



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

CITY CLERK DEPT.  
07 JAN 12 PM 2:53

## 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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

### 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)

\$ 250.00

### EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 75.00

### CONTRIBUTION BALANCE

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

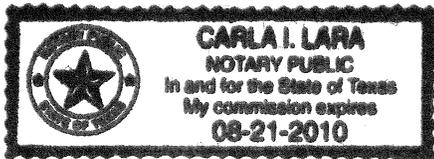
\$ 175.00

### 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.

*Joseph Hicks*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joseph Hicks, this the 17th day of January, 2007, to certify which, witness my hand and seal of office.

*Carla I. Lara* Carla I. Lara  
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. **SCHEDULE A**

07 JAN 12 PM 2:53

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

**1** PAGE #  
Schedule: 1/1 Report: 3/4

**2** FILER NAME Hicks, Troy (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
11/30/2006

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Gezelius, Kenneth (Mr.)

**7** Amount of contribution (\$)  
  
\$50.00

**6** Contributor address; City; State; Zip Code  
4501 Cupid Dr.  
El Paso, TX 79924

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)  
Business Owner

**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  
  
09/22/2006

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Serna, Alan (Mr.)

**7** Amount of contribution (\$)  
  
\$200.00

**6** Contributor address; City; State; Zip Code  
595 Cora Pl  
El Paso, TX 79915

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)  
Business Owner

**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

# POLITICAL EXPENDITURES

CITY CLERK DEPT.

## SCHEDULE F

07 JAN 12 PM 2:53

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 4/4

**2** FILER NAME Hicks, Troy (Mr.)

**3** ACCOUNT # (Ethics Commission filers)  
00000001

**4** Date  
  
11/01/2006

**5** Payee name  
East Side Rotary  
El Paso, TX 79936  
  
**6** Payee address; City; State; Zip Code

**7** Amount  
(\$)  
  
\$75.00

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Political Ad

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