

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Grover</i> MI: <i>G.</i> NICKNAME: <i>GARY</i> LAST: <i>Fickes</i> SUFFIX:	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY <hr/> Date Received <div style="text-align: center; font-size: 18pt; font-weight: bold;">R</div> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>John</i> MI: <i>T.</i> NICKNAME: LAST: <i>Lubartks</i> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE EXTENSION		
8 CAMPAIGN TREASURER PHONE	EXTENSION		
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 checked="" 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 THROUGH Month Day Year <i>1 / 1 / 14</i> <i>6 / 30 / 14</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>County Commissioner Precinct 3</i>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME *Mr. Grover G. "Gary" Fickes* **15 ACCOUNT # (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

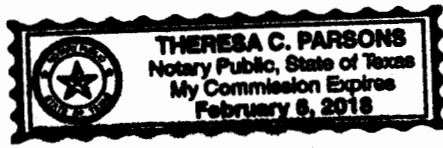
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>20,500.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,412.96</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>25,855.51</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Grover G. Fickes*, this the *2nd* day of *July*, 20 *14*, to certify which, witness my hand and seal of office.

Theresa C. Parsons Theresa C. Parsons Natany
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 5

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/3/14

5 Full name of contributor out-of-state PAC (ID# _____)

Jimmy Payton

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

6 Contributor address; City; State; Zip Code

P.O. Box 1622
Euless, Texas 76039

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Barney Holland Jr.

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

3247 Eu canto Drive
Fort Worth, Texas 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Dr. and Mrs. Nizam Peerwani

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

P.O. Box 121234
Arlington, Texas 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Tim and Donna Welch

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

P.O. Box 821579
Richard Hills, Texas 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Russell Laughlin

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor address; City; State; Zip Code

3717 Fox Hollow
Fort Worth, Texas 76109

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 5

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/10/14

5 Full name of contributor out-of-state PAC (ID# _____)

John Boyle Jr

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1718 Cripple Creek
Irving, Texas 75061

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Darcy Anderson

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2009 Wood Thrush Court
Westlake, Texas 76262

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Charles Powell

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 444
Hurst, Texas 76053

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Roy Stewart

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1133 Airline Drive
Grapevine, Texas 76051

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/14

Full name of contributor out-of-state PAC (ID# _____)

Gary Reynolds

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 370
Eulless, Texas 76039

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3 of 5

2 FILER NAME

Mr. Grover G. "Gary" Ficks

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/10/14

5 Full name of contributor

PSEL PAC

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

201 Main Street, Suite 2500
Fort Worth, Texas 76102

7 Amount of contribution (\$)

1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/10/14

Full name of contributor

Kelly Hart PAC

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

201 Main Street, Suite 2500
Fort Worth, Texas 76102

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

Michael Berry

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

6217 Genoa Road
Fort Worth, Texas 76116

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

Freese + Nichols PAC

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4055 International Plaza, Suite 200
Fort Worth, Texas 76109

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

Virginia and Joe Tigue

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4415 Meandering Way
Colleyville, Texas 76034

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4 of 5

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/27/14

5 Full name of contributor

Betsy and Tom Price

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

3218 Westcliff Road W
Fort Worth, Texas 76109

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/27/14

Full name of contributor

Bob Austin Jr

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

103 Parker Ridge Road
Palmer, Texas 75152

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

John and Jane Avila

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2600 West 7th Street, Unit 1833
Fort Worth, Texas 76107

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

Unbringer Goggan Blair + Sampson, LLP

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

100 Throckmorton, Suite 300
Fort Worth, Texas 76102

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/14

Full name of contributor

Shirley and James Dannenbaum

out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3100 W. Alabama Street
Houston, Texas 77098

Amount of contribution (\$)

5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

5 of 5

2 FILER NAME

Mr. Grover G. "Gary" Fickes

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/2/14

5 Full name of contributor out-of-state PAC (ID#: _____)

Reggie and Fonda Martin

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

409 Falcon Court
Colleyville, Texas 76034

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/2/14

Full name of contributor out-of-state PAC (ID#: _____)

Larry and Paula Marshall

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1300 Shady Oaks Drive
Southlake, Texas 76092

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/14

Full name of contributor out-of-state PAC (ID#: _____)

Dale and Linda Clark

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

12250 Knoll Trail, #210
Dallas, Texas 75248

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/9/14

Full name of contributor out-of-state PAC (ID#: _____)

Fulbright + Jaworski - Texas Committee

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1301 McKinney, Suite 5100
Houston, Texas 77010

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/9/14

Full name of contributor out-of-state PAC (ID#: _____)

David Kelly

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

909 Inwood Lane
Colleyville, Texas 76034

(If travel outside of Texas, complete Schedule T)

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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 6	2 FILER NAME Mr. Grover G. "Gary" Fickes	3 ACCOUNT # (Ethics Commission Filers)
4 Date 1/17/14	5 Payee name Children's Education Program of Performing Arts	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 330 E. 4th Street Fort Worth, Texas 76102	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/23/14	Payee name Treasure Coast Hospice	
Amount (\$) 20.00	Payee address; City; State; Zip Code 9025 S.E. Bridge Road Hobe Sound, Florida 33455	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Gift, Awards, Memorial Expense	Description (If travel outside of Texas, complete Schedule T) Donation - Funeral Memorial
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/31/14	Payee name Keller Chamber of Commerce	
Amount (\$) 150.00	Payee address; City; State; Zip Code 420 Johnson Road, Suite 301 Keller, Texas 76248	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/4/14	Payee name Russ Casey Campaign	
Amount (\$) 300.00	Payee address; City; State; Zip Code P.O. Box 93703 Southlake, Texas 76092	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 6		2 FILER NAME Mr. Grover G. "Gary" Fickes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/10/14		5 Payee name Tarrant County Jr. Livestock Association			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code 6713 Telephone Road Fort Worth, Texas 76139			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution / Donation Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/13/14		Payee name Charles Vinover Campaign			
Amount (\$) 200.00		Payee address; City; State; Zip Code P.O. Box 80096 Keller, Texas 76244			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution / Donation Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/14		Payee name Haislip Creative			
Amount (\$) 93.36		Payee address; City; State; Zip Code 1719 Sagebrush Trail Grapevine, Texas 76099			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Grapevine Photo Books	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/3/14		Payee name Sharen Wilson Campaign			
Amount (\$) 250.00		Payee address; City; State; Zip Code P.O. Box 282 Fort Worth, Texas 76101			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution / Donation Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 6		2 FILER NAME Mr. Grover G. "Garry" Fickes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/14/14		5 Payee name Duff O'Dell Campaign			
6 Amount (\$) 200.00		7 Payee address; City; State; Zip Code 412 East Wall Street GRAPEVINE, TEXAS 76051			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/14/14		Payee name Colleyville Gaus Club			
Amount (\$) 50.00		Payee address; City; State; Zip Code P.O. Box 532 Colleyville, Texas 76034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Donation - Melvin Jones Program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/17/14		Payee name Grapevine Chamber of Commerce			
Amount (\$) 290.00		Payee address; City; State; Zip Code 200 E. Vine Street GRAPEVINE, TEXAS 76051			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Membership Dues	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/18/14		Payee name Tarrant County GOP			
Amount (\$) 100.00		Payee address; City; State; Zip Code 2405 Gravel Road Fort Worth, Texas 76118			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) SD12 Convention	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>4 of 6</i>	2 FILER NAME <i>Mr. Grover G. "Garry" Fickes</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>3/18/14</i>	5 Payee name <i>Northwest Metroport Chamber of Commerce</i>	
6 Amount (\$) <i>250.00</i>	7 Payee address; City; State; Zip Code <i>99 Trophy Club Drive Trophy Club, Texas 76262</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Fees</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Membership Dues</i>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/25/14</i>	Payee name <i>Tarrant County GOP</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>2405 Gravel Fort Worth, Texas 76118</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation Made By Officeholder</i>	Description (If travel outside of Texas, complete Schedule T) <i>SD9 Convention</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/2/14</i>	Payee name <i>Core 24, LLC</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>4207 Herschel Avenue Dallas, Texas 75219</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Administrative Assistant Luncheon</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>4/7/14</i>	Payee name <i>Carroll ISD</i>	
Amount (\$) <i>150.00</i>	Payee address; City; State; Zip Code <i>2400 N. Carroll Avenue Southlake, Texas 76092</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contribution/Donation Made By Officeholder</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation - Football Tickets</i>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 6		2 FILER NAME Mr. Grover G. "Gary" Fickes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/30/14		5 Payee name J. D. Johnson Golf Classic			
6 Amount (\$) 250.00		7 Payee address; City; State; Zip Code P.O. Box 132021 Fort Worth, Texas 76132			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Sponsor Donation	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/5/14		Payee name Martin Schelling Campaign			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2225 N. White Chapel Blvd Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/12/14		Payee name Linda Koop Campaign			
Amount (\$) 250.00		Payee address; City; State; Zip Code P.O. Box 794042 Dallas, Texas 75379			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/3/14		Payee name Colleyville Lions Club			
Amount (\$) 250.00		Payee address; City; State; Zip Code P.O. Box 536 Colleyville, Texas 76034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions/Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Sponsor - X-Sightment Run	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 6		2 FILER NAME Mr. Grover G. "Gary" Ficks		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/13/14		5 Payee name Ed Haidusek			
6 Amount (\$) 123.43		7 Payee address; City; State; Zip Code 2421 Birch Lane Burleson, Texas 76028			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contribution / Donation Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Donation - Giftish Dinner	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/16/14		Payee name Boy Scouts of America - Longhorn Council			
Amount (\$) 100.00		Payee address; City; State; Zip Code 5350 Bosswood Blvd Fort Worth, Texas 76137			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contribution / Donation Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Donation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/26/14		Payee name Domain Registry Service			
Amount (\$) 240.00		Payee address; City; State; Zip Code 2312 Delaware Ave, Suite 266 Buffalo, NY 14216-2687			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation / Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Register Website	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 4		2 FILER NAME Mr. Grover G. "Garry" Fickes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/28/14		5 Payee name MiLocINA			
6 Amount (\$) 68.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1276 Main Street Southlake, Texas 76092			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Lunch with Staff (12/26/13)	
Date 1/28/14		Payee name Busy B Bakery			
Amount (\$) 29.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 480 W. Southlake Blvd Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Meeting with Constituents (2/14/13)	
Date 1/28/14		Payee name Tru Fire Kitchen			
Amount (\$) 52.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1239 Main Street Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Lunch with Staff (7/1/13)	
Date 1/28/14		Payee name MiLocINA			
Amount (\$) 43.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1276 Main Street Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Lunch with Staff (7/23/13)	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 4		2 FILER NAME Mr. Grover G. "Gary" Fickes		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/28/14		5 Payee name Mi Cocina			
6 Amount (\$) 27.35 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1276 Main Street Southlake, Texas 76092			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Lunch with Constituent (9/26/13)	
Date 3/13/14		Payee name Tom Thumb			
Amount (\$) 350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Hwy 21 + Hall Johnson Colleyville, Texas 76034			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Flower Decorations - Empower Seniors	
Date 3/13/14		Payee name US Postal Service			
Amount (\$) 93.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Southlake Post Office Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) Postage - Fundraising Meeting	
Date 3/18/14		Payee name EL Rancho Grande			
Amount (\$) 21.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1400 N. Main Street Fort Worth, Texas 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Lunch with District Clerk	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3 of 4		2 FILER NAME Mr. Grover G. "Gary" Ficks		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/18/14		5 Payee name Busy B's Bakery			
6 Amount (\$) 32.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 480 W. Southlake Blvd Southlake, Texas 76092			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) Meeting with Constituents	
Date 3/18/14		Payee name Northeast Tarrant Chamber of Commerce			
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, Texas 76117			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Monthly luncheon	
Date 2/10/14		Payee name El Rancho Grande			
Amount (\$) 28.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 1400 N. Main Street Fort Worth, Texas 76106			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Lunch - Constituents	
Date 2/10/14		Payee name Busy B Bakery			
Amount (\$) 28.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 480 W. Southlake Blvd Southlake, Texas 76092			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food / Beverage Expense		Description (If travel outside of Texas, complete Schedule T) Meeting with Constituents	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4 of 4	2 FILER NAME Mr. Grover B. "Gary" Fickes	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 2/10/14	5 Payee name Krispy Creme Donuts
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6 Amount (\$) 55.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3205 Ira E. Woods Ave GroesBEINE, Texas 76091
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Left Gift 5K Run
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Date 2/10/14	Payee name Mi Cocina
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Amount (\$) 28.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1276 Main Street Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch with Constituent
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Date 2/10/14	Payee name Mi Cocina
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Amount (\$) 77.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1276 Main Street Southlake, Texas 76092
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch with Staff
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Date 2/10/14	Payee name Bayou Jacks
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Amount (\$) 34.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 201 S. Hwy 377 Rosenoke, Texas 76222
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Lunch with Staff
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