# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete	this form.	Filer ID (Ethics Commis 00067001	sion Filers)	2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR FI	RST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable Bi	ill D.			Date Received  ELECTRONICA	
	NICKNAME LA	 \ST		SUFFIX	10/28/2024	
	Hi	icks				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SU	UITE#; CITY	,	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING ADDRESS	1731 Montana				Receipt #	Amount
Change of Address	El Paso, TX 79902					
	211 430, 17 13302				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIF	RST		MI	-9	
TREASURER NAME	Ms. Eld	odia				
	NICKNAME LA	ST		SUFFIX		
		erches		301117		
		701103				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE);	AP1	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	6219 Los Altos Dr.					
(Residence or Business)	El Paso, TX 79902					
	L11 d30, 17 75502					
7 CAMPAIGN	AREA CODE PHONE N	NUMBER EX	KTENSION			
TREASURER PHONE	(915) 345-4500					
8 REPORT						
TYPE	January 15	30th day before 6	election	Runoff	15th day after car appointment (office	npaign treasurer eholder only)
	July 15	8th day before el	ection $\square$	Exceeded modified	Final Report (Atta	
		our day before co		reporting limit		on 6/6/11110
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	09/27/2024	THF	ROUGH	10/26/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	Priı	mary	Runoff	Other	
	11/05/2024	χGe	neral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Attorney (Multi-county Culberson, & Hudspeth	v) District 34 E	El Paso,	District Attorney Culberson, and	(Multi-county) Dis Hudspeth	strict 34 El_paso,
	1			1		
		GO TO	D PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Hicks, Bill D. (The Ho	norable)	<b>14</b> Filer ID (	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 14,300.51				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 37,096.35				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 33,954.71				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		The He	navahla Rill D. Hiska					
			norable Bill D. Hicks Candidate or Officehole	der				
		Signature of	Canada of Officerion					
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
		aid	, this the	day				
of	, 20, to ce	ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

			O V EI ( OI I E E	3 of 18
<b>18</b> FILER NA Hicks, Bil	ME II D. (The Honorable)	<b>19</b> Filer ID 00067001	(Ethics Commissi	on Filers)
	LE SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1. X	\$	14,300.51		
2.	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	37,096.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/18	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 10/08/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID Allen, Mary (Ms.)</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$26.03
_		El Paso, TX 79912					
8	Principal occu Customs Bro	pation / Job title (See Instructions) oker	9	Employer (See Instructions Pedraza Customshouse		okers Inc.	
Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 Allen, Mary (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Dringinal accu	El Paso, TX 79912 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Customs Bro			Pedraza Customshouse		okers Inc.	
Date  Full name of contributor out-of-state PAC (ID#:  10/14/2024				Amount of Contribution (\$)	\$104.10		
	Dringing Lagra	El Paso, TX 79912		Franks or (Cook last webis as	<u></u>		
	Administratio	pation / Job title (See Instructions) on		Employer (See Instructions YISD	5)		
Date Full name of contributor out-of-state PAC (ID#:)  10/10/2024 El Paso Municipal Police Officers Association  Contributor address; City; State; Zip Code  El Paso, TX 79902			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (IE El Paso Sheriff's Officer's Association  Contributor address; City; State; Zip Code  El Paso, TX 79901	D#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO		SCHEDULE A			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/18	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	n Filers)
4	10/14/2024 Garcia, Elsa (Ms.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$52.05		
_	Deignigal	El Paso, TX 79912	lo.	Franksian (Cooka katusatiana			
8		pation / Job title (See Instructions) ices Manager	9	Employer (See Instructions Morrison Healthcare	<del></del>		
Date Full name of contributor out-of-state PAC (ID#:)  10/10/2024 Gradjea, Raul (Mr.)  Contributor address; City; State; Zip Code  Clint, TX 79836			Amount of Contribution (\$)	\$26.03			
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired		Employer (See Instructions Retired	<u> </u> 5)				
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Real Estate	Appraiser		Gragg Risk Managemer	nt L	LC	
Date O9/29/2024 Full name of contributor out-of-state PAC (ID#:) Harris, Jamie (Mrs.)  Contributor address; City; State; Zip Code  El Paso, TX 79912				Amount of Contribution (\$)	\$104.10		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date  Full name of contributor out-of-state PAC (ID#:)  Hicks, Deborah (Mrs.)  Contributor address; City; State; Zip Code  El Paso, TX 79902			Amount of Contribution (\$)	\$200.00			
	Principal occu Senior Direct	pation / Job title (See Instructions) tor		Employer (See Instructions Morrison Healthcare Fo		Services	
			l				

	MONET	ARY POLITICAL C		SCHEDUL	E <b>A1</b>			
	The Instru	ction Guide explains how	to complete this for	rm	ı <b>.</b>	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/18	
2	FILER NAME Hicks, Bill D.	(The Honorable)				3	Filer ID (Ethics Commission 00067001	n Filers)
4	Date 10/16/2024	Full name of contributor     Ivey, Ben (Mr.)     Contributor address; City; Sta	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$520.51
_		El Paso, TX 79912	so, TX 79912					
8	Principal occu Lawyer	pation / Job title (See Instructions)	9		Employer (See Instructions vey Law	5)		
Date Full name of contributor out-of-state PAC (ID#:)  10/22/2024 Ivey, Ben (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00				
	El Paso, TX 79912  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		7					
				vey Law	,			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.05			
		El Paso, TX 79912						
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	i)		
Date   Full name of contributor			Amount of Contribution (\$)	\$30.00				
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	()		
	Date 10/22/2024	Full name of contributor  LJ & Associates Legal  Contributor address; City; Sta	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		E	Employer (See Instructions	()		
			1					

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/18	
2	FILER NAME Hicks, Bill D.	(The Honorable)			3	Filer ID (Ethics Commission 00067001	on Filers)
4	Date 10/16/2024	Malooly, Alan (Mr.)	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Lagra	El Paso, TX 79902					
8	Real Estate	pation / Job title (See Instructions) Investor		Employer (See Instructions Malooly Investments	)		
Date Full name of contributor out-of-state PAC (ID#:)  10/15/2024 Mimbela, John (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,082.03			
	Dringing! goog	El Paso, TX 79904		Employer (See Instructions			
				Employer (See Instructions Mimbela Contractors, In			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00		
		El Paso, TX 79902					
	Owner	pation / Job title (See Instructions)		Employer (See Instructions Blinds R Us	)		
Date Full name of contributor out-of-state PAC (ID#:)  10/12/2024 Pereira, Luigi (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79912		,		Amount of Contribution (\$)	\$50.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
Date  Full name of contributor out-of-state PAC (ID#:)  Perez, Michael (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79912			Amount of Contribution (\$)	\$52.05			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL (		SCHEDUL	E <b>A1</b>			
	The Instruc	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/18	
2	FILER NAME Hicks, Bill D.	(The Honorable)				3	Filer ID (Ethics Commissio 00067001	n Filers)
4	10/08/2024 Rechtien, John (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
8	Principal occur	El Paso, TX 79932 pation / Job title (See Instructions	2)	١٥	Employer (See Instructions	<u>:)</u>		
•	Physician As		9)	٦	MPC	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/22/2024 Republican Party of Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,250.00			
		El Paso, TX 79701		_				
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$52.05			
		El Paso, TX 79932		_				
	Principal occu Driver	pation / Job title (See Instructions	s)		Employer (See Instructions Groendyke Transport	5)		
Date Full name of contributor out-of-state PAC (ID#:)  10/17/2024 Valdez, Ian (Mr.)  Contributor address; City; State; Zip Code  El Paso, TX 79932			Amount of Contribution (\$)	\$10.41				
	Principal occu Adviser	pation / Job title (See Instructions	s)		Employer (See Instructions UT Austin	5)		
	Date 10/14/2024	Full name of contributor Wells, Jerri (Mrs.) Contributor address; City; Si Midland, TX 79708				•	Amount of Contribution (\$)	\$104.10
	Principal occu Bookkeeper	pation / Job title (See Instructions			Employer (See Instructions Petroplex Lawns	5)		
				<u> </u>	<del>`</del>			

### 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 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 comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 9/18	Hicks, Bill D. (The Honorable)		00067001
4	Date	5 Payee name		<u> </u>
	10/07/2024	1731 Montana Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$1,000.00	1731 Montana Ave		
		El Paso, TX 79902		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) [	Description
	OF	Office Overhead/Rental Expense	[	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
			(	Quarterly Rent
_				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	10/07/2024	All Print		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1,353.12	7230-D Gateway Ease		
		El Paso, TX 79915		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) [	Description
	OF EXPENDITURE	Advertising Expense	Ē	Check if travel outside of Texas. Complete Schedule T.
			Ĺ	☐ Check if Austin, TX, officeholder living expense Yard Signs
				rata signs
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		
	Date	Payee name		
	10/15/2024	Blue Hand Consultants		
	Amount (\$)	Payee address; City; State; Zip Code	Δ	
	\$530.00	2917 E. Yandell St	C	
	Ψ000.00	2317 E. Tarideii St		
		EL Daga TV 70002		
		El Paso, TX 79903		
	PURPOSE OF	, -	b) [ Г	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense	F	Check if dustin, TX, officeholder living expense
			(	Consulting Services regarding Sign Placement
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		

### SCHEDULE F1

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

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

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

Gredit Gard F ayment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 10/18	Hicks, Bill D. (The Honorable)	00067001
4 Date	5 Payee name	
10/16/2024	Blue Hand Consultants	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1,575.00	2917 E. Yandell St	
	El Paso, TX 79903	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Toyas, Complete Schodule T
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting Services regarding sign placements
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
experiulture to beliefit 6/0		
Date	Payee name	
10/15/2024	Edgerton Strategies	
Amount (\$)	Payee address; City; State; Zip Co	de
\$10,000.00	1540 Keller Parkway #108-402	
	Keller, TX 76248	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if Austin, TX, officeholder living expense
		Consulting and Texting Expenses
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	н	
Date	Payee name	
10/22/2024	Edgerton Strategies	
Amount (\$)	Payee address; City; State; Zip Co	de
\$21,000.00	1540 Keller Parkway #108-402	
	Keller, TX 76248	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense	Check if travel outside or Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Consulting expenses, texting and cost of mailers
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	

#### 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 Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	strict a category not listed abov	e)
	·			uide explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 3/10 Rpt: 11/18	Hicks,	Bill D. (The Honorab	le)				00067001		
4	Date	<b>5</b> Payee	name							
	10/07/2024	I	Depot							
6	Amount (\$)	<b>7</b> Payee	address; City;	State; Zip Co	ode					
	\$117.91	7545	N. Mesa							
		ELD.	TV 70004							
		ElPas	so, TX 79901							
8	PURPOSE	(a) Catego	ory (See Categories listed at t	the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Adver	tising Expense						nplete Schedule T.	
						_		officeholder livin	g expense	
						Sign Mountin	ıy S	upplies		
9	Complete ONLY if direct expenditure to benefit C/OI		te/Officeholder name	Office sou	ught			Office h	eld	
	experiulture to beliefft C/Oi	1								
	Date	Payee	name							
	10/15/2024	Home	Depot							
	Amount (\$)	Payee	address; City;	State; Zip Co	ode					
	\$103.66	7545	N. Mesa							
		El Dad	so, TX 79901							
					I a s					
	PURPOSE OF	l	Ory (See Categories listed at t	the top of this schedule)	(b)	Description		d4.T O	andata Cabaduda T	
	EXPENDITURE	Adver	tising Expense					officeholder livin	nplete Schedule T.	
						Sign Mountin			g expense	
						Sign Wountin	ig C	арріісэ		
_	Complete ONLY if direct	Candida	ute/Officeholder name	Office sou	laht			Office h	old	
	expenditure to benefit C/OI		te/Oniceriolder name	Office Soc	agrit			Office II	eiu	
		r								
	Date	Payee								
	09/30/2024	Lowe's	s Home Improvement	t						
	Amount (\$)	Payee	address; City;	State; Zip Co	ode					
	\$30.75	11950	Rojas Dr							
		El Pas	so, TX 79936							
	PURPOSE		Dry (See Categories listed at t		(b)	Description				
	OF	l	tising Expense	rie top of this schedule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE	, aver	lioning Expense			Check if Austin	, TX,	officeholder livin	g expense	
						Sign mountin	g s	upplies		
	Complete ONLY if direct	Candida	te/Officeholder name	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI				J					
<u> </u>										

### 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 4/10 Rpt: 12/18	Hicks, Bill D. (The Honorable) 00067001							
4	Date	5 Payee name							
	09/30/2024	Lowe's Home Improvement							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$33.52	11950 Rojas Dr							
		El Paso, TX 79936							
8	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.							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Sign Mounting Supplies							
_	0 1: 0:11:4"								
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	10/21/2024	Tovar Printing							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$909.30	1230 Texas Ave							
		El Paso, TX 79901							
	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.							
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense							
		Cost of Flyers and printing							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Data								
	Date 10/02/2024	Payee name Unicom El Paso							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$250.00	4544 Edsel Ct.							
		El Paso, TX 79903							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Website Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Website and Email registration, renewal and fees.							
		Woodle and Email regionality, renewal and reco.							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·							

### SCHEDULE F1

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

nt Solicitation/Fundraising Expense
e Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (entry a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/10 Rpt: 13/18	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	09/29/2024	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Fee
Ļ	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	10/08/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.05	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 Fees
		Credit Card Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	5 .	
	Date	Payee name
	10/08/2024	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.
		Check if Austin, TX, officeholder living expense  Credit Card Fees
		Great Gara i ees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 14/18	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	10/08/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.41	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Fees
_	Computate ONLY if direct	Candidate/Officeholder page Office acutet
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2024	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.
	EXI ENDITORE	Cradit Cord Food
		Credit Card Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
	Date	Payee name
	10/11/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.05	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 Fees
		Great Sala 1 665
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		Travel in Dist Travel Out of	
	Creuit Card Payment		The Instruction Guide exp	plains how to co	mplete this form.		
1	Total pages Schedule F1:	2 FILER NA	ME			3 Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 15/18	Hicks, Bi	ll D. (The Honorable)			0006700	1
4	Date	<b>5</b> Payee na	me			<u> </u>	
	10/11/2024	WinRed					
6	Amount (\$)	<b>7</b> Payee ad	dress; City;	State; Zip Co	nde		
ľ	\$4.61	_	son Blvd. Suite 530	Otato, Lip oc	,40		
	4 1.01	2770 77	con Biva. Cano coc				
		Arlington	, VA 22209				
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Fees					omplete Schedule T.
	ZAI ZHOHORZ					n, TX, officeholder liv	ving expense
					Credit Card I	rees	
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	ght	Office	held
	Date	Payee na	me				
	10/12/2024	WinRed					
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode		
	\$2.05	1776 Wil	son Blvd. Suite 530				
		Arlington	, VA 22209				
	PURPOSE OF	(a) Category	(See Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE	Fees			l <u>—</u>	outside of Texas. C n, TX, officeholder liv	omplete Schedule T.
					Credit Card I		ning expense
					Credit Gara i		
_	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	light .	Office	hold
	expenditure to benefit C/O		Officeriolaer flame	Office Sou	igrit	Office	neiu
	·						
	Date	Payee na	me				
	10/13/2024	WinRed					
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	ode		
	\$1.03	1776 Wi	son Blvd. Suite 530				
		Arlington	, VA 22209				
$\vdash$	PURPOSE	(a) Category		this cohedul-\	(b) Description		
	OF	Fees	(See Categories listed at the top of	uns scriedule)		outside of Texas. C	omplete Schedule T.
	EXPENDITURE	1 000			Check if Austin	n, TX, officeholder liv	ring expense
					Credit Card I	Fees	
	Complete ONLY if direct		Officeholder name	Office sou	ght	Office	held
	expenditure to benefit C/OH	4					

#### SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 8/10 Rpt: 16/18	Hicks, Bill D. (The Honorable) 00067001					
4	Date	5 Payee name					
	10/14/2024	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 Fees					
		Ground Gura 1 coc					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI						
F	Date	Payee name					
	10/14/2024	WinRed					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.05	1776 Wilson Blvd. Suite 530					
	Ψ2.00	1170 Wilson Biva. Gaice 666					
		Arlington, VA 22209					
Г	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 Fees					
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
⊨	Data	Davida marra					
	Date 10/14/2024	Payee name WinRed					
L							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.05	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 Fees					
		Cicuit Curu i ees					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
1	expenditure to benefit C/OI						
$\vdash$							

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·				
	Sch: 9/10 Rpt: 17/18	Hicks, Bill D. (The Honorable) 00067001				
4	Date	5 Payee name				
	10/15/2024	WinRed				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$82.03	1776 Wilson Blvd. Suite 530				
		Arlington, VA 22209				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Credit Card Fees				
		orealt out a rees				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Date	Payee name				
	10/16/2024	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 Fees				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	10/16/2024	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 Fees				
		Great Gara i ces				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

### 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 10/10 Rpt: 18/18	Hicks, Bill D. (The Honorable) 00067001
4	Date	5 Payee name
	10/17/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.41	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Credit Card Fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	10/22/2024	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	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>
	Date	Payee name
	10/22/2024	WinRed
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.05	1776 Wilson Blvd. Suite 530
		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 Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>