



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Renee L. Hicks

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

\*\* This listing includes 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. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$ 775.00

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

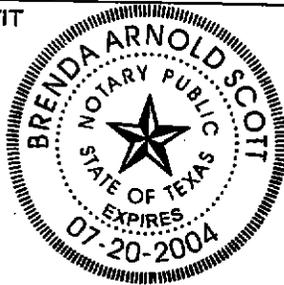
\$ 2,370.08

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 15th day of January, 2002, to certify which, witness my hand and seal of office.

*Brenda Arnold Scott*  
Signature of officer administering oath

Brenda Arnold Scott  
Print 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 & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

10PZ

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission files)

4 Date

11-07-01

5 Full name of contributor

Helen Douglas

out of state PAC

7 Amount of contribution (\$)

35.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77047

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11-08-01

Full name of contributor

Mrs. Lois B. Moreland

out of state PAC

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Atlanta, GA  
30318

Principal occupation (Optional)

Employer (Optional)

Date

11-10-01

Full name of contributor

The Rev. Theodore R. Lewis, Jr.

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Charleston, SC 29407

Principal occupation (Optional)

Employer (Optional)

Date

12-13-01

Full name of contributor

Dr. John Codwell, III

out of state PAC

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Pearland, TX 77584

Principal occupation (Optional)

Employer (Optional)

Date

12-14-01

Full name of contributor

Michael Boylan

out of state PAC

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77018

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 & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 of 2

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-14-01

5 Full name of contributor

out of state PAC

Theresa Chang

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77024

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12-15-01

Full name of contributor

out of state PAC

Susan A. Lawson

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED] Houston, TX 77098

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

out of state PAC

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

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1 of 3</b>
2 FILER NAME <b>Renee L. Hicks</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10-31-01</b>	5 Payee name <b>Office Depot</b>	7 Amount (\$)  <b>1,168.20</b>
6 Payee address; City; State; Zip Code  <b>Kirby Dr. Houston, TX 77054</b>		
8 Purpose of expenditure  <b>Printing</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <b>Renee L. Hicks/City Council Member at Large Position 3</b>
Date <b>11-07-01</b>	Payee name <b>Bullshirts</b>	Amount (\$)  <b>378.88</b>
Payee address; City; State; Zip Code  <b>8305 Skyline Houston, TX 77057</b>		
Purpose of expenditure  <b>Campaign T-shirts</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <b>Renee L. Hicks/City Council Member at Large Position 3</b>
Date <b>11-20-01</b>	Payee name <b>Southwestern Bell Telephone</b>	Amount (\$)  <b>150.00</b>
Payee address; City; State; Zip Code  <b>Houston, TX</b>		
Purpose of expenditure  <b>Telephone</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <b>Renee L. Hicks/City Council Member at Large Position 3</b>
Date <b>11-29-01</b>	Payee name <b>MWRWC</b>	Amount (\$)  <b>35.00</b>
Payee address; City; State; Zip Code  <b>Houston, TX</b>		
Purpose of expenditure  <b>Donation</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held <b>Renee L. Hicks/City Council Member at Large Position 3</b>

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>2 of 3</b>
2 FILER NAME <b>Renee L. Hicks</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11-29-01</b>	5 Payee name <b>Renee L. Hicks</b>	7 Amount (\$)  <b>64.00</b>
6 Payee address; City; State; Zip Code <b>Post Office Box 411 Houston, TX 77001</b>		
8 Purpose of expenditure <b>Copies and stamps</b>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <b>Renee L. Hicks/City Council</b> Office sought / held <b>Member at Large Position 3</b>
Date <b>12-18-01</b>	Payee name <b>Southwestern Bell Telephone</b>	Amount (\$)  <b>100.00</b>
Payee address; City; State; Zip Code <b>Houston, TX</b>		
Purpose of expenditure <b>Telephone</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <b>Renee L. Hicks/City Council</b> Office sought / held <b>Member at Large Position 3</b>
Date <b>12-18-01</b>	Payee name <b>Marion Battles</b>	Amount (\$)  <b>20.00</b>
Payee address; City; State; Zip Code <b>5506 Milart St Houston, TX 77021</b>		
Purpose of expenditure <b>Reimbursement</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <b>Renee L. Hicks/City Council</b> Office sought / held <b>Member at Large Position 1</b>
Date <b>12-18-01</b>	Payee name <b>IOP Services, Inc.</b>	Amount (\$)  <b>250.00</b>
Payee address; City; State; Zip Code <b>411 S. Houston, Ave Humble, TX 77347</b>		
Purpose of expenditure <b>Printing</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <b>Renee L. Hicks/City Council</b> Office sought / held <b>Member at Large Position 1</b>

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-18-01

5 Payee name

Renee L. Hicks

7 Amount (\$)

154.00

6 Payee address; City; State; Zip Code

Post Office Box 411 Houston, TX 77001

8 Purpose of expenditure

Postage and Ink Cartridges

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Renee L. Hicks/City Council  
Member at Large Position 3

Date

12-27-01

Payee name

CHPC

Amount (\$)

50.00

Payee address; City; State; Zip Code

Post Office Box 31 HOuston, Texas 77001

Purpose of expenditure

donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Renee L. Hicks/City Council  
Member at Large Position 3

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



January 15, 2002

City of Houston  
C/O Ms. Anna Russell  
City Secretary  
Post Office Box 1562  
Houston, Texas 77251-1562

Dear Ms. Russell: *anna*

Enclosed is a copy of my January 15, 2002 Campaign Finance Report. Please file stamp the top page and return to me in the enclosed self addressed and stamped envelope.

Thank you very much.

Sincerely,

*Renee*

Renee L. Hicks

Enclosures

*Returned*