CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 43
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First Grover	G G	OFFICE USE ONLY
NAME			Date Received
	NICKNAME LAST	SUFFIX	8 EL 2
	Gary tickes		Ec 015
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	FILE TARRANT 2015 JUL -2 ELECTIONS ADD BY:
Change of Address			1 票 2 85
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delighed or Day Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Mr. John		Date Processed
	NICKNAME LAST	SUFFIX	Date Imaged
	Eulan Ks		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / S	SUITE #: CITY: STATE:	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before o	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before eld	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1/1/15	THROUGH 4	30 / 19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Precinct 3		
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Mr. Gyover 6.	"Bory" Fickes	15 Fil	er ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL		70 201 8Y:	
	SPECIFIC	COMMITTEE ADDRESS	ARRAN	
. Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	T COUNT 2 PH 12: DMILLIPS DMINISTRAI	
·:		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 25.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,925.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL POLITICAL EXPENDITURES \$ 14, 174.71			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 32,459.90			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
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. NOTARY PUBLIC STATE OF TEXAS My Comm. Exp. 04-17-2019 AFFIX NOTARY STAMP / SEALABOVE Sworn to and subscribed before me, by the said				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS-COH

FORM C/OH COVER SHEET PG 3

19	Mr. Grover G. "Gary" Fickes	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,900.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	13,127.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB	UTIONS	\$	
8.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,047.11
9.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH	\$	
10.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
11.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ONS	\$	

TARRANT COUNTY

2015 JUL -2 PM 12: 3]

ELECTIONS ADMINISTRATOR

BY:

SCHEDULE A1

Date 5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 117 Shody Ale Court Hurst Texas 72.054 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Steven A. Mundt Contributor address; City; State; Zip Code 124 Seminole Drive Trophy Clab, Exas 72.222 Principal occupation / Job title (See Instructions) Employer (See Instructions)	IOO. OO ions) Amount of contribution (\$) IOO. OO
6 Contributor address; City; State; Zip Code 117 Show Lake Court Hurst Texts 72.054 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor Steven A. Mundt Contributor address; City; State; Zip Code 124 Seminole Drive Trophy Clab, Exas 74242 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)
Steven A. Mundt Contributor address; City; State; Zip Code 124 Seminole Drive Trophy Clob, Texas 7222 Principal occupation / Job title (See Instructions) Employer (See Instructions)	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
-11- Jimmy Paytow	
Contributor address; City; State; Zip Code P.O. Box 1412 Euless Texas 72039	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/1/15 Contributor address; City; State; Zip Code 777 Taylor Street Fort Worth Texas 72102	TOOTOO 25 TAR
Principal occupation / Job title (See Instructions) Employer (See Instructions)	SN AN
	PHIZ: 31 HILLIPS HINISTRATOR

SCHEDULE A1

TI	ne Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
FILER NAM		4-	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state	PAC (ID#:	7 Amount of contribution (\$)
5/1 /1s	6 Contributor address; City; St 2200 lake Way North Richard	tate Zip Code	250.00
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state		Amount of contribution (\$)
5/1/15	Contributor address; City; St. 7413 Windswept Trail Collegeille, 7	tate; Zip Code Texas 74034	100.00
Principal occ	supation / Job title (See Instructions)	Employer (See Instru	actions)
Date	Full name of contributor out-of-state	PAC (ID#:	Amount of contribution (\$)
5/1/15	Contributor address; City; St. 1201 N. Bouser Road Richardson, Te	ate; Zip Code 75081	500.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instru	uctions)
Date	Full name of contributor out-of-state James And Randy Arnold	PAC (ID#:)	Amount of contribution (\$)
5/1/15	_	tate; Zip Code XAS 74091	200.00
Principal occ	eupation / Job title (See Instructions)	Employer (See Instru	uctions)
			ZOIS JU ZOIS JU BY:
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS I	VEEDED SHE 2
	If contributor is out-of-state PAC, please see in	 	200 Namica 202/27/
ms provided by	y Texas Ethics Commission www.eth	ics.state.tx.us	ATOR Sevisett02/2

SCHEDULE A1

	The state of the s		
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME Mr. GYON	ver G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
5/1/15	J. D. Johnson Campaign Fund 6 Contributor address; City; State; Zip Code P.O. Box 132021 Fort Worth, Texas 76132	500.00	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Inst	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	—) Amount of contribution (\$)	
5/1/15	Contributor address: City; State; Zip Code 1700 Foxest Bandlane Keller, Texas 76248	500.00	
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)	
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)	
5/1/15	Contributor address; City; State; Zip Code 1825 Parkwood Drive Grapevive, Texas 76051	500.00	
Principal occu	pation / Job title (See Instructions) Employer (See Inst	tructions)	
Date / /	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
5/11/5	Contributor address; City; State; Zip Code 6004 Hirport Fuy Fort Worth, Texas 76117	250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
		TARRANT COUNT ZOIS JUL -2 PN 12: FRANK PHILLIPS ELECTIONS ADMINISTRA BY: BY: ELECTIONS ADMINISTRA ELECT	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see instruction guide for addition	nal reporting requirements.	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 40617 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 7 Amount of contribution (\$) 5/1/15 500,00 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City: State; Zip Code 1000 Thorwridge Court Argyle, Texas 76222 5/1/15 250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Contributor address; City; State; Zip Code 5310 Normandy College: Ile, Texas 76034 Amount of contribution (\$) 100,00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) James Charles Powell 5/1/15 Contributor address; City; State; Zip Code D. Box 444 Hurst, Texas 72053 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Gro	ver G. "Gary" Ficker	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
5/1/15	6 Contributor address; City; State; Zip Code 201 Mary Street, Suite 2700 Fort Worth, Texas 721	1,500.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
5/ılıs	Jerry Ritman Contributor address; City; State; Zip Code P.O. Box 95 Fort Davis, Texas 1973	50.00
Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/1/IS	Contributor address: City: State: Zip Code 2708 Miles City Cent Southlake, Texas 7609.	2 100.00
Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Slilis	Contributor address; City; State; Zip Code P.O. Box 370 Euless, Texas 72039	1,000.00
Principal occu	pation / Job title (See Instructions) Employer	r (See Instructions)
		TARRANT COUNTY 2015 JUL -2 PM 12: 32 ELECTIONS ADMINISTRATOR BY:
	ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see instruction guide	•

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI Mr. Gro	ver 6: "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#: Freese and Nichols PAC	
5/1/15	6 Contributor address; City; State; Zip 4095 International Plaza, Side 200 Fort Worth, Tex	Code 250.00
8 Principal occ	upation / Job title (See Instructions) 9 En	nployer (See Instructions)
Date	Full name of contributor Barney B. Holland Jr	Amount of contribution (\$)
5/8/15	Barney B. Holland Jr Contributor address: City: State: Zip 1301 Throckmorlen Street, Apt 2503 Fort World	Tems 74102 250.00
Principal occu	pation / Job title (See Instructions) En	nployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/8/IS	Contributor address; City; State; Zip 201 Try Brook Court Madison, Ms 39	500.0D
Principal occi	upation / Job title (See Instructions) En	nployer (See Instructions)
Date / /	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/8/15	Contributor address; City; State; Zip of 100 W. Worther ford #130 Fort Worth, Texas 70	
Principal occi	upation / Job title (See Instructions)	nployer (See Instructions)
		FILED ARRANT COUNTY 5 JUL -2 PM 12: 32 FRANK PHILLIPS TIONS ADHINISTRATOR
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE A1

TI	ne Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
MY. GT	over 6. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
5/8/15	6 Contributor address; City; State; P.O. Box 882 Keller, Texas	Zip Code 74244	500.00
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/8/15	Contributor address; City; State; 1808 Kandal Court Keller, Texas	Zip Code 72,248	100.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	James for this	(ID#:)	Amount of contribution (\$)
5/8/15	Contributor address; City; State; 3808 Cambridge Crole Wash Bestond, Te	Zip Code	250.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 5/8/15	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
5/8/13	Contributor address; City; State; 2004 High Court Place Dollars, Texas	Zip Code 75244	50.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruct	*B F 2
			TARRANT COUNTY 15 JUL -2 PH 12: 32 FRANK PHILLIPS ECTIONS ADMINISTRATOR

SCHEDULE A1

Th	ne Instruction Guide explains how to complete	te this form.	1 Total pages Schedule A1:
Mr. Gro	over 6. "Bary" Fickes		3 Filer ID (Ethics Commission Filers)
5/8//S	5 Full name of contributor out-of-st	State; Zip Code	7 Amount of contribution (\$)
Principal oc	cupation / Job title (See Instructions)	9 Employer (See Inst	ructions)
Date		ate PAC (iD#:	Amount of contribution (\$)
5/8/IS	Betsy Price Compaign Contributor address; City; P.O. Box 1000066 Fort World	State: Zip Code	250.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Insti	ructions)
Date 5/8/15	Robert Austin	ate PAC (ID#:	Amount of contribution (\$)
0.07.0	Contributor address; City; 103 Parker Ridge Road Polmer,	State; Zip Code LEXAS 75152	500.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Inst	ructions)
Date	Full name of contributor out-of-st	ate PAC (ID#:	_) Amount of contribution (\$)
5/8/15	3100 Carisbrooks Court College	State; Zip Code	BY: 100.00
Principal occ	supation / Job title (See Instructions)	Employer (See Insti	ructions) FRANK ARRAN
			ED COUNTY PHILLIPS OMINISTRATOR

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9 of 17
Mr. Grover	6. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
5/8/15	6 Contributor address; City; State; Zip Code 2400 Woodson Groce Bollond, Texas 76021	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Thomas Krampi 12	Amount of contribution (\$)
5/8/15	Contributor address; City; State; Zip Code 807 N. Onk Blvd Dollas, Texas 75208	250.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/8/15	Contributor address; City; State; Zip Code 4453 Crestline Road Fort Worth, Texas 76107	1,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/8/15	Contributor address; City; State; Zip Code 128 Esst Toxas Street # 100 Grapewice, Texas 72051	250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	TAR 2015 J
		FILED TARRANT COUNTY 2015 JUL -2 PM 12: 33 FRANK PHILLIPS LECTIONS ADMINISTRATOR BY:

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SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Grov	er G. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)
5/8/15	Jack Labovitz 6 Contributor address; City: State; 2810 Berry Street Fort Worth, Texas	Zip Code 7L/09	100.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
5/8/15	Contributor address: 205 Arbor Trail Eukss, Texas	Zip Code	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Tames Darwenboum	ID#:)	Amount of contribution (\$)
5/8/15	Contributor address; City; State; 3100 HADAMA Street For & Worth, Toop	Zip Code 4 5 77098	5,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/8/15		Zip Code 76164	TARRA FOR SOLUTIONS
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	
			FILED ARRANT COUNTY IS JUL -2 PM 12: 3 FRANK PHILLIPS CTIONS ADMINISTRATO
			NT COUNTY -2 PN 12: 33 ADMINISTRATOR

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SCHEDULE A1

Th	e Instruction Guide explains hov	w to complete this	s form.	1 Total pages Schedu	ile A1:
2 FILER NAME Mr. Grov	ver G. "Gary" Fickes			3 Filer ID (Ethics Con	mmission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribu	ution (\$)
5/8/15	Joseph Awood 6 Contributor address; 3411 Awsworth Gurt	Pringles, Te	Zip Code	500.0	00
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date / /	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contrib	ution (\$)
5/8/15	Contributor address:	City; State	e; Zip Code 2x46 74051	50	2.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor Darcy Anderson	out-of-state PA	C (ID#:)	Amount of contrib	ution (\$)
5/8/15	Contributor address; 2005 Wood Thrush Gart	City; State	EXAS 74161	250.	00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contrib	ution (\$)
5/13/15	Contributor address; 211 Riverside Drive	City; State	e; Zip Code (45 72/07	500.	00
Principal occu	upation / Job title (See Instructions)	***************************************	Employer (See Instruc	ctions)	TA 2015
				ELECTIONS ADMINISTRATOR BY:	TARRANT COUNTY
	ATTACH ADDIT	TIONAL COPIES (OF THIS SCHEDULE AS N	FEDED	

SCHEDULE A1

e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) Rox name P: out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code 5220 Cherlotte Street Fort Worth, Texas 76112	50.00
cupation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Full name of contributor out-of-state PAC (ID#:) Virginia Muzy Ka	Amount of contribution (\$)
Contributor address; City; State; Zip Code 700 Overland Trail Southliste, Texas 76092	300.00
upation / Job title (See Instructions) Employer (See Instructions)	tions)
Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1411 Pecos Drive Southlake, Texas 72092	100.00
upation / Job title (See Instructions) Employer (See Instruc	tions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 4703 Creshava Drive Collegille, Texas 76034	250.00
upation / Job title (See Instructions) Employer (See Instruc	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	Rox Annue P://ar 8 Contributor address: City: State: Zip Code State State Code State Fort Worth, Torss 74/12. Expansion / Job title (See Instructions) Full name of contributor

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Mr. Gyove	er G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Emory A. Sieler, Jr.	7 Amount of contribution (\$)
5/20/is	Emory A. Sigler, Jr. 6 Contributor address; City; State; Zip Code 4713 Green Onks Drive College!/r, Texas 2034	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) L. Russell Cheghlin	Amount of contribution (\$)
5/20/15	Contributor address; City; State; Zip Code 3717 Fox Hollow Fort Worth, Texas 72109	250.00
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/20/15	Roy Stewart Contributor address; City; State; Zip Code 1133 Airline Dri ve, Sale 1201 Brapevine, Texas 76051	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/20/15	Contributor address; City; State; Zip Code 905 Turbon ANE Colleguille, Texas 74034	100.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	77 2011 8Y:-
		FILED ARRANT COUNTY 5 JUL -2 PM 12: 33 FRANK PHILLIPS FROMS ADMINISTRATOR
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Mr. Gro	ever G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
Date 5/28/15	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
<i>3 2</i> 0113	6 Contributor address; Burlesson, Toms 74097	250.00
Principal occ	cupation / Job title (See Instructions) 9	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/20/15	Michael K. Berry Contributor address; City; State; Zip Code 2217 Geven Road Fort Worth, Texas 74112	500.00
Principal occi	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/20/15	William Meadows Contributor address; City; State; Zip Code 3904 Hamilion Avanue Fort Worth, Texas 76107	250.00
Principal occ	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
5/20/15	Contributor address; City; State; Zip Code 2304 Woodfield Way Bedford, Texas 76021	50.00
Principal occ	upation / Job title (See Instructions) Employer (See	Instructions)
		TARRANT COUNT 2015 JUL -2 PM 12: : FRANK PHILLIPS ECTIONS ADMINISTRAT

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Mr. Grover G. "Gary" Fickes	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Ilmothy Welch	7 Amount of contribution (\$)
5/27/15 6 Contributor address; City; State: Zip Code P.O. Box 821579 World Richland Hills, Exas 74182	100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Brimu Grl Newby	Amount of contribution (\$)
Brimu Carl Newby Contributor address; City; State; Zip Code 100 W. 2th Street, Suite 300 Fort Worth, Texas 76/02	200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1243 Cedar love Plaza Arlington, Texas 72011	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code 1213 Herrow Drive Grapevine, Texas 72091	100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	New III
	FARRANT COUNTY 2018 JUL -2 PM 12: 33 LECTIONS ADMINISTRATOR 17.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

SCHEDULE A1

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
Mr. Grove	r 6. "Gary" Fickes		3 Filer ID (Ethics Commission Filers)
Date 6/4/15	5 Full name of contributor out-of-state PA		7 Amount of contribution (\$)
	6 Contributor address; City: State 2300 Race Street For Worth, LXAS	e; Zip Code	100.00
Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
<i>क्षाचित्र</i>	Fulbright + Jawors & UP Contributor address; City; Star 1301 Mc Kawey Housiew, Texas	te; Zip Code ~ 770/0	1,000.00
Principal occi	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
2/4/15	P.O. Box 17428 Aughw, Example 17428		2,500.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor ut-of-state PA	AC (ID#:)	Amount of contribution (\$)
८/११/।ऽ	Contributor address; City; Star 2701 E. Victoria Ave., North, Rechard Hills,	te; Zip Code Exas 742/4	100.00 By EE 20
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions) CTRA
			FILED ANT COUNTY -2 PM 12: 33 *K PHILLIPS S ADMINISTRATOR
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total 17 a1	pages Schedule A1:
Mr. Grover	6. "bany Fickes		3 Filer I	D (Ethics Commission Filers)
Date 6/19/15	5 Full name of contributor out-of-state PAC (ID#:_		7 Amou	int of contribution (\$)
	6 Contributor address; City: State; Zi	Code 40		100.00
Principal occ	upation / Job title (See Instructions) 9 E	mployer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amou	int of contribution (\$)
Wights	Contributor address; City; State; Piggith South House Drive Abolh Richland Hills,	Code 76/82		200.00
Principal occu	pation / Job title (See Instructions)	mployer (See Instruct	tions)	44.00
Date	Full name of contributor		Amou	unt of contribution (\$)
	Contributor address; City; State; Zi	Code		
Principal occu	pation / Job title (See Instructions)	mployer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amou	unt of contribution (\$)
	Contributor address; City; State; Zip	Code		ZO ELE ZO
Principal occu	pation / Job title (See Instructions)	mployer (See Instruc		TARRA 015 JUL FRANI
				NT COUNTY -2 PM 12: 33 ADMINISTRATOR
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mr. Grover G. "Gary" Fickes 4 Date Dominus Pizza 6 Amount (\$) 2817 Brown Trail Bedford, Texas (a) Category (See categories listed at the top of this schedule) (b) Description Check if travel outside of Texas **PURPOSE** Food/Beverage Expense EXPENDITURE Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Date Grenter Keller Chamber of Commorce Amount (\$) 420 Johnson Rand, Suite 301 Keller, Text 76248 175.00 Category (See categories listed at the top of this schedule) __ Check if travel outside of Texas, complete Schedule T **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Northers tlendership Forum 1/13/15 Amount (\$) Payee address; P.O. Box 929 City; State; Zip Code

Bedford, Texas 72095 500.00 ___ Check if travel outside of Texas, complete Schedule T PURPOSE if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Servic	ge Expense Memorials Expense es	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation E Travel In District Travel Out Of	draising Expense Equipment & Related t Istrict That Integory not listed	Expense
	The Instr	uction Guide explain	ns how to co	mplete this form.		= 등급	- 3
1 Total pages Schedule F1:	Mr. Gover G. G.	my Fickes			3 Filer ID (E	thics semission	Filers)
4 Date 1/14/15	5 Payee name	60P					LINDO3
6 Amount (\$)	7 Payee address; 1409 fmvel Red	City; State; Z		61/8		IZ: 33 TRATOR	5 X X
8 PURPOSE OF EXPENDITURE	(a) Category See categoric Courributions/De Officeholder	es listed at the top of this s			, TX, officeholder i	complete Schedule T	
				GNOWING VAY	CVAUI		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officel	nolder name		Office sought		Office held	
1/23/15	Collaguille Lien	us Club					
Amount (\$) 91.00	Payee address; P.O. Box 534	City: State; Z		034			
PURPOSE OF EXPENDITURE	Category (See categori	es listed at the top of this s	schedule)		TX, officeholder li	complete Schedule T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Office	nolder name	·	Office sought		Office held	
Date	Payee name			100			
1/30/15	Grapevine Rol	bany Club					
Amount (\$)	Payee address;	City; State; Z	Zip Code				
84.00	308 S. MAIN	Grapevine, T	exas 7	1099			
PURPOSE OF EXPENDITURE	Category (See categori	es listed at the top of this s	schedule)	$\overline{}$	TX, officeholder I	complete Schedule T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Office	holder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officebookder/Rolitical Committee

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 (Apriles a sategory and listed shows)

Can didate/Onicer lotter/Politica	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ry not listed above)	
1 Total pages Schedule F1:		· .	3 Filer ID (Canics	commission ilers)	_ -
3 of 16 4 Date 2/2//5	Mr. Grover G. "Grany "Fickes 5 Payee name Metroport Mests on Wheels			S ULL -) -
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 428 North Highway 377 Roswole,	Texas 72222		20 N -	TOPLITY
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Confributions/Dountions/Mide By Officeholder	I	outside of Texas, comple TX, officeholder figing	ete Senedule ICO	T V
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
2/12/15	LAUYA 1411 Campaign				
Amount (\$)	Payee address; City; State; Zip Code 2545 E. SoulWake Blad Southlake, To	euts 76092			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Courtinu your, Downtous Made By Obticeholder		outside of Texas, comple TX, officeholder living e		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
2/17/15	Betsy Price for Mayor				
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 1000LL For Worth, Texas 7.	2185			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Courributions/Dountions Minde By Officeholder		outside of Texas, complete TX, officeholder living e		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
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	EXPE	ENDITURE CATE	GORIES FO	OR BOX 8(a)		1100		
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1 Total pages Schedule F1: みがん	Mr. GOVER G. "G	ary Fickes			3 Filer ID	Ethics Commis	sion File	
4 Date 2/21/15	TAYYANT CONKY	Junior Livestoc	K Hossoci	alian		MILLE MILLE	2	00
6 Amount (\$) 250.00	7 Payee address; 27/3 Telephone	Road Fort W	ip Code orth, Texa	8 74/35		RATOR	2: 33	YTM
8 PURPOSE OF EXPENDITURE	(a) Category (See categorical Court Lasters / De Office holder	ies listed at the top of this so	_		outside of Texas,	complete Schedu	sie T	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	holder name		Office sought		Office he	eld	
Date	Payee name							
3/2/15	Mid-Ghes Pac	esellers Rolan	ry Club					
Amount (\$)	Payee address;	City; State; z KDrive Noith	ip Code Richard	Hills, Teass	76180			
PURPOSE OF EXPENDITURE	Category (See categori Courtributious/U Officeholder	ies listed at the top of this so	D	$\overline{\Box}$	TX, officeholder	complete Schedul	le T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officel	holder name		Office sought		Office he	∍ld	
Data	Payee name							
3/2/15	Grapevine R	Potary Club						
Amount (\$)	Payee address; 308 N. Main	City; State; Z	ip Code	naa				
96.00		J. 750.00, 1						
PURPOSE OF EXPENDITURE	Category (See categori	ies listed at the top of this so	chedule)	$\overline{}$	TX, officeholder	complete Schedultiving expense	le T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office	holder name		Office sought		Office h	eld	
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EXPENDITURE CATEGORIES FOR BOX 8(a)							
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1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	cs Commission Filer	rs)		
5 of 16	Mr. Grover G. "Gry" Fickes				30,		
3/5//S	Kay Granger for Congress			TRAI			
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Co 7/5 Towes Street, Suite 101 Fort World	h, Tens 12/01		ිසි සි			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul Courtiful Hows/Downtravs Made By Office holder	Check if travel	outside of Texas, com				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
3/2/15	Theresa Parsons						
Amount (\$) 347.04	Payee address; City; State; Zip Co 645 Grapevice Huy Hurst, Texas						
PURPOSE OF EXPENDITURE	Solicitation / Fundralising Exposes		outside of Texas, comp TX, officeholder living	g expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
3/9/15	FedEx						
Amount (\$)	Payee address; City; State; Zip Co						
PURPOSE OF EXPENDITURE	Solici International Francisco	Check if travel	outside of Texas, com TX, officeholder living				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
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Advertising Expense Accounting/Banking Consulting Expense	Fees Office	Repayment/Reimbursement Solicitat Overhead/Rental Expense Transpo	tion/Fundraising Poense			
Contributions/Donations Made B Candidate/Officeholder/Politica	n District Out O District In the category of t					
1 Total pages Schedule F1:	2 FILER NAME Mr. Grover 6: "Gary" Files 3 Filer ID (Ethics Commission Files)					
4 Date 3/10/15	5 Payee name Theresa Parsons		10g 33			
6 Amount (\$) 566.62	7 Payee address; City; State; Zip Code 445 Grapevine Houy Hurst, Tems					
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising Expanse S	Check if Austin, TX, office	Texas, complete Schedule T eholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
3/12/15	Payee name Shaples					
Amount (\$) 248.99	Payee address; City; State; Zip Code 220 N. Kimbol Ave, Sike 22 / Sauk	luke, Tems 72092				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhand	Description Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T holder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
3/ ₁₇ / ₁₅	Payee name Theresa Parsows					
Amount (\$)	Payee address; City; State; Zip Code 449 Grapevine Huy Hurst, Texa	s 71054				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation / Fundamining Expanses	Description Check if travel outside of Check if Austin, TX, office				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED				

	EXPENDITU	JRE CATEGORIES F	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Office Overt nse Polling Expo s Expense Printing Exp	oense ages/Contract Labor	Transportation Travel In Distr	estrict category fot listed	ated Expense
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70£16	Mr. Grover G. "Gary"	fickes			>~	7 E
4 Date	5 Payee name					200
3/17/15	In The News				- 	200
6 Amount (\$)	7 Payee address; City		1		200	KANO HI
275.00	8517 Sunstate Stree	t Tampa, Florid	la 33230		STRATOR	33 T≺
8	(a) Category (See categories listed a	t the top of this schedule)	(b) Description			
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EXPENDITURE	5141/kumck///em	THE EXPENSE	Arlice Reprobl	TX, officeholde	• .	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought		Office he	eld
Date	Payee name					
3/19/15	Theresa Parsons					
Amount (\$) 261.00	Payee address; City 245 Grapovine Hwy	r, State; Zip Code Hurst, Texas 26	054			
PURPOSE OF EXPENDITURE	Category (See categories listed a			TX, officeholder	complete Schedule	∍T
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder n	ame	Office sought		Office he	ıld
Date	Payee name					
3/20/15	Grapevine Rotary	Club				
Amount (\$)	Payee address; City 308 N. Main	State; Zip Code	72.099			
PURPOSE OF EXPENDITURE	Category (See categories listed a	t the top of this schedule)		TX, officeholder	complete Schedule	ө Т
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought		Office h	eld
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1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics commission Flees)				
8 of 12	Mr. Grover G. "Gray" Fickes						
3/20/15	5 Payee name Tim Griffin		TE PR CED				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	ie	7 × × ×				
200.00	3808 Combridge Grelew Bod God,	Texas 76021	TY 34.				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Court; butions / Daunton's Made E	Check if travel outsi Check if Austin, TX	ide of Texas, complete Schedule T , officeholder living expense				
	OCHCENDON	Campagn Gut	ibutiou				
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
3/24/15	Grapevine Chamber of Commen	rce					
Amount (\$) 290.00	Payee address: City; State; Zip Coo						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Check if travel outside	de of Texas, complete Schedule T officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
Date	Payee name						
3/25/15	Awesome Blossoms						
Amount (\$) 82.85	Payee address; City; State; Zip Coo						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule bild/Awards/Menorial Expense	Check if travel outsi	de of Texas, complete Schedule T officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

	EXPENDITURE CATI	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Official Conference (altegraphy not listed above)
		ins now to complete this form.	
1 Total pages Schedule F1:	Mr. Grover G. "Gary" Fickes		3 Filer ID (Ethics Domnission Filens)
3/27/15	Northwest Metroport Chamb	er at Commerce	TECTOR
6 Amount (\$) 295.00	7 Payee address; City; State; P.O. Box 74 Romoke, Tel	Zip Code	UNTY
8	(a) Category (See categories listed at the top of this	schedule) (b) Description	<u> </u>
PURPOSE OF EXPENDITURE	Fees	Check if travel of	outside of Texas, complete Schedule T TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 3/27/15	Palace Ats Guter Grapevials	2	
Amount (\$) 7600	Payee address; City; State; 300 S. Main Street Grapevin		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Even Expanse	Check if travel of Check if Austin,	utside of Texas, complete Schedule T TX, officeholder living expense Serv: & Fet
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Dete	Payee name		
3/3//15	TATERNA FOOD BONK		
Amount (\$) 20.00	Payee address; City; State; 2200 Culler Street Fortu	Zip Code Ubruh, Texas 72 107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Giff/Awards / Memorials Exp	Chark if travel o	utside of Texas, complete Schedule T TX, officaholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Transportation Equipment & Related Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Out of District Travel Out of District Out Out Of District Out Out Out Out Of District Out Out Out Out Out Out Out Out Out Ou						
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3/3///5	5 Payee name HEB Chamber of Commerce		2. E	ANT ANT L-2		
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Co. 2/09 Mm Hw Drive Ballow, Te	exas 2021		ED COUNT PM 12:		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule Courtie by the By Office holder	Check if travel	"9	der living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date 4/8/15	Payee name Minuteman Press					
Amount (\$) 173.26	Payee address: City; State; Zip Co. 2527 Gravel Drive Fort Worth, Te	de ×145 76/18				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Check if travel of Check if Austin,		as, complete Schedule T der living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date 4/8/15	Theresa Parsons					
Amount (\$) 211.50	Payee address; City; State; Zip Coo	de K 76054				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule Solicitation / Fundamising Expanses		, TX, officehold	as, complete Schedule T der living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
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		EXPEN	DITURE CA	TEGORIES F	FOR BOX 8(a)			
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11 of 16	Mr. Grov		y Ficker	\$			1 1	ပ္ကပ
4 Date 4/13/15	5 Payee na	me					TRAI	Ξ
6 Amount (\$)	7 Payee ad	dress;	City; State;				8 2	
612.50	Comon l)rive	Hurst, le	xas 7403	54			
8	(a) Category	(See categories	listed at the top of t	his schedule)	(b) Description			
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OF EXPENDITURE	Solichati	BU/ IUWOI	wising a	MUSES	Postnge	n, IX, omiceno	lder living expense	
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeho	lder name		Office sought		Office held	
Date	Payee na	me						
4/13/15	Fed Ex							
Amount (\$) 125.59	Payee ad 419 E. Sa	dress;		Zip Code penns lex	ns 76051			
PURPOSE OF EXPENDITURE		1	isted at the top of t	-		, TX, officehol	as, complete Schedule T der living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officehol	lder name		Office sought		Office held	
Date	Payee na	ıme						
4/14/15	USS Fo	rt Worth	L Support	Committee	?			
Amount (\$)	Payee ad P.O. Box	dress;	City; State;	Zip Code				
PURPOSE OF EXPENDITURE		ipus/Dava	listed at the top of t	_			as, complete Schedule T	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeho	older name		Office sought		Office held	
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EXPENDITURE CATEGORIES FOR BOX 8(a)						
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1 Total pages Schedule F1:			3 Filer ID	Ethics Expensis	ssi o n Fil	lers
12 st 16	Mr. Grover G. "Gony" Ficker			AN	F	20
4 Date 4/22/15	5 Payee name Minuseman Press			ADMIL	2	N. C.
6 Amount (\$)	7 Payee address; City; State; Zip C 2527 Gravel Drive Fort Worth,			LIPS	PH 12: 31	AINNO
8	(a) Category (See categories listed at the top of this sched	dule) (b) Description	1			
PURPOSE OF EXPENDITURE	Printing Expense	I 		s, complete Sched	ule T	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought		Office h	eld	
Date	Payee name					
4/27/15	Carroll ISD					
Amount (\$) 33000	Payee address; City; State; Zip Cove Road South lake, Text	Code 5 16091				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sched Courtibulians/Dountions Made I Observator			s, complete Schedu r living expense	T elu	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Anshell	Office h	eld	
Date	Payee name					
4/29/15	Theresa Parsous					
Amount (\$)	Payee address; City; State; Zip C	Code				
270.00	245 Grapevine Huy Hurst, Tex	xas 76054				
	Category (See categories listed at the top of this sched	dule) Description			·	
PURPOSE OF EXPENDITURE	Solicitation/Temposising Expanse		TX, officeholde	1	ule T	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office I	held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense al Committee Legal Services The Instruction Guide explains	Office Overhead/Rental Expense Ti Polling Expense Ti Printing Expense Ti Salaries/Wages/Contract Labor O	colicitation/fundrising Expense fransportation Equipment & Parted Expense fravel In pristrict fravel Out Of District Other (enter a categorism to listed above)			
1 Total pages Schedule F1:	Mr. Grover G. "Gony" Fickes	3	Filer ID (Etter Composion Clark			
5/4/15	5 Payee name Minutemon Press		SIS SUL			
6 Amount (\$) 99.23		Code Texas 74/18	34 →			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sche	Check if travel outs	side of Texas, complete Schedule T (, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held			
5/4/15	J.D. Johnson Comprign					
Amount (\$) 200.00	Payee address; City; State; Zip P.O. Box 134021 For Worth,	Code Texas 72/32				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sche Courties Hacke Downtows Mache	Check if travel outsi	ide of Texas, complete Schedule T , officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
5/12/15	Payee name ZA RomA					
Amount (\$) 1,427.50	Payee address; City; State; Zip 885 Tee House Drive North Rich	Code land Hills, Towns 76180)			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schell Food/Beverage Expresse	Check if travel outsi	ide of Texas, complete Schedule T , officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDE	D			

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Services	Office Over pense Polling Exp rials Expense Printing Ex	pense lages/Contract Labor	Transporta Travel In D Travel Out	Fundrating Expension Equipment & Relatistrict Of District Of Distr	RO A A A A
1 Total pages Schedule F1:	2 FILER NAME	. V.		3 Filer II	(Ethie Commission	n Fles
14 of 6 4 Date	Mr. frever 6. "fray" for	ickes			25 K	
5/13/15	Southlake Chamber	otlammerce			34 ATOR	77
6 Amount (\$)	7 Payee address; 1501 Corporate Circle	Southlake, Texas	72092		ing to the second	
8	(a) Category (See categories liste	d at the top of this schedule)	(b) Description			
PURPOSE OF	<i>C</i>				cas, complete Schedule	Т
EXPENDITURE	Fees		Membership	_	del willy expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholde	r name	Office sought		Office hel	d
Date	Payee name					
5/15/15	Grapevine Rotm	y Club				
Amount (\$)	Payee address; C	City; State; Zip Code PEURUS, TEXAS 760	999			
	Category (See categories liste	ed at the top of this schedule)	Description			
PURPOSE OF	Lane				as, complete Schedule der living expense	Т
EXPENDITURE	iee,		Membash:p	Dues	Ger Hvilly expelled	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholde	r name	Office sought		Office held	d
Date	Payee name	. /				
5/18/15	Colleyville Lious	Club				
Amount (\$)		city: State: Zip Code	6034		-	
250.00		•				
PURPOSE OF EXPENDITURE	Category (see categories liste Courts burliers Deux Office holder	1 410		TX, officehol	as, complete Schedule der living expense	т
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholde	er name	Office sought		Office he	ła
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

		EXPENDITU	RE CATEGO	RIES F	OR BOX 8(a)			, <u>, , , , , , , , , , , , , , , , , , </u>
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	F F Sy G	vent Expense ees cod/Beverage Expensiff/Awards/Memorials egal Services The Instruction G	se P Expense P S	Office Overlooling Exportanting	oense ages/Contract Labor	Travel In D		5
1 Total pages Schedule F1:	2 FILER NAM	AE .				3 Filer II	(Ethic Gummis	seien Filers
150£16	Mr. Grove	<i></i>	Fickes			C 1	3	- CI
4 Date	5 Payee nam	ا ا	0				25 E	3 20
5/19/15	Deuvis!	Shingleton	Compalga)			TRA	<u>~</u> ≅
6 Amount (\$)	7 Payee addr	,	State; Zip C	_			TOR	ယ္ 🏒
100.00	P.O. Box 4	70332 Fo	twolk, Te	sors ?	12/47		20	
8	(a) Category (s	see categories listed at	the top of this sched	dule)	(b) Description			
PURPOSE	CLI	ous Dountie	- M.L. R.	.	Check if travel	outside of Tex	as, complete Sched	lule T
OF EXPENDITURE	11	1	us runae U	y	Check if Austin	TX, officehol	der living expense	
EXPENDITURE	Officehole	łer			Comprise Cont	ri belia	J	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e / Officeholder na	ime		Office sought		Office h	neld
Date	Payee name	9						
ઢીકીઠ	Theresa	Parsous						
Amount (\$)	Payee addr	ess; City;	Ştate; Zip C	Code	10.00			
104.06	245 Grapes	ive they the	rst, Texas 7.	1054				
	Category (S	ee categories listed at	the top of this sched	dule)	Description			
PURPOSE OF	Solicitation	s/Fundrals	expanse				as, complete Schedu	uie i
EXPENDITURE		•	,		Coulond haba / labe	1x, officencia	der living expense	
Complete ONLY if direct	Candidate	/ Officeholder na	me		Office sought		Office h	eld
expenditure to benefit C/OI	Н					108-2	5-48	
Date	Payee nam							
2/22/15	Michael	. Burgess fo	r laugress					
Amount (\$)	Payee addr		State; Zip C		<u></u>			
150 .00	P.O. Box :	2334 Ven	ilau, Texoss	7620	02			
A44444 - 18-444	Category, (S	ee categories listed at	the top of this sched	tule)	Description			
PURPOSE	Carlinda	ns/Dougla	is Made Bu	4		outside of Texa	as, complete Schedu	ule T
OF	0//	~ · ·		'	Check if Austin,	TX, officehold	ter living expense	
EXPENDITURE	uthic hold	er			Compaign Cont	ributia	,	
Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholder n	ame		Office sought		Office I	held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office O Food/Beverage Expense Polling E y Giff/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense	Solicitation	of District	TAR AN		
	The Instruction Guide explains how to				TE		
1 Total pages Schedule F1:	Mr. Grover G. "Gary" Fickes		3 Filer ID	(Ethication mission F			
4 Date 6/23/15	Northers landership forum			34 ATOR	7		
6 Amount (\$)	7 Payee address; City; State: Zip Code P.O. Drawer 929 Bed ford, Texas	12095	Ę,				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)		n, TX, officehold	s, complete Schedule T er living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date Payee name 6/29/15 Novthess Tarrant Chamber of Commerce							
Amount (\$) 200.00	Payee address; City; State; Zip Code 500/ Danten Huy Hallam City, Texas	, 76/17					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Confrigue for Devastors Made By Officeholder		, TX, officeholds	s, complete Schedule T or living expense			
Complete <u>ONLY</u> 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)			s, complete Schedule T er living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED				

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethins Commission Ders)
1017	Mr. Grover 6. "Bary" Fickes		SE AF
2/2/19	TAYPANT COUNTY GOP		TECO PRINCE PRIN
6 Amount (\$) 200.00	7 Payee address; City; State; Zip Code 2405 Gravel Drive Fort Worth, Texas	72118	UNT VILLE 3
Reimbursement from political contributions intended			8 5
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Confy: by Haws Doublews Made By Officeholders		Day Diviner Je of Texas, complete Schedule T officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
2/2/15	Payee name		
Amount (\$) 4.31 Reimbursement from political contributions	Payee address; City; State; Zip Code 170 Greperice Huy Hurst, Tenas 74	054	
intended	Category (See categories listed at the top of this schedule)	(b) Description 44	Tine
PURPOSE		(b) Description	de of Texas, complete Schedule T
OF EXPENDITURE	Office Werhead		officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
2/12/15	Payee name		
Amount (\$) 77.59	Payee address; City; State; Zip Code	Hills, Texas 76180	
Reimbursement from political contributions intended		,	,
PURPOSE	Category (See categories listed at the top of this schedule)	(b) Description Restree	
OF EXPENDITURE	Office Overhead		de of Texas, complete Schedule T officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	apayment/Reimbursement Overhead/Rental Expense Expense J Expense sWages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter Stategos Anot listed above)			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Cammissian Files)			
20£7	Mr. Grover G. "Gany" Fickes		AS L AT			
3/17/15	5 Payee name IHOP		T CO			
6 Amount (\$) 33.72	7 Payee address; City; State; Zip Code 6240 Precluct Line Rond Hurst, Texas	76054	UNIY 12: 31 18ATO			
Reimbursement from political contributions intended			1 2 4			
8	(a) Category (See categories listed at the top of this schedule)	(b) Description Break	fast with Constituents			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	-	side of Texas, complete Schedule T			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held			
3/17/15	Jason's Deli					
Amount (\$)	Payee address; City; State; Zip Code					
21.62	1270 William D. Tate Grapevine, Texas	s 74051				
Reimbursement from political contributions intended						
	Category (See categories listed at the top of this schedule)	(b) Description Dixu	er with State			
PURPOSE OF EXPENDITURE	Food/Beverage Expanse		side of Texas, complete Schedule T			
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held			
3/17/1S	Payee name Krispy Creme Downs					
Amount (\$) 37.15	Payee address; City; State; Zip Code 3409 IrA Woods Grapevine, Texas	72051				
Reimbursement from political contributions intended	•	,				
DUDD C C C	Category (See categories listed at the top of this schedule)	(b) Description	ng with Constituents			
PURPOSE OF EXPENDITURE	Food /Beverage Expanse	Check if travel out	side of Texas, complete Schedule T (, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/s	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memonals Expense Printing	verhead/Rental Expense Trai Expense Trai Expense Trai AWages/Contract Labor Oth	citation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Omo of District er (entit a catagory not limit above)	
1 Total pages Schedule G:	Mr. Grover G. "Gary" Fickes	3 F	iler ID (Ethic Compression Fiers)	
4 Date 4/14/15	5 Payee name USPS		PH 2:	
6 Amount (\$) 2.30 X Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code Hurst, Texas 7409	4	NTY 2: 34 RATOR	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation / Fundrais: ug Expanses	(b) Description Postage Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 4/14/15	Payee name Office Deport			
Amount (\$) 69.24	Payee address; City; State: Zip Code 9131 Hwy 26 AbHh Richland Hills,	Tems 76180		
political contributions intended		,	2	
PURPOSE OF EXPENDITURE	Solicitation/Fundinising Expanses	(b) Description Dadges and Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held	
Date 4/14/15	Valentino's RZZA and Pasta			
Amount (\$) 24.32 X Reimbursement from political contributions	Payee address; City; State; Zip Code 1101 Cheek Sparger Road Colleguille, Te	exas 74034		
intended		(b) Description	11011	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Eypause	(b) Description (usch with Check if travel outside of Check if Austin, TX, office	Texas, complete Schedule T eholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office Overhor Food/Beverage Expense Polling Exper By Gift/Awards/Memorials Expense Printing Expe	ead/Rental Expense nse ense ges/Contract Labor	Transportation Travel In Distri Travel Out %		Expense
1 Total pages Schedule G: 4 of 7	Mr. Grove G. Gary Fickes		3 Filer ID (Ethic Tommis Tom	FILE
4 Date 4/14/15	5 Payee name ANDYAMA Restaurout			HILL PH	COL
Amount (\$) 24.4 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 304 Grapevine Huy Hurst, Texas 7605	4		2: 34 S RATOR	DUNTY
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food Beverage Expanse	Check if Austin, TX,		ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ffice sought		Office held	
4/14/15	Rodeo 6047				
Amount (\$) 48.32 Reimbursement from political contributions	Payee address; City; State; Zip Code 1834 Bloose Street Fort Worth, Texas 74	101			
political contributions intended					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Beverage Expanse	Check if Austin, TX,	e of Texas, con		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
Date 4/14/15	Payee name Party Gty				
Amount (\$) 107.34 Reimbursement from political contributions intended	Colleguille Blvd Colleguille, Texas 760.		l		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundralsing Expanses	Description Description Check if travel outside Check if Austin, TX,	le of Texas, con	nplete Schedule T	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense T Expense T Expense T s/Wages/Contract Labor (Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Travel Out Of District Other (enter a category not listed above)
			-in 65 A
1 Total pages Schedule G: 9067	Mr. Grover G. "Gary" Fickes	3	Filer ID (Ethic Dommission Fine)
4 Date 5/19/15	Daus and Dovut		T CO PH
8.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1512 Precinct line Road Hurst, Texas	74054	D MIZ: 34
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food / Beverage Expanse		of Texas, complete Schedule T
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date 5/19/15	Payee name Target		
Amount (\$) 15.65 Reimbursement from political contributions intended	Payee address; City; State; Zip Code State Huy 114 West Grapevine, Texas	72051	
PURPOSE OF EXPENDITURE	Solicitorios/Fundralsing Examps		for FundantiseT of Texas, complete Schedule T officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
5/19/15	Payee name Kings Liquor	A STATE OF THE STA	
Amount (\$) 172.09 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2810 Bevry Street Fort Worth, Texas	76107	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food / Bevernge Expanse		Ser of Texas, complete Schedule T officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees Office C Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense I Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out District Other (enter a cate of y not list bove)	
1 Total pages Schedule G:	Mr. Grover G. "Gary" Fickes		Filer D (Ethios commission Files)	
5/19/15	S Payee name Risky's BBQ		PHI	
6 Amount (\$) 25.52 Reimbursement from political contributions intended	7 Payee address; City; State: Zip Code 300 Man Street Foil-Worth, Texts 7	2102	Aring 2: 34	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Food/Beverage Expanse		orth Gustificant e of Texas, complete Schedule T officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
Date 6/25/15	Payee name Abuclo's	A		
Amount (\$) 28.83 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 850 Arport Fuy Hurst, Texas 7405	<i>‡</i>		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expanse		e of Texas, complete Schedule T	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date 6/25/15	Knispy Krene Downts			
Amount (\$) 52.94 X Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3105 Ira Woods Grapa We, Texas 72	L05		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expanse		g with Coust-treats e of Texas, complete Schedule T officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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:	Mr. Grover G. "Gany" Files	3 Filer I	D (Ethics Commission Filers)	
4 Date 4/15	JJ Down			
6 Amount (\$) 25.25 Reimbursement from	7 Payee address; City; State; Zip Code 420 Colleguille Blvd, Colleguille, Texas	74034		
political contributions intended			. //	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description Marking with	laustriumits	
OF EXPENDITURE	Food/Bovernge Expense	Check if travel outside of Texas, Check if Austin, TX, officeholder		
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held	
Date 4/25/15	Payee name Walmant			
Amount (\$)	Payee address; City; State; Zip Code	-		
23.96	Payee address; City; State; Zip Code 1732 Precluct Case Hurst, Teats 76	054		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhand	(b) Description Supplies Check if travel outside of Texas, Check if Austin, TX, officeholder		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code		TARRA LECTION	
Reimbursement from political contributions intended			NT C	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Check if Austin, TX, officeholder	30 N	
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder name OH	Office sought	Soffice (Mile)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				