

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center; font-size: 24px; font-weight: bold;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <div style="text-align: center; font-size: 24px; font-weight: bold;">Thomas</div>	MI <div style="text-align: center; font-size: 24px; font-weight: bold;">S.</div>
	NICKNAME <div style="text-align: center; font-size: 24px; font-weight: bold;">Tom</div>	LAST <div style="text-align: center; font-size: 24px; font-weight: bold;">Hicks</div>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold;">1104 Eagle Ridge, El Paso TX 79912</div>		
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; font-weight: bold;">(915) 581-4024</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 24px; font-weight: bold;">1432 Crown Ridge El Paso TX 79912</div>		
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 24px; font-weight: bold;">(915) 494-1548</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST <div style="text-align: center; font-size: 24px; font-weight: bold;">Carlos</div>	MI <div style="text-align: center; font-size: 24px; font-weight: bold;">A.</div>
	NICKNAME <div style="text-align: center; font-size: 24px; font-weight: bold;">Chuck</div>	LAST <div style="text-align: center; font-size: 24px; font-weight: bold;">FERNANDEZ</div>	SUFFIX
9 REPORT TYPE			
<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED			
<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <div style="text-align: center; font-size: 24px; font-weight: bold;">02 / 06 / 2019</div></div> <div>THROUGH</div> <div>Month Day Year / /</div> </div>			
11 ELECTION			
ELECTION DATE Month Day Year <div style="text-align: center; font-size: 24px; font-weight: bold;">05 / 04 / 2019</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 24px; font-weight: bold;">District 6 Trustee</div>	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

APR 12 19 4:36 PM

14 C/OH NAME Thomas S. Hicks

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

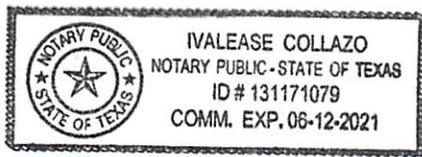
Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	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-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,400.-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 676.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,273.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,550.-

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.

Thomas Hicks

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Hicks, this the 12th day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Ivalsee Collazo

Printed name of officer administering oath

CEOM

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Carlos A. Fernandez-Dos</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,400.-
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 650.-
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 676.57
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

APR 12 '19 4:36PM

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

APR 12 '19 4:36 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <i>Carlos A. Fernandez</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/19</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LINDA C. POWERS</i> <i>William Powers</i> 6 Contributor address; City; State; Zip Code <i>6517 Isla Del Rey Dr El Paso, TX 79912</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. E. J. MONTGAGES LP</i> Contributor address; City; State; Zip Code <i>1209 CERRITO BONITO LN, EL PASO, TX 79912</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/12/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BENJAMIN A. VANECEK</i> <i>MACHELLE VANECEK</i> Contributor address; City; State; Zip Code <i>304 CORAL SKY LN EL PASO, TX 79912</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KYLE LASLEY</i> <i>JENNIE LASLEY</i> Contributor address; City; State; Zip Code <i>4022 LAS VEGAS DR EL PASO, TX 79902</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

APR 12 '19 4:36PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Carli A FERNANDEZ</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/19</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHARON B. SEMKO</b> 6 Contributor address; City; State; Zip Code <b>724 CRESTA ALTA EL PASO, TX 79912</b>	7 Amount of contribution (\$) <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GREG Y. DAW SUSAN M. DAW</b> Contributor address; City; State; Zip Code <b>4790 Sol de Alma EL PASO, TX 79922</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/26/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESUS RIOS CHERYL D. RIOS</b> Contributor address; City; State; Zip Code <b>409 SHARONDALE DR. EL PASO, TX 79912</b>	Amount of contribution (\$) <b>\$200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/31/19</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John P. QUINN Mary QUINN</b> Contributor address; City; State; Zip Code <b>6692 TUSCANY RIDGE DR EL PASO, TX 79912</b>	Amount of contribution (\$) <b>\$100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# LOANS

# SCHEDULE E

APR 12 '19 4:36 PM

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2</b>
2 FILER NAME <i>Carlos A. Fernandez</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>3/8/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas S. Hicks</i>	9 Loan Amount (\$) <i>\$1000.-</i>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>1104 Eagle Ridge El Paso, TX 79912</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>3/19/19</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Thomas S. Hicks</i>	Loan Amount (\$) <i>\$450.00</i>
Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <i>1104 Eagle Ridge, El Paso, TX 79912</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>2</u>
2 FILER NAME <i>Carlos A. Ferrera-DeB</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>4/2/19</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <i>Thomas S. Hicker</i>	9 Loan Amount (\$) <i>\$100.00</i>
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code  <i>1104 Eagle Ridge El Paso, TX 79912</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

APR 12 '19 4:36 PM

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/9/19</i>	5 Payee name <i>All PRINT</i>		
6 Amount (\$) <i>\$676.51</i>	7 Payee address; City; State; Zip Code <i>7230 Gateway Blvd East #D, El Paso, TX 79915</i>		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name <i>Thomas S. Hicks</i>	Office sought <i>District 6 Trustee</i>	Office held
Amount (\$)	Payee name		
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Payee name		
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Payee name		
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Payee name		
<b>PURPOSE OF EXPENDITURE</b>	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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