

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Renee L. Hicks	15 ACCOUNT # (Ethics Commission filers)
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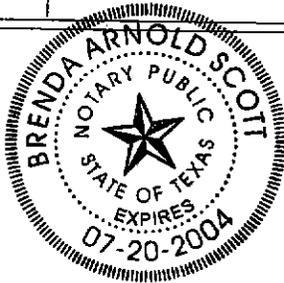
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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 EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ \emptyset
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 125.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ \emptyset
	4. TOTAL POLITICAL EXPENDITURES	\$ 221.00
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \emptyset

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.

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Renee L. Hicks, this the 27th day of October, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath 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:

10 of 1

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-1-03

5 Full name of contributor

Susan Permenter

out of state PAC

7 Amount of contribution (\$)

\$25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

10-10-03

Full name of contributor

M.S. Hines

out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

10-19-03

Full name of contributor

Brenda Hicks

out of state PAC

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

10-22-03

Full name of contributor

Linda Bailey

out of state PAC

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

10-10-03

Full name of contributor

Roster and Renea Gray

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Campaign Reception

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 this Schedule G:

1 of 1

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date 10-2-03	5 Payee name Postmaster	8 Amount (\$) \$111.00
	6 Payee address; City; State; Zip Code Houston, TX 77001	
7 Purpose of expenditure Postage		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10-2-03	Payee name Office Depot	Amount (\$) \$50.00
	Payee address; City; State; Zip Code West Rd Houston, TX	
Purpose of expenditure Copies		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/03	Payee name Kroger	Amount (\$) \$50.00
	Payee address; City; State; Zip Code Houston, TX	
Purpose of expenditure Refreshments - volunteers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/03	Payee name Shipley Donuts	Amount (\$) \$10.00
	Payee address; City; State; Zip Code Houston, TX	
Purpose of expenditure Refreshments - volunteers		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



City of Houston
P.O. Box 1562
Houston, TX 77251-1562
Attn: City Secretary
Ms. Anna Russell



COMMUNICATIONS SECTION
City of Houston, Suite 222, Houston, TX 77004

Pol. Adv. Paid for by the Hicks for Council Campaign
Jesse L. Connor Treasurer, P.O. Box 411 Houston, TX 77001

77251-1562