



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
Renee L. Hicks

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED  
\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  
\$ 1,725.00

EXPENDITURE TOTALS

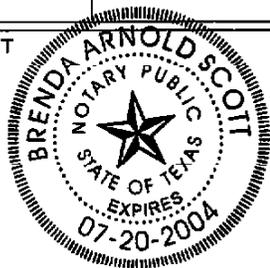
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  
\$ -0-

4. TOTAL POLITICAL EXPENDITURES  
\$ 1,736.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  
\$ -0-

19 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.

Renee L. Hicks  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Renee L. Hicks this the 1st day of October, 2003, to certify which, witness my hand and seal of office.

Brenda Arnold - Scott  
Signature of officer administering oath  
Brenda Arnold Scott  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1 of 7	
2 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-5-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylma B. Durley	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-4-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Evans	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Bellaire, [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 7-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop and Mrs. Maurice Benitez	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Austin, [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 7-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard and Mary Evans	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Pearland, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 7-5-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mrs. Sam Akers	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The Instruction Guide explains how to complete this form.

1 Total pages this Schedule A1:

2 of 7

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-5-03

5 Full name of contributor

out-of-state PAC (ID#:

Dr. John E. Codwell, III

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Houston, TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7-5-03

Full name of contributor

out-of-state PAC (ID#:

Dr. Terrence A. Walker

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Lawrenceville, VA

Principal occupation (Optional)

Employer (Optional)

Date

7-5-03

Full name of contributor

out-of-state PAC (ID#:

Jimmie Sadberry

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation (Optional)

Employer (Optional)

Date

7-6-03

Full name of contributor

out-of-state PAC (ID#:

Judge Rory Olsen

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Houston, TX

Principal occupation (Optional)

Employer (Optional)

Date

7-10-03

Full name of contributor

out-of-state PAC (ID#:

Milton and Diann Woods

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Eagle Lake,

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 3 of 7	
2 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7-10-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda L. Belt Rhea	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 7-10-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marguerite Hamilton	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, [Redacted]			
Principal occupation (Optional)		Employer (Optional)	
Date 7-10-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry and Sue Lawson	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation (Optional)		Employer (Optional)	
Date 7-10-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evelyn Hubbard	Amount of contribution (\$)	In-kind contribution description (if applicable) Business location for a reception
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation (Optional)		Employer (Optional)	
Date 8-30-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny and Melanie Perkins	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [Redacted] Houston, TX [Redacted]			
Principal occupation (Optional)		Employer (Optional)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

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2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-30-03

5 Full name of contributor  out-of-state PAC (ID#:

Sherley Holden

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

Houston, TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9-9-03

Full name of contributor  out-of-state PAC (ID#:

Mr and Mrs Frank M. McRae, III

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Sealy, TX

Principal occupation (Optional)

Employer (Optional)

Date

9-9-03

Full name of contributor  out-of-state PAC (ID#:

Arthur and Dianne Fuller

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX

Principal occupation (Optional)

Employer (Optional)

Date

9-10-03

Full name of contributor  out-of-state PAC (ID#:

Ilean Cooper

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX

Principal occupation (Optional)

Employer (Optional)

Date

9-11-03

Full name of contributor  out-of-state PAC (ID#:

Jaqueline Cockrell

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

Houston, TX

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5 of 7

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-14-03

5 Full name of contributor

Rita Lutton

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address: City: State: Zip Code

Houston, TX

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9-14-03

Full name of contributor

Francis Bui

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address: City: State: Zip Code

Houston, TX

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-15-03

Full name of contributor

Margaret L. Smith

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address: City: State: Zip Code

Houston, TX

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-16-03

Full name of contributor

Pat Bodley

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address: City: State: Zip Code

Houston, TX

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-16-03

Full name of contributor

Katherine O. Scharlach

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address: City: State: Zip Code

Houston, TX

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6 of 7	
2 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9-18-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Enid McNiece	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 9-20-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Almeria T. Cottingham	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 9-20-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eva Ketchens	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 9-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ila Journet	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 9-22-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Odie Gilber	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this Schedule A1:

7 of 7

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-24-03

5 Full name of contributor

Rosker and Renea Gray

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

Humble, TX

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-20-03

5 Payee name

Postmaster

6 Payee address; City; State; Zip Code

Houston, TX

8 Amount (\$)

296.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Postage

Reimbursement from political contributions intended

Date

7-10-03

Payee name

Johnny Felder

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

150.00

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - 7/10/03 Reception

Reimbursement from political contributions intended

Date

8/03

Payee name

Office Depot

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

210.00

Purpose of expenditure (See instructions regarding type of information required.)

Copies

Reimbursement from political contributions intended

Date

8/03

Payee name

Kroger

Payee address; City; State; Zip Code

Houston, TX

Amount (\$)

80.00

Purpose of expenditure (See instructions regarding type of information required.)

Refreshments for volunteers

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 of 1

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-22-03

5 Payee name

City of Houston

7 Amount (\$)

500.00

6 Payee address; City; State; Zip Code

P.O. Box 1562 Houston, TX 77251-1562

8 Purpose of payment (See instructions regarding type of information required.)

Filing Fee

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

10-1-03

Payee name

IOP Services

Amount (\$)

500.00

Payee address; City; State; Zip Code

Humble, TX

Purpose of payment (See instructions regarding type of information required.)

Printing

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**