

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS COH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/7	
2 FILER NAME Mr. Troy J Hicks		3 ACCOUNT # (Ethics Commission file) 00000000	
4 Date 03/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rita Caraveo 6 Contributor address; City; State; Zip Code 10924 Tom Weiskoff El Paso TX 79936	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mike & Patsy Case Contributor address; City; State; Zip Code 4200 E. Skelly Tulsa OK 74135	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. William & Marnie Harper Contributor address; City; State; Zip Code 939 Rim El Paso TX 79902	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steve and Jackie Ingraham Contributor address; City; State; Zip Code 623 Cascade El Paso TX 79912	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Roger and Rita Priegel Contributor address; City; State; Zip Code 9164 Turrentine El Paso TX 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/7
2 FILER NAME Mr. Troy J Hicks		3 ACCOUNT # (Ethics Commission filers) 00000000
4 TOTAL OF UNITEMIZED LOANS: ⇄⇄⇄⇄⇄⇄		\$ 0.00
5 Date of loan 02/25/2005	7 Name of lender <input type="checkbox"/> out-of-state PAC(ID# _____) Myrna Hicks	9 Loan Amount (\$) 800.00
6 Is lender a financial institution? N	8 Lender address; City; State; Zip Code 11608 Bob Mitchell El Paso TX 79936	10 Interest rate 0
		11 Maturity date
12 Description of Collateral <input checked="" type="checkbox"/> none		
13 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	14 Name of guarantor 15 Guarantor address; City; State; Zip Code	16 Amount Guaranteed (\$)
17 Principal Occupation		18 Employer

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/7

2 FILER NAME
Mr. Troy J Hicks

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date 03/11/2005	5 Payee name Kinkos	7 Amount (\$) 135.31
6 Payee address; City; State; Zip Code El Paso TX 79936		

8 Purpose of expenditure (See instructions regarding type of information required.) Printing	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/05/2005	Payee name La Terraza	Amount (\$) 211.94
Payee address; City; State; Zip Code El Paso TX 79936		

Purpose of expenditure (See instructions regarding type of information required.) Campaign kickoff lunch	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 03/07/2005	Payee name Office Depot	Amount (\$) 117.36
Payee address; City; State; Zip Code El Paso TX 79936		

Purpose of expenditure (See instructions regarding type of information required.) Printing materials	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 02/28/2005	Payee name Rockett Advertising	Amount (\$) 250.00
Payee address; City; State; Zip Code 4110 Rio Bravo El Paso TX 79902		

Purpose of expenditure (See instructions regarding type of information required.) Ad design	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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