

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

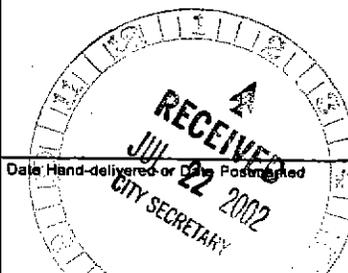
4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Ms. Renee L.
NICKNAME LAST SUFFIX
NA Hicks

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Post Office Box 411 Houston, TX 77001

Change of Address

Receipt # Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mr. Jesse L.
NICKNAME LAST SUFFIX
NA Cooper

6 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5506 Milart St Houston, TX 77021

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 747-5866

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 01 / 02 THROUGH 07 / 01 / 02

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
11 / 06 / 01 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

None

12 OFFICE SOLICIT (if known)

City of Houston City Council member At Large Pos 3

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- 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. --

Name

I have received no notification of any such expenditures

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

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 FILER NAME Renee L. Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-25-02	5 Full name of contributor John Tracy <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) 42.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out of state PAC	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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1

2 FILER NAME

Renee L. Hicks

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-24-02

5 Payee name

IOP Services

7 Amount (\$)

100.00

6 Payee address; City; State; Zip Code

Post Office Box 1446 Humble, TX 77347

8 Purpose of expenditure

Printing

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

4-24-02

Payee name

Post Office Bible Study

Amount (\$)

25.00

Payee address; City; State; Zip Code

Houston, Texas

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

5-15-02

Payee name

IOP Services

Amount (\$)

100.00

Payee address; City; State; Zip Code

Post Office Box 1446 Humble, Texas 77347

Purpose of expenditure

Printing

-- 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 42.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 225.00

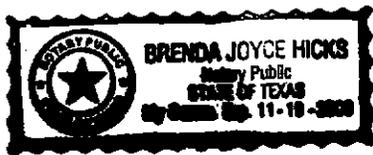
OUTSTANDING LOAN TOTALS

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 12th day of July, 20 02, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

BRENDA JOYCE HICKS
Printed name of officer administering oath

Notary
Title of officer administering oath



for City Council Member-at-Large Pos. 3

July 15, 2002

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

Dear Ms. Russell:

Enclosed are the below listed items:

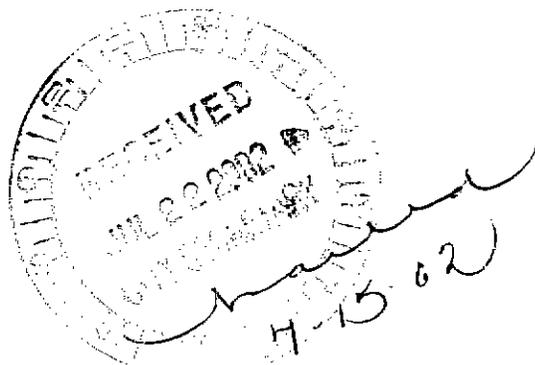
July 15th Campaign Finance Report

Please file stamp my copy and return to me in the enclosed self addressed envelope.

Thank you very much for your assistance.

Sincerely,

Renee L. Hicks



RENEE L. HICKS • CAMPAIGN HEADQUARTERS • The Bermac Building
4101 San Jacinto, Suite 232 • Houston, Texas 77004 • Phone (713) 520-6414 • Fax (713) 520-6441