

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:									
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <u>MS</u> FIRST <u>Angel</u> MI <u>J</u> NICKNAME _____ LAST <u>Hicks</u> SUFFIX _____		OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; color: red; font-weight: bold;"> RECEIVED APR 28 2023 </div> BY: <u>[Signature]</u> Date Hand-delivered or Date Postmarked <u>4/28/23</u>											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2350 Honey Heights Ln</u> <u>Fresno</u> <u>TX</u> <u>77545</u>		Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <u>(281) 845-9857</u>		6 CAMPAIGN TREASURER NAME MS / MRS / MR <u>Mrs</u> FIRST <u>Marie</u> MI _____ NICKNAME _____ LAST <u>Hicks-Fields</u> SUFFIX _____											
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>10814 Umber Ct</u> <u>Houston</u> <u>TX</u> <u>77099</u>		8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <u>(713) 857-7827</u>											
9 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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		10 PERIOD COVERED Month Day Year Month Day Year <u>4</u> <u>17</u> <u>23</u> THROUGH <u>4</u> <u>28</u> <u>23</u>											
11 ELECTION ELECTION DATE Month Day Year <u>5</u> <u>16</u> <u>23</u>		ELECTION TYPE <input checked="" 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) <u>Board of Trustees Position 5</u>											
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME												
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS												
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME												
	COMMITTEE CAMPAIGN TREASURER ADDRESS												

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

47500

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,626.92

CONTRIBUTION
BALANCE

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

\$

0

OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

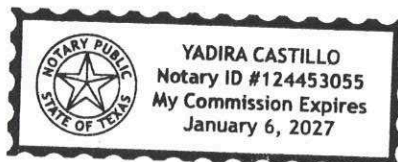
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Angel Hicks

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angel Hicks this the 28th day of April

20 23, to certify which, witness my hand and seal of office.

Yadira Castillo

Yadira Castillo

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Angel Hicks, and my date of birth is Oct 23, 1984

My address is 2350 Honey Heights Ln, Fresno, TX, 77545 United States
(street) (city) (state) (zip code) (country)

Executed in Fert Bend County, State of Texas, on the 28 day of February, 20 23
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 475
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	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,120 ⁰⁰
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 506.92
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Angel Hicks

3 Filer ID (Ethics Commission Filers)

4 Date

4/8/23

5 Full name of contributor

Marie Hicks-Fields

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$200

6 Contributor address;

City;

State;

Zip Code

Houston, TX

77099

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/13/23

Full name of contributor

Rodney Ashton

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

6427 Moreland Ln Rosenberg TX 77469

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

FBISD

Date

4/21/23

Full name of contributor

Rodney Ashton

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

6427 Moreland Ln Rosenberg TX 77469

Principal occupation / Job title (See Instructions)

Educator

Employer (See Instructions)

FBISD

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Angel Hicks		3 Filer ID (Ethics Commission Filers)
4 Date 4/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrystal Rivers	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code PO Box 445886 Houston TX 77245		
8 Principal occupation / Job title (See Instructions) Donor Engagement Mgr		9 Employer (See Instructions) Yes Prep Public Schools
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>		2 FILER NAME <u>Angel Hicks</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/10/23</u>		5 Payee name <u>Precision Graphix Group</u>			
6 Amount (\$) <u>\$725.00</u>		7 Payee address; City; State; Zip Code <u>8325 Broadway Suite 202 Pearland TX 77581</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Push cards ; Signs</u>		
	(c) <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					
Candidate / Officeholder name <u>Angel Hicks</u>		Office sought <u>FBISD BOT Position 5</u>		Office held	
Date <u>4/16/23</u>		Payee name <u>Sugar Land Town Square</u>			
Amount (\$) <u>\$210</u>		Payee address; City; State; Zip Code <u>15958 City Walk Sugar Land TX 77479</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Meet and greet location</u>		
	<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 <u>Angel Hicks</u>		Office sought <u>FBISD BOT Position 5</u>		Office held	
Date <u>4/22/23</u>		Payee name <u>Angel Hicks</u>			
Amount (\$) <u>\$125</u>		Payee address; City; State; Zip Code <u>2350 Honey Heights Ln Fresno, TX 77545</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Reimbursement</u>		Description <u>Reimbursement for Sugar Land Town Square event</u>		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Angel Hicks		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/23		5 Payee name Sugar Land Town Square			
6 Amount (\$) \$80.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 15958 City Walk Sugar Land, TX 77479			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Meet and Greet		
	(c) <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 Candidate / Officeholder name Angel Hicks Office sought FBISD BOT Position 5 Office held					
Date 4/18/23		Payee name Carista's Creations			
Amount (\$) \$231.92 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 16507 Candyridge Ct Houston TX 77053			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-shirts		
	<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 Angel Hicks Office sought FBISD BOT Position 5 Office held					
Date 4/22/23		Payee name Dream Big Parties			
Amount (\$) \$160 <input checked="" type="checkbox"/> Reimbursement from political contributions intended \$125		Payee address; City; State; Zip Code 1431 Wirt Rd #142 Houston TX 77055			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Face Painting @ meet and greet		
	<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 Angel Hicks Office sought FBISD BOT Position 5 Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">2</div>	2 FILER NAME <div style="font-size: 1.2em;">Angel Hicks</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">4/22/23</div>	5 Payee name <div style="font-size: 1.2em;">Madison "Kydd Kayo" Polk</div>		
6 Amount (\$) <div style="font-size: 1.2em;">\$160</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">3731 Gamlin Bend DR Hou TX 77082</div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Event Expense</div>		(b) Description <div style="font-size: 1.2em;">DJ for meet and greet</div>
	<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			
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div> <div style="font-size: 1.2em; margin-top: 5px;"> Angel Hicks FBISD BOT Position 5 </div>			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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			
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	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			
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			

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