

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) 00000001	2 PAGE # 1 of 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Troy	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Hicks		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11608 Bob Mitchell El Paso, TX 79936	Date Received	
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Myrna	Receipt # Amount	
	NICKNAME LAST SUFFIX Hicks		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11608 Bob Mitchell El Paso, TX 79936	Date Processed	
			Date Imaged
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 855-9859		
8 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/13/2007 05/04/2007		
10 ELECTION	ELECTION DATE Month Day Year 05/12/2007	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Rep District 6	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CITY CLERK DEPT.
MAY 14 3 44 PM '07

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Hicks, Troy (Mr.)

15 ACCOUNT # (Ethics Commission filers)
00000001

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

CLERK DEPT.
MAY -4 PM 3:44

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 7,058.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,337.56

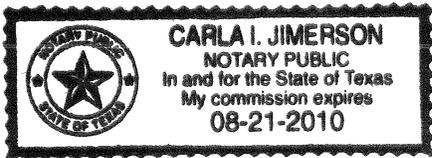
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Troy Hicks, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.

[Handwritten Signature] Carla I. Jimerson Carla I. Jimerson notary
 Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/8 Report: 3/21	
2 FILER NAME Hicks, Troy (Mr.)		3 ACCOUNT # (Ethics Commission filer) 00000001	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob Gray (Mr.) 6 Contributor address; City; State; Zip Code 4924 Vista Grande El Paso, TX 79922	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) In-Kind Web Page maintenance	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) El Paso Municipal Police Officers Association PAC 6 Contributor address; City; State; Zip Code 747 E. San Antonio Ave. El Paso, TX 79901	7 Amount of contribution (\$) \$1,500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

CITY CLERK DEPT.
 MAY 14 PM 3:44

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/8 Report: 4/21	
2 FILER NAME Hicks, Troy (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Escobar, Paul 6 Contributor address; City; State; Zip Code 1030 N. Zaragosa El Paso, TX 79907	7 Amount of contribution (\$) \$100.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 04/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hunt, W.L. (Mr.) 6 Contributor address; City; State; Zip Code Box 1220 El Paso, TX 79913	7 Amount of contribution (\$) \$500.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

CITY CLERK DEPT.
MAY - 4 PM 3:44

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/8 Report: 5/21	
2 FILER NAME Hicks, Troy (Mr.)			3 ACCOUNT # (Ethics Commission filers) 00000001		
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kobren, Barry 6 Contributor address; City; State; Zip Code 5735 Diamond Point El Paso, TX 79912	7 Amount of contribution (\$) \$500.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/03/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lazarin, Richard & Zulema 6 Contributor address; City; State; Zip Code 12516 Setting Sun El Paso, TX 79936	7 Amount of contribution (\$) \$25.00			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

CITY CLERK DEPT.
07 MAY - 4 PM 3:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/8 Report: 6/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/28/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Leal, Amador & Elizabeth

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code
1304 Rancho Grande
El Paso, TX 79936

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

04/27/2007

5 Full name of contributor out-of-state PAC(ID# _____)
Martinez, Beatriz

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code
3800 N. Mesa
El Paso, TX 79902

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

CITY CLERK DEPT.
07 MAY -4 PM 3:15

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/8 Report: 7/21	
2 FILER NAME Hicks, Troy (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moore, A. Richard Jr. (Mr.) 6 Contributor address; City; State; Zip Code 5028 Country Club Place El Paso, TX 79922	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raudry, Sandra 6 Contributor address; City; State; Zip Code 520 Marriman El Paso, TX 79912	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

CITY CLERK DEPT
07 MAY - 4 PM
:45

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/8 Report: 8/21	
2 FILER NAME Hicks, Troy (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/27/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rebe, Beverly 6 Contributor address; City; State; Zip Code 4324 Buckingham El Paso, TX 79902	7 Amount of contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Serna, Alan (Mr.) 6 Contributor address; City; State; Zip Code 595 Cora Pl El Paso, TX 79915	7 Amount of contribution (\$) \$650.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) In-Kind radio production and placement consulting.	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

CITY CLERK
MAY -4 PM
45

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/8 Report: 9/21	
2 FILER NAME Hicks, Troy (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vandenburg, Russell & Marty 6 Contributor address; City; State; Zip Code 5594 Westside El Paso, TX 79932	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/14/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilson, Robert & Melody 6 Contributor address; City; State; Zip Code 1833 Karl Wyler El Paso, TX 79936	7 Amount of contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

CITY CLERK DEPT.
MAY 14 3:45 PM '07

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/8 Report: 10/21	
2 FILER NAME Hicks, Troy (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date 04/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Womens PAC of El Paso 6 Contributor address; City; State; Zip Code 1125 Baltimore El Paso, TX 79902	7 Amount of contribution (\$) \$1,000.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date 04/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Women's PAC of El Paso 6 Contributor address; City; State; Zip Code 1125 Baltimore El Paso, TX 79902	7 Amount of contribution (\$) \$333.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable) In-Kind Mailer	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

CITY CLERK DEPT.
07 MAY - 11 PM 3:45

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/10 Report: 11/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
05/01/2007

5 Payee name
7/11 Stores
El Pasd, TX 79936
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$30.03

8 Purpose of payment
(See instructions regarding type of information required.)
Fuel for mobile billboard

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

CITY CLERK DEPT.
07 MAY - 4 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
05/02/2007

5 Payee name
Brady's Promotional Products
6 Payee address; City; State; Zip Code
12060 Jose Cisneros
El Paso, TX 79936

7 Amount (\$)
\$650.00

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/10 Report: 12/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/28/2007

5 Payee name
Circle K
El Paso, TX 79936
.....
6 Payee address; City; State; Zip Code

7 Amount (\$)

\$28.32

8 Purpose of payment
(See instructions regarding type of information required.)
Fuel for mobile billboard

Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

CITY CLERK DEPT
MAY -4 PM 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

04/16/2007

5 Payee name
E. P. Mass Media Advertising Inc.
.....
6 Payee address; City; State; Zip Code
11835 James Watt
Suite B-12
El Paso, TX 79936

7 Amount (\$)

\$330.00

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

Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/10 Report: 13/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date

04/18/2007

5 Payee name
E. P. Mass Media Advertising Inc.

.....
6 Payee address; City; State; Zip Code
11835 James Watt
Suite B-12
El Paso, TX 79936

7 Amount (\$)

\$330.00

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

CITY CLERK DEPT.
07 MAY -4 PM 3:15

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date

05/01/2007

5 Payee name
E.P. Mass Media Advertising
El Paso, TX 79936

.....
6 Payee address; City; State; Zip Code

7 Amount (\$)

\$660.00

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/10 Report: 14/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/30/2007

5 Payee name
GECU
El Paso, TX 79936
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$21.00

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

CITY CLERK DEPT.
07 MAY -4 PM 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
04/25/2007

5 Payee name
Go Direct Mail Marketing
6 Payee address; City; State; Zip Code
8400 Boeing
El Paso, TX 79925

7 Amount (\$)
\$750.00

8 Purpose of payment
(See instructions regarding type of information required.)
Mailer fees and Postage

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/10 Report: 15/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date	5 Payee name Go Direct Mail Marketing	7 Amount (\$)
04/30/2007	6 Payee address; City; State; Zip Code 8400 Boeing El Paso, TX 79925	\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.) Mailer fees and Postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

CITY CLERK DEPT.
07 MAY - 1 PM 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Go Direct Mail Marketing	7 Amount (\$)
05/03/2007	6 Payee address; City; State; Zip Code 8400 Boeing El Paso, TX 79925	\$1,000.00

8 Purpose of payment (See instructions regarding type of information required.) Mailer fees and postage <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/10 Report: 16/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
05/04/2007

5 Payee name
Go Direct Mail Marketing
.....
6 Payee address; City; State; Zip Code
8400 Boeing
El Paso, TX 79936

7 Amount (\$)
\$767.03

8 Purpose of payment
(See instructions regarding type of information required.)
Mailer fees and postage

 Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

CITY CLERK DEPT.
MAY - 4 PM 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
04/18/2007

5 Payee name
Home Depot
El Paso, TX 79936
.....
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$88.09

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

 Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 7/10 Report: 17/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/23/2007

5 Payee name
Murphy
.....
6 Payee address; City; State; Zip Code
1561 N. Zaragosa
El Paso, TX 79936

7 Amount (\$)
\$27.05

8 Purpose of payment
(See instructions regarding type of information required.)
Fuel for mobile billboard

9 ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
05/03/2007

5 Payee name
Murphy
El Paso, TX 79936
.....
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$28.27

8 Purpose of payment
(See instructions regarding type of information required.)
Fuel for mobile billboard

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

CITY CLERK DEPT.
 07 MAY 11 PM 3:45

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/10 Report: 18/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/13/2007

5 Payee name
Office Depot
El Paso, TX 79936
.....
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$110.00

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

Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Office sought:
Office held:

CITY CLERK DEPT
MAY -4 PM 3:45

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
04/23/2007

5 Payee name
Office Depot
El Paso, TX 79936
.....
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$9.94

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

Payment for travel outside Texas (complete boxes 10-16)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/10 Report: 19/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/25/2007

5 Payee name
Richards Printing
.....
6 Payee address; City; State; Zip Code
6050 Alameda
El Paso, TX 79905

7 Amount (\$)
\$162.38

CITY CLERK DEPT.
MAY 14 PM 3:46

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
05/03/2007

5 Payee name
Richards Printing
.....
6 Payee address; City; State; Zip Code
6050 Alameda
El Paso, TX 79905

7 Amount (\$)
\$205.68

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

Office sought:
Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/10 Report: 20/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/20/2007

5 Payee name
Sam's Club
El Paso, TX 79936
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$28.91

CITY CLERK DEPT.
MAY 11 07
PH 3:45

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Payment for travel outside Texas (complete boxes 10-16)

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

4 Date
04/28/2007

5 Payee name
Sam's Club
El Paso, TX 79936
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$110.86

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Payment for travel outside Texas (complete boxes 10-16)

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location

12 Departure date

13 Destination city / location

14 Arrival date

15 Means of transportation

16 Purpose of travel

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 21/21

2 FILER NAME Hicks, Troy (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00000001

4 Date
04/23/2007

5 Payee name
Ramirez, K.C. (Dr.)

8 Amount
(\$)
\$50.00

6 Payee address; City; State; Zip Code
240 Smith Rd.
El Paso, TX 79907

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

CITY CLERK DEPT.
07 MAY -4 PM 3:46