

# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <u>MR</u> FIRST <u>Thomas</u> MI <u>S.</u> NICKNAME LAST SUFFIX <u>Tom</u> <u>Hicks</u>		OFFICE USE ONLY Date Received  APR12 '19 4:36PM  4/12/19 MOR Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address <input type="checkbox"/> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>1104 Eagle Ridge, El Paso TX 79912</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915)</u> <u>581-4024</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS <u>MR</u> FIRST <u>Carlos</u> MI <u>A.</u> NICKNAME LAST SUFFIX <u>Chuck</u> <u>FERNANDEZ</u>		
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1432 Crown Ridge El Paso TX 79912</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(915)</u> <u>494-1548</u>		
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	Month Day Year    Month Day Year <u>02 / 06 / 2019</u> THROUGH <u>     /    /   </u>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>05 / 04 / 2019</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>District 6 Trustee</u>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Thomas S. Hicks

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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

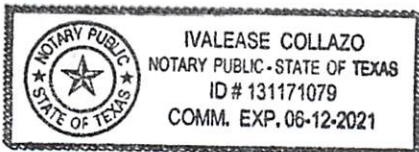
\$ 2,273.49

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.

*Eudora Collazo*

Signature of officer administering oath

*Ivaliese 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. Ferraz-DB</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	\$

APR12 '19 4:36PM



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Carlos A. Fernandez

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/19

5 Full name of contributor

Linda C. Powers  
William Powers

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

6517 Isla Del Rey Dr El Paso, TX 79912

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/19

Full name of contributor

J. E. J. MONTGAGES LP

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

1209 CERRITO BONITO LN. EL PASO, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/12/19

Full name of contributor

BENJAMIN A. VANECEK  
MACHELLE VANECEK

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

304 CORAL SKY LN EL PASO, TX 79912

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/19

Full name of contributor

KYLE LASLEY  
JENNIE LASLEY

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4022 LAS VEGAS DR EL PASO, TX 79902

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.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Carl A. Fernandez

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/19

5 Full name of contributor

SHARON B. SEMKO

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

724 CRESTA ALTA EL PASO, TX 79912

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/19

Full name of contributor

GREG Y. DAW

SUSAN M. DAW

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

4790 Sol de Alma EL PASO, TX 79922

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/19

Full name of contributor

JESUS RIOS

CHERYL D. RIOS

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

409 SHARONDALE DR. EL PASO, TX 79912

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/19

Full name of contributor

John P. Quinn

MARY QUINN

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

6692 TUSCANY RIDGE DR. EL PASO, TX 79912

Amount of contribution (\$)

\$100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2

2 FILER NAME

Carlos A. Fernandez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3/8/19

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas S. Hicks

9 Loan Amount (\$)

\$1000.-

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

1104 Eagle Ridge El Paso, TX 79912

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3/19/19

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Thomas S. Hicks

Loan Amount (\$)

\$450.00

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

1104 Eagle Ridge, El Paso, TX 79912

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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:

2

2 FILER NAME

Carlos A. Ferrera-Dez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4/2/19

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Thomas S. Hicks

9 Loan Amount (\$)

\$100.00

6 Is lender a financial institution?  
Y N

8 Lender address; City; State; Zip Code

1104 Eagle Ridge El Paso, TX 79912

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ 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

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

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.



## SCHEDULE F1

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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4 Date 3/9/19	5 Payee name All PRINT
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6 Amount (\$)	7 Payee address; City; State; Zip Code
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\$676. <sup>51</sup>	7230 Gateway BLVD EAST #D, EL PASO, TX 79915
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<p>8</p> <p>PURPOSE OF EXPENDITURE</p>	<p>(a) Category (See Categories listed at the top of this schedule)</p> <p>PRINTING EXPENSE</p>	<p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Thomas S. Hicks</i>	Office sought <i>District 6 Trustee</i>	Office held
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Date	Payee name
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Date	11/17/2016
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Amount (\$)	Payee address:	City:	State:	Zip Code
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[illegible]

<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b> <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	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	<b>Description</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

No.	Candidate's / Officeholder's name	Office sought	Office held
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Forms provided by Texas Ethics Commission

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

Revised 9/8/2015

APR12 '19 4:36PM