livin		
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