

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

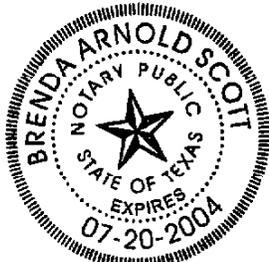
<p>The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed: 6</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>TITLE: Ms. NICKNAME: Renee FIRST: Renee LAST: Hicks MI: L. SUFFIX:</p>	<p>OFFICE USE ONLY</p> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>RECEIVED JUL 15 2003 CITY SECRETARY</p> </div> <p>Date Received: _____ Date Hand-delivered: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____</p>	
<p>4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Post Office Box 411 Houston, Texas 77001-0411</p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>TITLE: Mr. NICKNAME: Jesse FIRST: Jesse LAST: Cooper MI: L. SUFFIX:</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5506 Milart St. Houston, Texas 77021</p>	
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>AREA CODE PHONE NUMBER EXTENSION (713) 668-7138</p>		
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>8 REPORT TYPE</p> <p> <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) </p>		
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year 1 / 1 / 03 7 / 1 / 03</p>		
<p>10 ELECTION</p>	<p>ELECTION DATE Month Day Year 11 / 4 / 03</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </p>	
<p>11 OFFICE</p>	<p>OFFICE HELD (if any) None</p>	<p>12 OFFICE SOUGHT (if known) City of Houston City Council member At Large Position No. 3</p>	
<p>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages</p>	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name I have not received notification of any direct Address / PO Box; Apt. / Suite #; City; State; Zip Code campaign expenditures.</p>		

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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 NOTICE FROM POLITICAL COMMITTEE(S)	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> 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)	\$ 510.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 624.00
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 July, 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 3	
2 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5-29-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Baria	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6-1-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin and Kathryn Smith	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-6-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Vivian Young	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-8-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth S. Masquelette	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-6-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elehue and Rose Traylor	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [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 3	
2 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6-10-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martha Francis	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6-10-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Margaret and Lesa M. Spivey	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-10-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sametrios S Wells	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-11-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam Irvin Smith, Sr.	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6-14-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ted Lewis	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [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 this Schedule A1:
3 of 3

2 FILER NAME
Renee L. Hicks 3 ACCOUNT # (Ethics Commission filers)

4 Date 6-17-03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Detamore	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			

9 Principal occupation (Optional) 10 Employer (Optional)

Date 6-23-03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monica J. Gilliam	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation (Optional) Employer (Optional)

Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
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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

05/03

5 Payee name

Postmaster

6 Payee address; City; State; Zip Code

Houston, Texas

8 Amount (\$)

\$444.00

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

Postage

Reimbursement from political contributions intended

Date

05/03

Payee name

Office Depot

Payee address; City; State; Zip Code

Houston, Texas

Amount (\$)

\$180.00

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

Copies

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

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

Amount (\$)

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED